OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

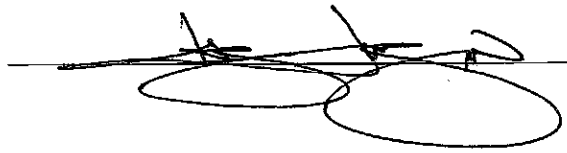
Facility Name: Aspen Wind

City: Cheyenne

Date of Follow-up Visit: 6/21/13

Follow-up to Survey Date of: 4/23/13

Tag #: RR 10 (ii) A Date Corrected: 6/21/13	Tag #: PA 7 (o)(i)(A) B Date Corrected: 6/21/13	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:

Signature of Surveyor: 

Date: 6/21/13

(Rev. 12/08/06)