OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Primrose of Casper City: Casper

Date of Follow-up Visit: 3/8/13 Follow-up to Survey Date of: 12/20/12

Tag #: Section 6. c. Background checks Date Corrected: 1/25/13	Tag #: Section 6. e. Personnel policies Date Corrected: 1/25/13	Tag #: Section 7. a. Medication Reviews Date Corrected: 1/25/13	Tag #: Section 7. i. Adult Protection. Date Corrected: 1/25/13
Tag #: Section 7. k. Transfer & Discharge Date Corrected: 1/25/13	Tag #: Section 7. n. Furnishings Date Corrected: 1/25/13	Tag #: Section 8. Services Which Cannot Be Provided Date Corrected: 1/25/13	Tag #: Section 9. Outside Services Contract Date Corrected: 1/25/13
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 3/8/13

(Rev. 12/08/06)