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: 3/04/11

Follow-up to Survey Date of: 2/24/11

Tag #: RR, 10, (ii) A Date Corrected: 2/24/11	Tag #: RR, 10, (ii) B Date Corrected: 2/25/11	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: 3/04/11

(Rev. 12/08/06)