OFFICE OF HEALTH QUALITY

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Morning Star Care Center City: Fort Washakie

Date of Follow-up: 2/2/06 Follow-up to Survey Date of: 12/29/05

Tag # Sect 5 – administrator Date Corrected: 2/1/06	Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:
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Signature of Surveyor: Jeanette Conley, LPN/LC Date: 2/2/06

(Rev. 10/18/02)