OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Primrose (ALF) City: Casper

Date of Follow-up: 08/26/08 Follow-up to Survey Date of: 06/03/08 (Health/LSC)

Tag # Employee TB testing. Corrected: 6/23/08	Tag # Employee background checks. Corrected: 6/23/08	Tag # Incomplete resident records. Corrected: 6/23/08	Tag # Fire safety, ie, fire extinguishers and drills. Corrected: 6/23/08
Tag # Not following FDA Food Code. Corrected: 6/10/08	Tag # Incomplete fire alarm records. Corrected: 8/06/08	Tag # Incomplete Sprinkler system. Corrected: 7/31/08	Tag # Incomplete records emergency lighting Date Corrected:6/10/08
Tag #Kitchen manager not CDM. Date enrolled: 7/28/08	Tag #: _____ Date Corrected: _____	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____

Signature of Surveyor: Larry Godnow Date: 8/28/08

(Rev. 06/13/06)