OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Wyoming Pioneer Home City: Thermopolis

Date of Follow-up Visit: 1/25-2/7/2013 Follow-up to Survey Date of: 11/27/2012

Tag #: RR4, 10 (ii) A WAIVER A-2 EXP 2/28/13 A-3 Date Corrected: 1/24/13	Tag #: RR4, 10 (ii) B Date Corrected: 1/28/13	Tag #: RR4, 10 (ii) C Date Corrected: 12/20/12	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 2/7/13

(Rev. 12/08/06)