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:
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Signature of Surveyor: _____ Date: 9/17/13