

HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

Facility Name: Park Place ALF

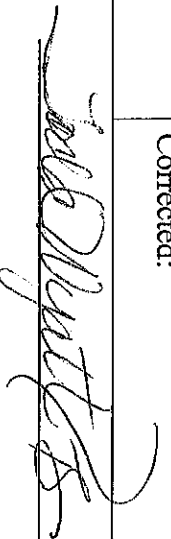
City: Casper

Date of Follow-up Visit: 08/27/14

Follow-up to Survey Date of: 06/06/14

Tag #: 000-LSC Date Corrected: 8/01/14	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:	Tag #: Date Corrected:

Signature of Surveyor:



Date:

8-29-14