OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Legacy Home

City: Thayne

Date of Follow-up Visit: 5/02-20/13

Follow-up to Survey Date of: 3/12/13

Tag #: RR 10 (ii) A Date Corrected: 4/30/13	Tag #: RR 10 (ii) B Date Corrected: 4/5/13	Tag #: RR 10 (ii) C Date Corrected: 5/19/13	Tag #: PA 7 (o) (i) (A) D Date Corrected: 4/05/13
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 5/20/13

(Rev. 12/08/06)