# OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Meadow Winds ALF City: Casper

Date of Follow-up: 01/13/09 Follow-up to Survey Date of: 09/24/08 (Health/LSC)

| | | | |
|---|---|---|---|
| Tag #1: Employee TB testing missing.<br>Corrected: 09/25/08 | Tag #2: Transfer and Discharge P/P.<br>Corrected: 11/27/08 | Tag #3: Faulty carpet trip hazzard.<br>Corrected: 12/22/08 | Tag #4: Food Service and Nutrition.<br>Corrected: 09/28/08 |
| Tag # _____<br>Date<br>Corrected:_____ | Tag # _____<br>Date<br>Corrected:_____ | Tag # _____<br>Date<br>Corrected: _____ | Tag # _____<br>Date<br>Corrected:_____ |
| Tag #_____<br>Date<br>Corrected:_____ | Tag #: _____<br>Date<br>Corrected: _____ | Tag # _____<br>Date<br>Corrected: _____ | Tag # _____<br>Date<br>Corrected: _____ |

Signature of Surveyor: Larry Goodmay Date: 1/13/09

(Rev. 06/13/06)