OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

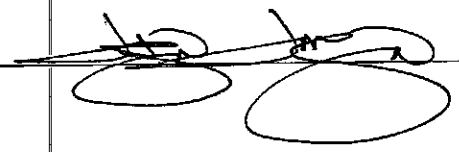
Facility Name: Sundance AC

City: Sundance

Date of Follow-up Visit: 11/28/11-12/19/11

Follow-up to Survey Date of: 7/12/11

Tag #: RR, 10, (ii) A Date Corrected: 9/01/11	Tag #: RR, 10, (ii) B Date Corrected: 9/01/11	Tag #: RR, 10, (ii) C Date Corrected: 9/12/11	Tag #: RR, 10, (ii) D Date Corrected: 9/12/11
Tag #: RR, 10, (ii) E Date Corrected: 12/16/11	Tag #: RR, 10, (ii) F Date Corrected: 9/12/11	Tag #: RR, 10, (ii) G Date Corrected: 9/12/11	Tag #: PA, 7, (o), (iii), (E), (I) H Date Corrected: 9/12/11
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: 

Date: 12/20/11

(Rev. 12/08/06)