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 #: Section 7 ~~11~~ 58 Dietary Manager requirements Date Corrected: May 8, 2012	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: _____ Date: 5/14/12