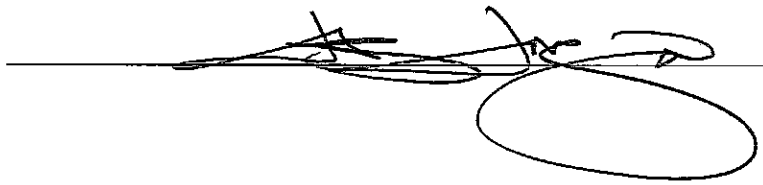
OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Pointe Frontier City: Cheyenne

Date of Follow-up Visit: 10/30/13 Follow-up to Survey Date of: 10/10/13

Tag #: RR4, 10 (ii) A Date Corrected: 10/18/13	Tag #: RR4, 10 (ii) B Date Corrected: 10/18/13	Tag #: Date Corrected:	Tag #: Date Corrected:
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: 10/30/13

(Rev. 12/08/06)