

OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected "B" Form

Facility Name: BeeHive Home

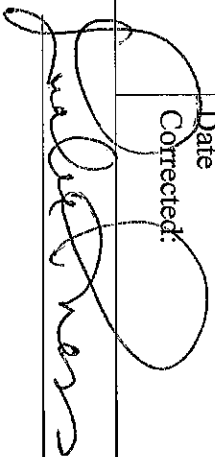
City: Buffalo

Date of Follow-up Visit: 5/14/12

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

Tag #: <u>786</u> Section <u>11</u> Dietary Manager requirements Date Corrected: May 8, 2012	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:



Date:

5/14/12