OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Cozy Corner City: Lusk

Date of Follow-up Visit: 7/19/13 Follow-up to Survey Date of: 5/21/13

Tag #: Personnel files Date Corrected: 5/21/13	Tag #: Resident records Date Corrected: 5/22/13	Tag #: Infection Control Date Corrected: 5/23/13	Tag #: Hazards Date Corrected: 6/7/13
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: Larry Lobmeier Date: 7/26/13

(Rev. 12/08/06)