OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Wyoming Pioneer Home City: Thermop

Date of Follow-up Visit: 2/25/13 Follow-up to Survey Date of: 11/27/12

Tag #: Section 6 (c) background checks Date Corrected: 1/27/13	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janelle Carlin, OTR/L Date: 2/25/13