OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Absaroka AL Community City: Cody

Date of Follow-up Visit: 4/30/12 Follow-up to Survey Date of: 1/31/12

Tag #: RR, 10, (ii) A Date Corrected: 3/30/12	Tag #: RR, 10 (ii) B Date Corrected: 3/30/12	Tag #: RR, 10 (ii) C Date Corrected: 3/30/12	Tag #: RR, 10 (ii) D Date Corrected: 3/30/12
Tag #: PA, 7 (n) (ii) (M) E Date Corrected: 3/30/12	Tag #: RR, 6 (i) F Date Corrected: 3/30/12	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 4/30/12

(Rev. 12/08/06)