OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Sugarland Ridge (ALF) City: Sheridan

Date of Follow-up: 2/23/11 Follow-up to Survey Date of: 1/18/11 (LSC)

Tag #: Hazardous area separation Date Corrected: 2/11/11	Tag # GFI electrical outlets Date Corrected: 2/11/11	Tag # Gap between escutcheon and ceiling Date Corrected: 2/11/11	Date Corrected:
Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:
Tag # Date Corrected:	Tag #: Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:

Signature of Surveyor: Larry Lodmer Date: 2/23/11

(Rev. 06/13/06)