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:
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Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

2/19/09

Signature of Surveyor: _____ Date: 2/19/09

(Rev. 12/08/06)