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:
Tag #: Date Corrected:	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: 3/07/11

(Rev. 12/08/06)