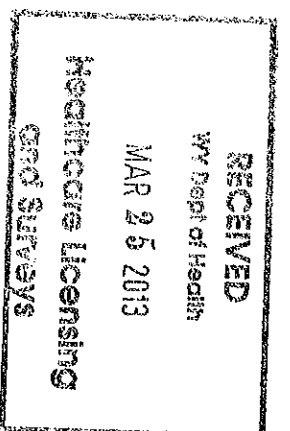


HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form



Facility Name: Primrose ALF

City: Gillette

Date of Follow-up Visit: 3/22/13

Follow-up to Survey Date of: 2/11/13

Tag #: State ALF Date Corrected: 3/7/13	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:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:

Date: 3/23/13