OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Showboat Retirement Center City: Lander

Date of Follow-up Visit: Letter of f/u dated 12/17/12 Follow-up to Survey Date of: 1-4-12

Tag #: Chapter 11. Dietary Manager Requirement Date Corrected: 12/4/12	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Rosalee Ness 12/31/12