OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Spring Wind (ALF) City: Laramie

Date of Follow-up: 7/5/09 (offsite) Follow-up to survey date of: 04/21/09

Tag #: Use of space heater. Corrected: 4/22/09	Tag #: Inspection of fire extinguishers. Corrected: 4/30/09	Tag #: Fire Drills. Corrected: 4/30/09	Tag #: Testing of fire alarm system. Corrected: 5/20/09
Tag #: Testing of emergency lighting. Corrected: 4/30/09	Tag #: Sprinkler heads. Corrected: 4/30/09	Tag #: Use of Ground Fault interrupters. Corrected: 5/30/09	Tag #: Piggy back of surge protectors. Corrected: 6/5/09
Tag #: _____ Date Corrected:_____	Tag #: _____ Date Corrected: _____	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____

Signature of Surveyor: Larry Lodmay Date: 7/5/09

(Rev. 06/13/06)