

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
ALF002

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/12/2015

Name of Facility
GARDEN SQUARE OF CASPER

Street Address, City, State, Zip Code
1950 SOUTH BEVERLY STREET
CASPER, WY 82601

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix S5054	06/30/2015	ID Prefix		ID Prefix	
Reg. # Ch 12 Sec 7 (e)(i)(A-K)		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

CMS RO

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected
Deficiencies (CMS-2567) Sent to the Facility?

YES NO