OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Homestead City: Riverton

Date of Follow-up Visit: 3/4/13 Follow-up to Survey Date of: 11/28/12

Tag #: Section 6 (c) Background checks Date Corrected: 12/19/12	Tag #: Section 7 (b) Resident Assessment Date Corrected: 1/12/13	Tag #: Section 7 (l) QA Date Corrected: 1/12/13	Tag #: Date Corrected:
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Signature of Surveyor: Jennelle Cook, OTR/L Date: 3/4/13