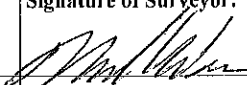


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF030	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 09/09/2014
Name of Facility PRIMROSE RETIREMENT COMMUNITY OF CHEYENNE		Street Address, City, State, Zip Code 1530 DOROTHY LANE CHEYENNE, WY 82009

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>S8030</u>	Correction Completed <u>07/07/2014</u>	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # <u>NFPA</u>		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Reviewed By _____	Reviewed By <u>B</u> <u>9/11/14</u>	Date: _____	Signature of Surveyor: 	Date: <u>9/11/14</u>	
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____		
Followup to Survey Completed on: _____		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			