

OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected "B" FORM

Facility Name: Garden Square ALF

City:

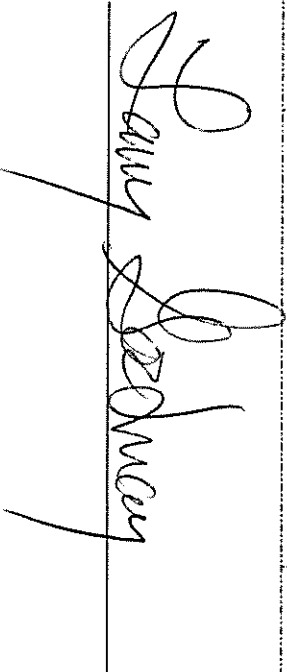
Casper

Date of Follow-up: 07/24/08

Follow-up to Survey Date of: 06/04/08 (Health/LSC)

Tag #1: Employee TB testing missing. Corrected: 06/05/08	Tag #2: Resident records missing ALF102 & Imm Corrected: 06/05/08	Tag #3: Smoke detector sensitivity testing Corrected: 07/09/08	Tag #4: Obstructed sprinklers. Corrected: 06/30/08
Tag #4: Operational door self closure devices. Corrected: 06/20/08	Tag #5: Test fire alarm system. Corrected: 07/09/08	Tag # _____ Corrected: _____	Tag # _____ Date _____ Corrected: _____
Tag # _____ Date _____ Corrected: _____	Tag #: _____ Date _____ Corrected: _____	Tag # _____ Date _____ Corrected: _____	Tag # _____ Date _____ Corrected: _____

Signature of Surveyor:



(Rev. 06/13/06)

Date:

