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: 12/13/13

Follow-up to Survey Date of: 9/26/13

Tag #: Chapter 7. (iii) Assessment Date Corrected: 11/15/13	Tag #: Chapter 7. (b) Frequency Assessment Date Corrected: 10/1/13	Tag #: Section 7. (j) Food Service Date Corrected: 9/30/13	Tag #: Date Corrected:
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Signature of Surveyor: Janice Cole, OHLC

Date: 12/20/13