OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

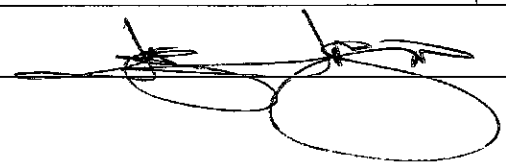
Facility Name: Park Place

City: Casper

Date of Follow-up Visit: 8/21/13

Follow-up to Survey Date of: 6/19/13

Tag #: RR 10 (ii) A Date Corrected: 9/20/13	Tag #: RR 10 (ii) B Date Corrected: 7/10/13	Tag #: RR 10 (ii) C Date Corrected: 7/10/13	Tag #: RR 10 (ii) D Date Corrected: 7/02/13
Tag #: PA 7 (o) (iii) (E) E Date Corrected: 6/20/13	Tag #: P 7 (n) (ii) (M) F Date Corrected: 6/20/13	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 8/21/13

(Rev. 12/08/06)