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(n)(ii)(M) Date Corrected: 2/15/12	Tag #: Sec 7(G)(iii)(A) Date Corrected: 1/31/13 B	Tag #: Date Corrected:
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Signature of Surveyor: Kevin R Hewlett Date: 2/21/12

(Rev. 12/08/06)