

OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

Facility Name: South Central

City: Rawlins, WY

Date of Follow-up Visit: 2/18/09

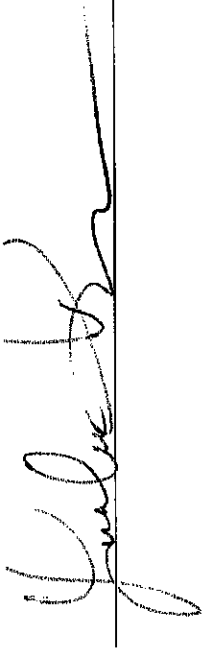
Follow-up to Survey Date of: 12/11/09

Tag #: Section 5- Organization & Administration. Re: employee TB testing requirement Date Corrected: 1/12/09	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

M. J. Jones 2/19/09

8

Signature of Surveyor:



Date:

2/19/09

(Rev. 12/08/06)