OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Spring Winds City: Laramie, Wyoming

Date of Follow-up Visit: 12/6/11 Follow-up to Survey Date of: 9/28/11

Tag #: Chapter 12, Section 7, (b) (i) (IV) Date Corrected: 10/21/11	Tag #: Section 8,(a) (i) (vii) Date Corrected: 10/21/11	Tag #: (o) (i) (A) (B) Date Corrected: 10/21/11	Tag #: Date Corrected:
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Signature of Surveyor: Karla Hollingsworth Date: 12/6/11