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: 9/12/12 Follow-up to Survey Date of: 7/31/12

Tag #: RR, 10, (ii) A Date Corrected: 8/10/12	Tag #: RR, 10, (ii) B Date Corrected: 9/7/12	Tag #: RR, 10, (ii) C Date Corrected: 9/7/12	Tag #: RR, 10, (ii) D Date Corrected: 8/1/12
Tag #: RR, 10, (ii) E Date Corrected: 7/31/12	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: 9/12/12

(Rev. 12/08/06)