OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Weston Co. Manor

City: Newcastle

Date of Follow-up Visit: Office-12/22/10-12/29/10

Follow-up to Survey Date of:

Tag #: Section 11. Dietetic Services 1. (a) (i) Qualified Supervisor Date Corrected: 11/29/10	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: _____ Date: 12/20/10

(Rev. 12/08/06)