OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Legacy Homes City: Thayne

Date of Follow-up Visit: 2/6-7/12 Follow-up to Survey Date of: 11/22/11

Tag #: RR, 10, (ii) A Date Corrected: 1/21/12	Tag #: RR, 10, (ii) B Date Corrected: 1/21/12	Tag #: RR, 10, (ii) C Date Corrected: 1/21/12	Tag #: RR, 10, (ii) D Date Corrected: 1/21/12
Tag #: PA, 7, (n), (ii), (Z) E Date Corrected: 1/21/12	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: 2/7/12

(Rev. 12/08/06)