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

(Rev. 12/08/06)