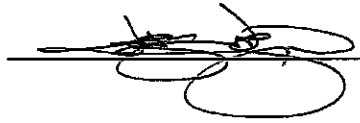
OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Mountain Plaza City: Casper

Date of Follow-up Visit: 1/22-31/13 Follow-up to Survey Date of: 11/13/12

Tag #: RR 4, 10 (ii) A Date Corrected: 1/14/13	Tag #: RR 4, 10 (ii) B Date Corrected: 1/14/13	Tag #: RR 4, 10 (ii) C Date Corrected: 1/14/13	Tag #: RR 4, 10 (ii) D Date Corrected: 1/14/13
Tag #: RR 4, 10 (ii) E Date Corrected: 1/14/13	Tag #: RR 4, 10 (ii) F Date Corrected: 1/14/13	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 1/31/13

(Rev. 12/08/06)