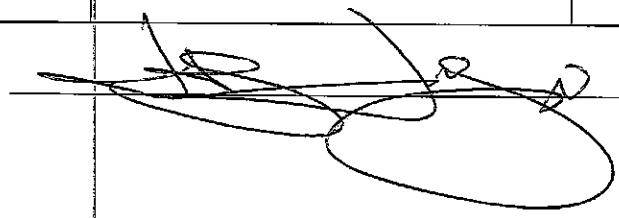
OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Legacy Homes Assisted Living City: Thayne

Date of Follow-up Visit: 12/08-27/10 Follow-up to Survey Date of: 10/05/10

Tag #: RR Section 10 (ii) A Date Corrected: 11/08/10	Tag #: RR Section 10 (ii) B Date Corrected: 11/08/10	Tag #: RR Section 10 (ii) C Date Corrected: 11/08/10	Tag #: PA Section 7 (iii) (A) (I) D Date Corrected: 11/08/10
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 12/27/10

(Rev. 12/08/06)