OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

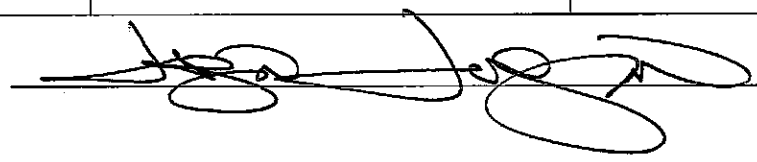
Facility Name: Mountain Towers

City: Cheyenne

Date of Follow-up Visit: 5/22/09

Follow-up to Survey Date of: 3/25/09

Tag #: Rules and Regulations for Licensure of Nursing Care Facilities Ch.19 Seciton 7 Ch. 3 Section 2 (a) Ch. 11, Section 7 (a) (ii) Ch. 11 Section 5 (a) (iv) Date Corrected: 5/18/09	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: 

Date: 5/26/09

(Rev. 12/08/06)