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:
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Signature of Surveyor: _____ Date: 8-29-14