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: 7/25/08

Follow-up to Survey Date of: 5/13/08

Tag #: RR Section 6 (i) A Date Corrected: 6/16/08	Tag #: RR Section 10 (ii) B Date Corrected: 7/24/08	Tag #: RR Section 10 (ii) C Date Corrected: 6/06/08	Tag #: RR Section 10 (ii) D Date Corrected: 6/13/08
Tag #: RR Section 10 (ii) E Date Corrected: 6/16/08	Tag #: RR Section 10 (ii) F Date Corrected: 6/02/08	Tag #: RR Section 10 (ii) G Date Corrected: 6/10/08	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 7/25/08

(Rev. 12/08/06)