OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Mondell Heights City: Newcastle

Date of Follow-up Visit: 12/20/2010-1/03/11 Follow-up to Survey Date of: 10/12/2010

Tag #: RR, Section 6 (o) A Date Corrected: 12/10/2010	Tag #: RR, Section 6 (o) B Date Corrected: 12/10/2010	Tag #: RR, Section 6 (o) C Date Corrected: 12/10/2010	Tag #: RR, Section 6 (o) D Date Corrected: 12/10/2010
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Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 1/03/11

(Rev. 12/08/06)