OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Park Place ALF City: Casper

Date of Follow-up Visit: 10/24/13 Follow-up to Survey Date of: 9/5/13

Tag #: Section 6. (d) TB Testing Date Corrected: 10/1/13	Tag #: Section 6. K. Discharge Date Corrected: 10/1/13	Tag #: Section 9. Contractual Services Date Corrected: 10/1/13	Tag #: Date Corrected:
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Signature of Surveyor: Jamie Cole, OTR/L Date: 10/24/13