

OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

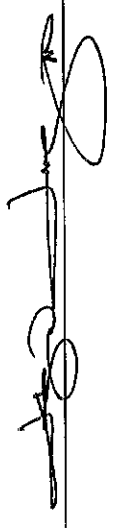
Facility Name: Wyoming Pioneer Home

City: Thermopolis

Date of Follow-up Visit: 3/07/2011

Follow-up to Survey Date of: 2/08/11

Tag #: RR #4, 10 (ii) A Date Corrected: 2/08/2011	Tag #: RR #4, 10 (ii) B Date Corrected: 2/08/2011	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: 

Date: 3/07/11

(Rev. 12/08/06)