OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Legacy Homes ALF City: Thayne

Date of Follow-up Visit: 1/11/12 Follow-up to Survey Date of: 11/2/11

Tag #: Section 6. Manager. Date Corrected: 1/1/12	Tag #: Section 6. (c) DCI checks Date Corrected: 1/1/12	Tag #: Section 7. (b) Assessment Date Corrected: 1/1/12	Tag #: Section 7. (b) (ii) Admit orders Date Corrected: 1/1/12
Tag #: Section 7. (g) (iii) Grievance policy Date Corrected: 1/1/12	Tag #: Section 7 (j) (v) Safe food handling Date Corrected: 1/1/12	Tag #: Section 7 (o) (iii) (D) (l) fire drill instruction Date Corrected: 1/1/12	Tag #: Date Corrected:
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Janelle Conlin, ORL/C 1/11/12