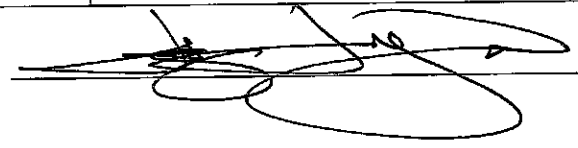
OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Buffalo Beehive City: Buffalo

Date of Follow-up Visit: 11/28/11-12/5/11 Follow-up to Survey Date of: 10/19/11

Tag #: RR, 10, (ii) A Date Corrected: 10/29/11	Tag #: RR, 10, (ii) B Date Corrected: 11/02/11	Tag #: RR, 10, (ii) C Date Corrected: FSES	Tag #: RR, 10, (ii) D Date Corrected: 10/30/11
Tag #: RR, 10, (ii) E Date Corrected: 10/28/11	Tag #: RR, 10, (ii) F Date Corrected: 10/19/11	Tag #: RR, 10, (ii) G Date Corrected: 10/25/11	Tag #: RR, 10, (ii) H Date Corrected: 10/30/11
Tag #: RR, 10, (ii) I Date Corrected: 10/28/11	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor:  Date: 12/5/11

(Rev. 12/08/06)