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: 8/3/11 Follow-up to Survey Date of: 5/4/11

Tag #: BH Ch. 8 Section 5 (a)(v) Tuberculin Skin Testing of Employees Date Corrected: 7/1/11	Tag #: SBH Ch 8 Section 5(f)(i) thur (viii) Resident Records Date Corrected: 7/1/11	Tag #: SBH Ch 8 Section 8(a)(ii) Residents Rights Date Corrected: 7/1/11	Tag #: SBH Ch 8 Secion 8 (d) Residents Rights Date Corrected: 7/1/11
Tag #: SBH Chapter 8 Section 14(b)(i)(B) Diaster and Emergency Prepardness Staff Training Date Corrected: 7/1/11	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: Tammy Schmitt for Pat Bruce Date: 8-8-11

(Rev. 12/08/06)