OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Spring Wind

City: Laramie

Date of Follow-up Visit: 9/06/11

Follow-up to Survey Date of: 6/28/11

Tag #: RR, 4, 10, (ii) A Date Corrected: 7/06/11	Tag #: RR, 4, 10, (ii) B Date Corrected: 7/01/11	Tag #: RR, 4, 10, (ii) C Date Corrected: 8/28/11	Tag #: RR, 4, 10, (ii) D Date Corrected: 7/07/11
Tag #: RR, 4, 10, (ii) E Date Corrected: 8/28/11	Tag #: RR, 4, 10, (ii) F Date Corrected: 8/28/11	Tag #: RR, 4, 10, (ii) G Date Corrected: 8/28/11	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 9/06/11

(Rev. 12/08/06)