

OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

Facility Name: Crook County LTC

City: Sundance

Date of Follow-up Visit: 10/28/13

Follow-up to Survey Date of: 8/22/13

Tag #: S2910 Date Corrected: 10/5/13	Tag #: S3022 Date Corrected: 10/5/13	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:

James C. V. 10/28/13

Date:

10/28/13