

OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

Facility Name: Garden Square ALF

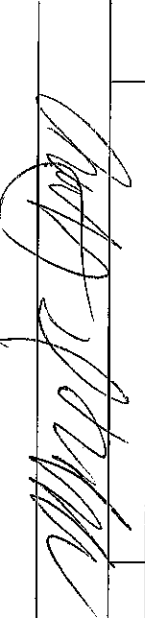
City: Casper

Date of Follow-up Visit: 2/20/13

Follow-up to Survey Date of: 12/19/12

Tag #: Section 6 (C) Background Checks Date Corrected: 1/31/13	Tag #: Section 7 (k) Transfer and Discharge (iv) Written notice Date Corrected: 12/20/12	Tag #: Section 9 Contractual Services Provided Outside Assisted Living Authority (a) Date Corrected: 2/19/13	Tag #: Date Corrected:
Tag #: Date Corrected:	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:

2/22/13