OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Deer Trail City: Rock Springs

Date of Follow-up Visit: 12/21/12- 1/16/13 Follow-up to Survey Date of: 10/09/12

Tag #: RR4,10 (ii) A Date Corrected: 12/21/12	Tag #: RR4,10 (ii) B Date Corrected: 12/21/12	Tag #: RR4,10 (ii) C Date Corrected: 12/21/12	Tag #: RR4,10 (ii) D Date Corrected: 12/21/12
Tag #: RR4,10 (ii) E Date Corrected: 12/21/12	Tag #: RR4,10 (ii) F Date Corrected: 12/21/12	Tag #: RR4,10 (ii) G Date Corrected: 12/21/12	Tag #: RR4,10 (ii) H Date Corrected: 1/16/13
Tag #: RR4,10 (ii) I Date Corrected: 12/21/12	Tag #: RR4,10 (ii) J Date Corrected: 12/21/12	Tag #: RR4,10 (ii) K Date Corrected: 12/21/12	Tag #: PA7 (o) (iii) (E) (I) L Date Corrected: 12/21/12

Signature of Surveyor: _____ Date: 1/24/13

(Rev. 12/08/06)