OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Thermopolis Rehabilitation and Healthcare
City: Thermopolis

Date of Follow-up Visit: 4/22/11

Follow-up to Survey Date of: 2/10/11

Tag #: Section 5; TB testing Date Corrected: 3/1/11	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Jennifer Cox, OTR/L Date: 4/22/11

TS 4/26/11