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: 10/11/12 Follow-up to Survey Date of: 1/4/12

Tag #: Section 6. c. Background checks Date Corrected: 3/1/12	Tag #: Section 7. g. Grievance Date Corrected: 2/17/12	Tag #: Section 7. i. Adult Protection Date Corrected: 3/1/12	Tag #: Section 9. Contracted Services Date Corrected: 2/17/12
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janelle Cox, ONP/C Date: 10/11/12