OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Sierra Hills ALF City: Cheyenne

Date of Follow-up Visit: 6/17/11 Follow-up to Survey Date of: 4/19/11

Tag #: Sect. 7 (b)(i)(A)(1) Date Corrected: 5/3/11	Tag #: Sect. 7(b)(ii) Date Corrected: 5/30/11	Tag #: Sect. 7 (e) Date Corrected: 5/13/11	Tag #: Sect. 7(e)(ii) Date Corrected: 5/30/11
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Signature of Surveyor: _____ Date: 6/17/11

(Rev. 12/08/06)