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: 1/21/11

Follow-up to Survey Date of: 12/6/10

Tag #: Chp 12. Sect 7. (d)(v)(A) Date Corrected: 1/10/11	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: [signature] Date: 1/21/11

(Rev. 12/08/06)