OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Legacy Homes (ALF) City: Thayne

Date of Follow-up: 06/04/09 Follow-up to Survey Date of: 03/03/09 (Health/LSC)

Tag #: CNA licence not in employee file. Corrected: 5/30/09	Tag # Incomplete resident records. Corrected: 5/30/09	Tag # Kitchen manager not certified dietary manager. Corrected: 5/30/09	Tag # Admission, transfer discharge policy not up to date. Corrected: 5/30/09
Tag # Incomplete fire extinguisher maintenance. Corrected: 5/30/09	Tag # Fire alarm system inspections. Corrected: 5/30/09	Tag # Sprinkler system inspections. Corrected: 5/30/09	Tag # _____ Date Corrected:_____
Tag #_____ Date Corrected:_____	Tag #: _____ Date Corrected: _____	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____

Signature of Surveyor: Larry Goodman Date: 6/4/09

(Rev. 06/13/06)