HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Mondell Heights Ret Comm City: Newcastle

Date of Follow-up Visit: 04/03/14 Follow-up to Survey Date of: 11/18/13

Tag #: Ch 4 Sec 10(ii) Date Corrected: 3/19/14	Tag #: Ch 12 Sec 7 (o)(i) Date Corrected: 01/18/14	Tag #: Ch 4 Sec 9 Date Corrected: 01/18/14	Tag #: Date Corrected:
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Signature of Surveyor: Todd Wyatt by Tammy Johnson Date: 4-3-14

(Rev. 12/08/06)