OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Worland Healthcare

City: Worland

Date of Follow-up Visit: 8/15/13

Follow-up to Survey Date of: 6/13/13

Tag #: Section 6. Water Temps Date Corrected: 8/1/13	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Jacee Collins, OTR/L

Date: 8/15/13

(Rev. 12/08/06)