# OFFICE OF HEALTHCARE LICENSING AND SURVEYS

## Revisit Report for State Deficiencies Corrected
## "B" Form

Facility Name: Meadow Wind ALF

City: Casper

Date of Follow-up Visit: 6/05/08

Follow-up to Survey Date of: 3/25-26/08

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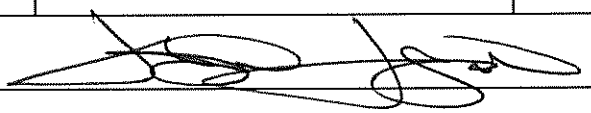
|---|---|---|---|
| Tag #: RR Section 6(i) "A"<br>Date Corrected: 5/25/08 | Tag #: RR Section 10 (ii) "B"<br>Date Corrected: 4/14/08 | Tag #: RR Section 10 (ii) "C"<br>Date Corrected: 3/27/08 | Tag #: RR Section 10 (ii) "D"<br>Date Corrected: 4/18/08 |
| Tag #: RR Section 10 (ii) "E"<br>Date Corrected: 5/25/08 | Tag #: RR Section 10 (ii) "F"<br>Date Corrected: 5/25/08 | Tag #:<br>Date Corrected: | Tag #:<br>Date Corrected: |
| Tag #:<br>Date Corrected: | Tag #:<br>Date Corrected: | Tag #:<br>Date Corrected: | Tag #:<br>Date Corrected: |
| Tag #:<br>Date Corrected: | Tag #:<br>Date Corrected: | Tag #:<br>Date Corrected: | Tag #:<br>Date Corrected: |

Signature of Surveyor: 

Date: 6/05/08

(Rev. 12/08/06)