OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Meadow Winds Building #1 City: Casper

Date of Follow-up Visit: 6/28/12-8/22/12 Follow-up to Survey Date of: 4/24/12

Tag #: RR, 10, (ii) A Date Corrected: 6/18/12	Tag #: RR, 10, (ii) B Date Corrected: 6/18/12	Tag #: RR, 10, (ii) C Date Corrected: 8/22/12	Tag #: RR, 10, (ii) D Date Corrected: 6/18/12
Tag #: RR, 10, (ii) E Date Corrected: 6/18/12	Tag #: RR, 10, (ii) F Date Corrected: 6/18/12	Tag #: RR, 10, (ii) G Date Corrected: 6/18/12	Tag #: PA, 7, (o) (iii) (E) H Date Corrected: 6/18/12
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 8/22/12

(Rev. 12/08/06)