OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Sierra Hills Complaint

City: Cheyenne

Date of Follow-up Visit: 3/21/11

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

Tag #: RR #4, 10 (II) Date Corrected: 3/04/11	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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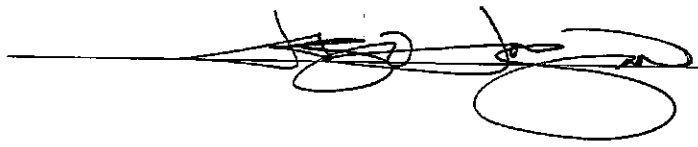
Signature of Surveyor: 

Date: 3/21/11

(Rev. 12/08/06)