OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Westward Heights City: Lander

Date of Follow-up Visit: 7/26/13 Follow-up to Survey Date of: 5/16/13

Tag #: Section 6. Environment Date Corrected: 7/1/13	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: [signature] Date: 7/26/13

(Rev. 12/08/06)