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OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

Facility Name: Life Care Center of Casper

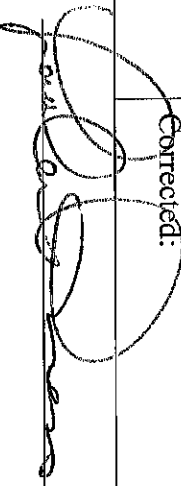
City: Casper

Date of Follow-up Visit: offsite 1/31/11

Follow-up to Survey Date of: 12/16/10

Tag #: NHA Requirement Date Corrected: 1/20/11	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:



Date: 1/31/11