OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Sierra Hills City: Cheyenne

Date of Follow-up Visit: 3/10/11 Follow-up to Survey Date of: 1/03/11

Tag #: RR #4, 10 (II) A Date Corrected: 01/12/11	Tag #: RR #4, 10 (II) B Date Corrected: 02/01/11	Tag #: RR #4, 10 (II) C Date Corrected: 01/14/11	Tag #: RR #4, 10 (II) E Date Corrected: 01/07/11
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: 3/10/11

(Rev. 12/08/06)