OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Pointe Frontier

City: Cheyenne

Date of Follow-up Visit: 3/20/09

Follow-up to Survey Date of: 1/21/09

Tag #: RRLALF Section 10 (ii) A Date Corrected: 1/22/09	Tag #: RRLALF Section 10 (ii) B Date Corrected: 3/20/09	Tag #: RRLALF Section 10 (ii) C Date Corrected: 3/20/09	Tag #: RRLALF Section 10 (ii) D Date Corrected: 3/20/09
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Signature of Surveyor: _____ Date: 3/20/09