OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Pointe Frontier City: Cheyenne

Date of Follow-up Visit: 8/19/11 Follow-up to Survey Date of: 6/01/11

Tag #: RR, 10, (ii) A Date Corrected: 6/15/11	Tag #: RR, 10, (ii) B Date Corrected: 7/08/11	Tag #: RR, 10, (ii) C Date Corrected: 8/19/11	Tag #: RR, 10, (ii) D Date Corrected: 6/24/11
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 8/29/11

(Rev. 12/08/06)