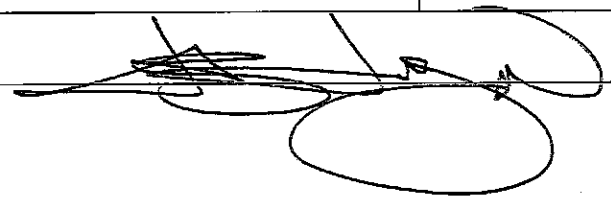
OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: The Heartland City: Powell

Date of Follow-up Visit: 6/20-24/13 Follow-up to Survey Date of: 4/30/13

Tag #: RR 10 (ii) A Date Corrected: 6/24/13	Tag #: RR 10 (ii) B Date Corrected: 6/24/13	Tag #: PA 7 (o) (i) (A) C Date Corrected: 6/24/13	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:

Signature of Surveyor:  Date: 6/24/13

(Rev. 12/08/06)