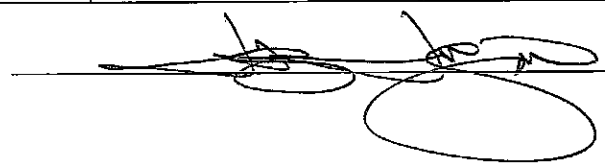
OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Prim Rose City: Casper

Date of Follow-up Visit: 12/20/12-1/03/13 Follow-up to Survey Date of: 10/15/12

Tag #: RR 4, 10 (ii) A Date Corrected: 11/28/12	Tag #: RR 4, 10 (ii) B Date Corrected: 11/12/12	Tag #: RR 4, 10 (ii) C Date Corrected: 12/17/12	Tag #: RR 4, 10 (ii) D Date Corrected: 11/29/12
Tag #: RR 4, 10 (ii) E Date Corrected: 1/03/13	Tag #: RR 4, 10 (ii) F Date Corrected: 11/13/12	Tag #: RR 4, 10 (ii) G Date Corrected: 11/29/12	Tag #: RR 4, 10 (ii) H Date Corrected: 12/06/12
Tag #: RR 4, 10 (ii) I Date Corrected: 11/14/12	Tag #: pa 12, 7 (o)(i)(A) J Date Corrected: 12/13/12	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 1/3/13

(Rev. 12/08/06)