OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Spring Wind Assisted Living

City: Laramie

Date of Follow-up Visit: 12/24/13

Follow-up to Survey Date of: 10/16/13

Tag #: Section 7. (iii) RN Assessment Date Corrected: 12/1/13	Tag #: Section 7. D. Incident reports Date Corrected: 12/12/13	Tag #: Section 10. Demenia Unit Assistance Plans Date Corrected: 12/12/13	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janice Collins, OTR/L

Date: 12/24/13