OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Pioneer Manor City: Gillette

Date of Follow-up Visit: 5/19/09 Follow-up to Survey Date of: 2/26/09

Tag #: Section 6: water temps Date Corrected: 4/17/09	Tag #: section 5: TB testing Date Corrected: 4/17/09	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janeece Cox LOTN Date: 5/18/09

(Rev. 12/08/06)