OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Spring Wind

City: Laramie

Date of Follow-up Visit: 4/10/13-5/9/13

Follow-up to Survey Date of: 2/5/13

Tag #: RR 10 (ii) A Date Corrected: 4/06/13	Tag #: RR 10 (ii) B Date Corrected: 2/15/13	Tag #: RR 10 (ii) C Date Corrected: 4/06/13	Tag #: RR 10 (ii) D Date Corrected: 4/06/13
Tag #: RR 10 (ii) E Date Corrected: 3/15/13	Tag #: RR 10 (ii) F Date Corrected: 4/16/13	Tag #: RR 10 (ii) G Date Corrected: 4/06/13	Tag #: RR 10 (ii) H Date Corrected: 4/24/13
Tag #: RR 10 (ii) I Date Corrected: 5/8/13	Tag #: RR 10 (ii) J Date Corrected: 4/06/13	Tag #: RR 10 (ii) K Date Corrected: 3/15/13	Tag #: PA 7 (o) (i) (A) L Date Corrected: 4/06/13

Signature of Surveyor: _____ Date: 5/10/13

(Rev. 12/08/06)