

# OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected  
"B" FORM

Facility Name: Sugarland Ridge (ALF)

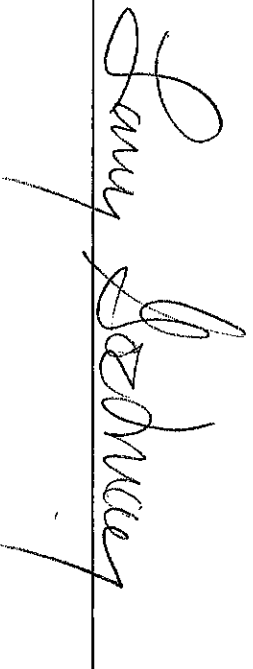
City: Sheridan

Date of Follow-up: 9/7/07

Follow-up to Survey Date of: 6/7/07 (Health/LSC)

|                                                                              |                                                                  |                                                                             |                                                                   |
|------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------|
| Tag #: Cooking Equip<br>Date<br>Corrected: 7/10/07                           | Tag # Sprinkler system<br>Date<br>Corrected: 7/31/07             | Tag # Gap behind<br>eschutchcons<br>Date<br>Corrected: 7/31/07              | Tag # Generator testing<br>Date<br>Corrected: 6/29/07             |
| Tag # Obstacles in front of<br>Sprinkler heads<br>Date<br>Corrected: 6/29/07 | Tag # Fire alarm system<br>Date<br>Corrected: 8/31/07            | Tag # Electric system, wall<br>heater<br>Date<br>Corrected: 6/29/07         | Tag # Smoke barrier door<br>closure<br>Date<br>Corrected: 6/29/07 |
| Tag # Fire Drills and<br>Extinguishers<br>Date<br>Corrected: 6/29/07         | Tag #: Ceiling ventilation<br>fans<br>Date<br>Corrected: 6/29/07 | Tag # Admission orders/<br>Transfer discharge<br>Date<br>Corrected: 6/29/07 | Tag # Personnel records<br>Date<br>Corrected: 6/29/07             |

Signature of Surveyor:



(Rev. 06/13/06)

Date:

9/7/07