State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
ALF028	A. Building B. Wing	09/01/2015

Name of Facility	Street Address, City, State, Zip Code
MOUNTAIN PLAZA ASSISTED LIVING	4154 TALON DRIVE CASPER, WY 82604

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix S8003 Reg. # NFPA LSC	06/10/2015	ID Prefix S8004 Reg. # NFPA LSC	07/09/2015	ID Prefix S8015 Reg. # NFPA LSC	07/09/2015
ID Prefix S8018 Reg. # NFPA LSC	07/09/2015	ID Prefix S8022 Reg. # NFPA LSC	06/10/2015	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By TS 9/2/15	Date:	Signature of Surveyor:		Date: 9/02/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

Followup to Survey Completed on: 06/09/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO