OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Sundance Assisted Care

City: Sundance

Date of Follow-up Visit: 2/19/09

Follow-up to Survey Date of: 11/18/08

Tag #: Chap. 12 Section 6: Personnel and Staffing Requirements Date Corrected: 1/15/09	Tag #: Chap. 12 Section 7: Core Services Date Corrected: 1/15/09	Tag #: Chap 4 Section 10 LSC Date Corrected: 4/07/09	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:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Lorraine Thress 3/6/09

4/27/09