OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Primrose (ALF) City: Gillette

Date of Annual survey: 04/08/11 Date of Follow-up survey: 08/10/11

Tag #: Main Drain testing Corrected: 05/1211	Tag #: Kitchen "K" Fire Extinguisher Corrected: 04/09/11	Tag # Completion of ALF 102 Corrected: 05/03/11	Tag # Signature on Assistance Plan Corrected: 04/28/11
Tag # Revise Abuse P&P Corrected: 04/28/11	Tag # _____ Corrected:	Tag # _____ Corrected:	Tag # _____ Date Corrected:_____
Tag #_____ Date Corrected:_____	Tag #: _____ Date Corrected: _____	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____

Signature of Surveyor: Larry Goodman Date: 8/16/11

(Rev. 06/13/06)