OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Pointe Frontier ALF City: Cheyenne

Date of Follow-up Visit: 4/2/09 Follow-up to Survey Date of: 1/8/09

Tag #: Section 6: Management Date Corrected: 2/2/09	Tag #: Section 6: Infection Control Date Corrected: 2/2/09	Tag #: Sect 6: Admission Orders Date Corrected: 2/2/09	Tag #: Sect 6: Resident records and reports Date Corrected: 2/2/09
Tag #: Evacuation Capability, Emergency Procedures Date Corrected: 2/2/09	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janelle Conlin Date: 4/21/09

(Rev. 12/08/06)