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:
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Signature of Surveyor: Larry Goodmay

Date: 3/25/13

(Rev. 12/08/06)