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: Larry Lodney Date: 7/24/08

(Rev. 06/13/06)