OFFICE OF HEALTH QUALITY

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Morning Star City: Fort Washakie

Date of Follow-up: 3/30/06 Follow-up to Survey Date of: 11/22/05

0000 - State standard Tag # Section 5 Date Corrected: 3/30/06	Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:
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Signature of Surveyor: Jeanette Carlson Date: 3/30/06

(Rev. 10/19/02)