

# STATE FORM: REVISIT REPORT

|                                                               |                                                 |                                                                                         |
|---------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>ALF023  | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | DATE OF REVISIT<br>11/8/2016                                                            |
| NAME OF FACILITY<br>PRIMROSE RETIREMENT COMMUNITY OF GILLETTE |                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>921 MOUNTAIN MEADOW LANE<br>GILLETTE, WY 82716 |

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).

| ITEM<br>Y4                  | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 |
|-----------------------------|------------|------------|------------|------------|------------|
| ID Prefix S5101             | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. # Ch 12 Sec 8 (a)(vii) | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                         | 09/21/2016 | LSC        |            | LSC        |            |
| ID Prefix                   | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                      | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                         |            | LSC        |            | LSC        |            |
| ID Prefix                   | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                      | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                         |            | LSC        |            | LSC        |            |
| ID Prefix                   | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                      | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                         |            | LSC        |            | LSC        |            |
| ID Prefix                   | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                      | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                         |            | LSC        |            | LSC        |            |
| ID Prefix                   | Correction | ID Prefix  | Correction | ID Prefix  | Correction |
| Reg. #                      | Completed  | Reg. #     | Completed  | Reg. #     | Completed  |
| LSC                         |            | LSC        |            | LSC        |            |

|                                                   |                                     |                                                                                                                                                                                                      |                                          |                     |
|---------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) <i>BH/14</i> | DATE                                                                                                                                                                                                 | SIGNATURE OF SURVEYOR <i>[Signature]</i> | DATE <i>11/9/14</i> |
| REVIEWED BY CMS RO <input type="checkbox"/>       | REVIEWED BY (INITIALS)              | DATE                                                                                                                                                                                                 | TITLE                                    | DATE                |
| FOLLOWUP TO SURVEY COMPLETED ON 9/8/2016          |                                     | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                          |                     |