

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:
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:

A handwritten signature in black ink, appearing to read "Rust J. Miller", written over a horizontal line.

Date:

A handwritten date "12/20/10" in black ink, written over a horizontal line.

(Rev. 12/08/06)