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: 8/14/13-9/3/13 Follow-up to Survey Date of: 6/17/13

Tag #: RR 10 (ii) A Date Corrected: 9/03/13	Tag #: RR 10 (ii) B Date Corrected: 8/16/13	Tag #: RR 10 (ii) C Date Corrected: 8/16/13	Tag #: RR 10 (ii) D Date Corrected: 8/16/13
Tag #: RR 10 (ii) E Date Corrected: 8/16/13	Tag #: RR 10 (ii) F Date Corrected: 8/16/13	Tag #: RR 10 (ii) G Date Corrected: 8/16/13	Tag #: RR 10 (ii) H Date Corrected: 8/16/13
Tag #: RR 10 (ii) I Date Corrected: 8/16/13	Tag #: RR 10 (ii) J Date Corrected: 8/16/13	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 9/3/13

(Rev. 12/08/06)