OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Pointe Frontier City: Cheyenne, Wyoming

Date of Follow-up Visit: 1/13/2011 Follow-up to Survey Date of: 10/5/2010

Tag #: Chapter12, Section7, (b), (iv), (B) Date Corrected: 11/30/10	Tag #: Section8, (i), (iii), (vii) Date Corrected: 11/30/10	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Kaela Holbrook Date: 1/13/11

(Rev. 12/08/06)