OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

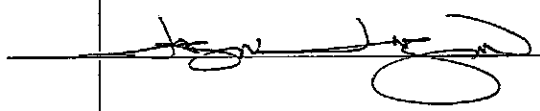
Facility Name: Garden Square

City: Cheyenne

Date of Follow-up Visit: 3/03/2011

Follow-up to Survey Date of: 12/16/2010

Tag #: RR #4, 10 (II) A Date Corrected: 01/14/11	Tag #: RR #4, 10 (II) B Date Corrected: 02/01/11	Tag #: RR #4, 10 (II) C Date Corrected: 12/16/10	Tag #: RR #4, 10 (II) D Date Corrected: 12/30/10
Tag #: PA #12, 7 (o) (iii) (E) E Date Corrected: 01/01/11	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: 3/03/11

(Rev. 12/08/06)