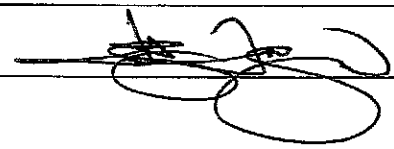
OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Show Boat City: Lander

Date of Follow-up Visit: 12/7-12/12 Follow-up to Survey Date of: 10/03/12

Tag #: RR 4, 10, (ii) A Date Corrected: 10/26/12	Tag #: RR 4, 10, (ii) B Date Corrected: 10/26/12	Tag #: RR 4, 10, (ii) C Date Corrected: 11/27/12	Tag #: RR 4, 10, (ii) D Date Corrected: 11/27/12
Tag #: RR 4, 10, (ii) E Date Corrected: 11/27/12	Tag #: PA12, 7, (n0 (ii) (M) F Date Corrected: 10/26/12	Tag #: RR4, 9 G Date Corrected: 10/26/12	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 12/12/12

(Rev. 12/08/06)