OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Pioneer Home City: Thermopolis

Date of Follow-up Visit: 12/13/13 Follow-up to Survey Date of: 11/27/12

Tag #: Section 7.j. Dietary Manager Date Corrected: 12/13/13	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janell Cook, OHLC Date: 12/13/13