

OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

Facility Name: Mountain Plaza ALF

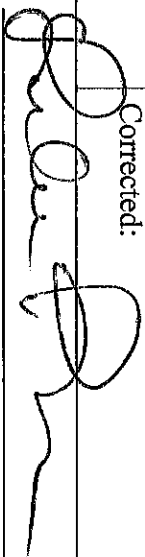
City: Casper

Date of Follow-up Visit: 9/16/13

Follow-up to Survey Date of: 7/25/13

Tag #: Sect 7-Medication Administration Date Corrected: 8/22/13	Tag #: Sect 7 - Free of Hazards Date Corrected: 8/22/13	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:

Signature of Surveyor:



Date:

9/17/13