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: 041009 Follow-up to Survey Date of: 2/4/09

Tag #: Chapter 12 Section 7.j.i Date Corrected: 4/10/09	Tag #: Section 7.j. IV. A Date Corrected: 4/10/09	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: [signature] Date: 4/13/09

(Rev. 12/08/06)