OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Homestead Living City: Riverton

Date of Follow-up Visit: 2/5-7/13 Follow-up to Survey Date of: 11/27/12

Tag #: RR4, 10 (ii) A Date Corrected: 12/3/12	Tag #: RR4, 10 (ii) B Date Corrected: 12/26/12	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: 1/28/13	Tag #: RR4, 10 (ii) F Date Corrected: 12/19/12	Tag #: RR4, 10 (ii) G Date Corrected: 12/10/12	Tag #: RR4, 10 (ii) H Date Corrected: 1/12/13
Tag #: RR4, 10 (ii) I Date Corrected: 12/19/12	Tag #: PA 12, 7 (o)(i)(A) J Date Corrected: 1/31/13	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 2/7/13

(Rev. 12/08/06)