OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Aspen Wind Assisted Living Community
City: Cheyenne

Date of Follow-up Visit: 2/15/10

Follow-up to Survey Date of: 12/3/10

Tag #: Sect. 7 (b) Date Corrected: 2/2/11	Tag #: Sect.7(d)(v)(A) Date Corrected: 1/31/11	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: [signature]

Date: 2/15/11