OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Park Place ALF

City: Casper

Date of Follow-up Visit: 12/31/08

Follow-up to Survey Date of: 10/21/08

Tag #: PAALF Section 7, n, i, ii, Z (A) Date Corrected: 10/21/08	Tag #: PAALF Section 7, o, iii, E (B) Date Corrected: 11/04/08	Tag #: RRLALF Section 10, ii (C) Date Corrected: 11/10/08	Tag #: RRLALF Section 10, ii (D) Date Corrected: 11/04/08
Tag #: RRLALF Section 10, ii (E) Date Corrected: 11/04/08	Tag #: RRLALF Section 10, ii (F) Date Corrected: 11/05/08	Tag #: RRLALF Section 10, ii (G) Date Corrected: 12/20/08	Tag #: RRLALF Section 10, ii (H) Date Corrected: 12/15/08
Tag #: RRLALF Section 10, ii (I) WAIVER Date Corrected: 12/30/08	Tag #: RRLALF Section 10, ii (J) WAIVER Date Corrected: 12/20/08	Tag #: RRLALF Section 10, ii (K) Date Corrected: 11/04/08	Tag #: Date Corrected:

Signature of Surveyor: [signature]

Date: 12/31/08

(Rev. 12/08/06)