OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

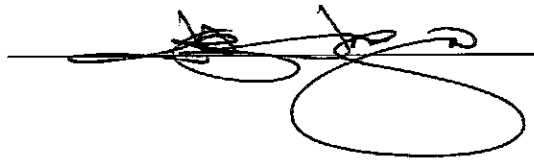
Facility Name: Absaroka ALF

City: Cody

Date of Follow-up Visit: 4/19/13

Follow-up to Survey Date of: 2/25/13

Tag #: RR 4, 10 (ii) A Date Corrected: 4/15/13	Tag #: RR 4, 10 (ii) B Date Corrected: 4/15/13	Tag #: RR 4, 10 (ii) C Date Corrected: 3/10/13	Tag #: RR 4, 10 (ii) D Date Corrected: 3/14/13
Tag #: RR 4, 10 (ii) E Date Corrected: 2/28/13	Tag #: pa 12, 7 (o) (i) F Date Corrected: 4/15/13	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 4/19/13

(Rev. 12/08/06)