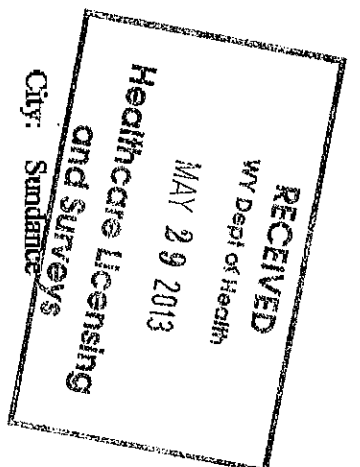


HEALTHCARE LICENSING AND SURVEYS**Revisit Report for State Deficiencies Corrected
"B" Form**

Facility Name: Sundance ALF

Date of Follow-up Visit: 5/22/13

Follow-up to Survey Date of: 2/14/13



Tag #: State ALF Date Corrected: 3/13/13	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:	Tag #: Date Corrected:

Signature of Surveyor:

Date: 5/29/13