OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Aspen Wind City: Cheyenne

Date of Follow-up Visit: 11/13/09 Follow-up to Survey Date of: 6/30/09

Tag #: Section 7. Assisted Living Facility (ALF) Core Services.(b) Resident Assessment and Services. Date Corrected: 11/13/09	Tag #: Section 8. Services Which Cannot Be Provided By The Level I Assisted Living Facility Staff. Date Corrected: 11/13/09	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: _____ Date: 11/13/07

(Rev. 12/08/06)