OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Sugarland Ridge ALF City: Sheridan

Date of Follow-up Visit: 4/10/12 Follow-up to Survey Date of: 10/18/11

Tag #: RR, 12, 7, (o) (iii) (A) A Date Corrected: 11/23/12	Tag #: PA, 4, 10, (ii) B Date Corrected: 11/3/12	Tag #: PA, 4, 10, (ii) C Date Corrected: 3/2/12	Tag #: PA, 4, 10, (ii) D Date Corrected: 10/18/12
Tag #: PA, 4, 10, (ii) E Date Corrected: 10/21/12	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: 4/10/12

(Rev. 12/08/06)