

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF005	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/07/2009
Name of Facility PRIMROSE RETIREMENT COMMUNITY OF CASPER		Street Address, City, State, Zip Code 1865 SO BEVERLY STREET CASPER, WY 82609

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>SALF</u> Reg. # _____ LSC _____	Correction Completed 11/09/2009	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By State Agency	Reviewed By <u>B 12/22/09</u>	Date:	Signature of Surveyor: <u>Sunny Goodman</u>	Date: <u>12/15/09</u>
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:
09/29/2009

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO