

OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

Facility Name: Absaroka

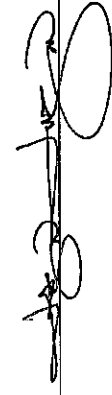
City: Cody

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

Follow-up to Survey Date of: 2/10/2011

Tag #: RR #4, 10 (ii) A Date Corrected: 2/23/2011	Tag #: RR #4, 10 (ii) B Date Corrected: 2/23/2011	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)