OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Primrose

City: Casper

Date of Follow-up Visit: 4/18/11

Follow-up to Survey Date of: 3/30/11

Tag #: RR, 10,(ii) A Date Corrected: 4/11/11	Tag #: RR, 10, (ii) B Date Corrected: 4/12/11	Tag #: RR, 10, (ii) C Date Corrected: 4/12/11	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: 4/18/11

(Rev. 12/08/06)