OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Agape Manor

City: Buffalo

Date of Follow-up Visit: 2/19-21/13

Follow-up to Survey Date of: ~~2/5/13~~ 12/18/12

Tag #: RR4, 10 (ii) A Date Corrected: 2/15/13	Tag #: RR4, 10 (ii) B Date Corrected: 2/01/13	Tag #: RR4, 10 (ii) C Date Corrected: 2/15/13	Tag #: RR4, 10 (ii) D Date Corrected: 2/15/13
Tag #: RR4, 10 (ii) E Date Corrected: 2/15/13	Tag #: RR4, 10 (ii) F Date Corrected: 2/01/13	Tag #: RR4, 10 (ii) G Date Corrected: 2/01/13	Tag #: RR4, 10 (ii) H Date Corrected: 2/15/13
Tag #: RR4, 10 (ii) I Date Corrected: 2/15/13	Tag #: RR4, 10 (ii) J Date Corrected: 2/01/13	Tag #: RR4, 10 (ii) K Date Corrected: 2/15/13	Tag #: RR4, 10 (ii) L Date Corrected: 2/15/13
Tag #: RR4, 10 (ii) M Date Corrected: 2/15/13	Tag #: PA12, 7 (o)(i)(A) N Date Corrected: 2/20/13	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 2/21/13

(Rev. 12/08/06)