OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Park Place Assisted Living City: Casper

Date of Follow-up Visit: 4/2/09 Follow-up to Survey Date of: 10/21/08

Tag #: Section 6: management Date Corrected: 11/14/08	Tag #: infection control Date Corrected: 1/10/09	Tag #: admission orders Date Corrected: 1/10/09	Tag #: section 7: medications (individual record) Date Corrected: 12/12/08
Tag #: medications (medication administration) Date Corrected: 12/1/08	Tag #: medications (RN review) Date Corrected: 11/25/08	Tag #: Food service Date Corrected: 12/20/08	Tag #: fire safety training Date Corrected: 10/23/08
Tag #: Section 8: services with cannot be provided Date Corrected: 10/24/08	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: 4/8/09

(Rev. 12/08/06)