OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Park Place City: Casper

Date of Follow-up Visit: 11/29/12-12/19/12 Follow-up to Survey Date of: 4/25/12

Tag #: RR4,10, (ii) A Date Corrected: 6/15/12	Tag #: RR4,10, (ii) B Date Corrected: 5/8/12	Tag #: RR4,10, (ii) C Date Corrected: 5/10/12	Tag #: RR4,10, (ii) D Date Corrected: 5/14/12
Tag #: RR4,10, (ii) E Date Corrected: 6/22/12	Tag #: RR4,10, (ii) F Date Corrected: 6/15/12	Tag #: RR4,10, (ii) G Date Corrected: 5/09/12	Tag #: PA 12, 7, (o) (iii) (E) (I) H Date Corrected: 6/22/12
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 12/20/12

(Rev. 12/08/06)