

OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected "B" FORM

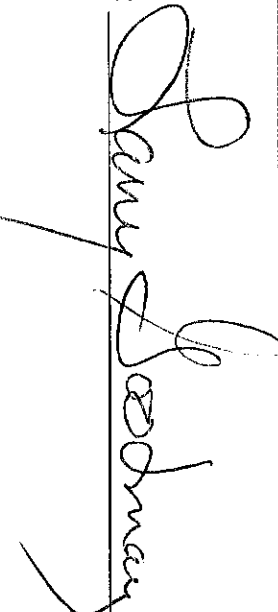
Facility Name: Primrose (ALF)

City: Gillette

Date of Annual survey: 04/08/11

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

Tag #: Main Drain testing Corrected: 05/12/11	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: 

Date: 8/16/11