OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Meadow Winds

City: Casper

Date of Follow-up Visit: 2/14/2011

Follow-up to Survey Date of: 11/18/2010

Tag #: RR, #10, (ii) Date Corrected: 1/17/2011	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: _____ Date: 2/14/11

(Rev. 12/08/06)