OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Emeritus at Absaroka ALF City: Cody

Date of Follow-up Visit: 6/5/13 Follow-up to Survey Date of: 2/28/13

Tag #: Section 6. c. Background checks Date Corrected: 4/28/13	Tag #: Section 7. (a) (A). RN med review Date Corrected: 4/28/13	Tag #: Section 7.(e) (l) (D) Resident records Date Corrected: 3/15/13	Tag #: Section 8. Services Which Cannot be Provided Date Corrected: 4/15/13
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:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: Janelle Cahill, OTR/L Date: 6/5/13