# OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Sugarland Ridge (ALF) City: Sheridan

Date of Follow-up: 4/2/09 Follow-up to Survey Date of: 1/29/09 (Health/LSC)

| | | | |
|---|---|---|---|
| Tag #: Hole in ceiling & kitchen wall<br>Date<br>Corrected: 2/29/09 | Tag # Monthly inspection of fire extinguisher<br>Date<br>Corrected: 1/30/09 | Tag # two missing smoke detectors<br>Date<br>Corrected: 2/24/09 | Tag # two SCD didn't fully close doors<br>Date<br>Corrected: 1/30/09 |
| Tag # Obstacles in front of Sprinkler heads<br>Date<br>Corrected: 1/30/09 | Tag # Exit lights bulbs burned out<br>Date<br>Corrected: 1/30/09 | Tag # No background checks on new employee<br>Date<br>Corrected: 1/30/09 | Tag # No TB testing on one employee<br>Date<br>Corrected: 1/30/09 |
| Tag # Completion of ALF 102<br>Date<br>Corrected: 1/30/09 | Tag #: Transfer policy<br>Date<br>Corrected: 3/31/09 | Tag #<br>Date<br>Corrected: | Tag #<br>Date<br>Corrected: |

Signature of Surveyor: Larry Goodmay Date: 4/2/09

(Rev. 06/13/06)