HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Meadow Wind ALF

City: Casper, WY

Date of Follow-up Visit: 12/12/12

Follow-up to Survey Date of: 9/20/12

Tag #: Sect 7: Core services, Medications Date Corrected: 11/30/12	Tag #: Sect 6: Personnel & Staffing, Infection control Date Corrected: 11/30/12	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: _____ Date: 12/12/12