

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 (d) QA Date Corrected: 1/12/13	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:

Janelle Carlson, ORC

Date:

3/4/13