

OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

Facility Name: Aspen Winds

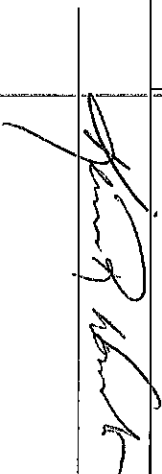
City: Cheyenne

Date of Follow-up Visit: 2/21/12

Follow-up to Survey Date of: 1/5/12

Tag #: Sect. 7(a)(ix)(A) Date Corrected: 1/6/12	Tag #: Sect. 7(m)(ii)(M) Date Corrected: 2/15/12	Tag #: Sect 7(f)(iii)(A) Date Corrected: 1/31/13	Tag #: Date Corrected:
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Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:



Date: 2/21/12