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: 3/16/12

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

Tag #: RR #4, 10, (ii) A Date Corrected: 3/5/12	Tag #: RR #4, 10, (ii) B Date Corrected: 1/31/12	Tag #: RR #4, 10, (ii) C Date Corrected: 3/5/12	Tag #: RR #4, 10, (ii) D Date Corrected: 3/5/12
Tag #: RR #4, 10, (ii) E Date Corrected: 1/6/12	Tag #: RR #4, 10, (ii) G Date Corrected: 1/5/12	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 3/16/12

(Rev. 12/08/06)