OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Absaroka (ALF) City: Cody

Date of Follow-up: 7/5/09 (offsite) Follow-up to survey date of: 06/09/09

Tag #: Completion of resident ALF102's. Corrected: 6/10/09	Tag #: Policy/ Procedures re Adm, transfer, D/C. Corrected: 6/10/09	Tag # faulty sprinkler heads Corrected: 6/10/09	Tag # sheathing Corrected: 6/11/09
Tag # Use of surge protectors Corrected: 6/10/09	Tag # testing/ maintenance of emergency lighting Corrected: 6/12/09	Tag # obstructed pull station Corrected: 6/11/09	Tag #inspection of fire alarm batteries Corrected: 6/10/09
Tag #interior finishing Corrected: 6/12/09	Tag #: _____ Date Corrected: _____	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____

Signature of Surveyor: Sonny LeDoux Date: 7/5/09

(Rev. 06/13/06)