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: 1/24/13 Follow-up to Survey Date of: 12/17/12

Tag #: RR 4, 10 (ii) A Date Corrected: 12/17/12	Tag #: RR 4, 10 (ii) B Date Corrected: FSES	Tag #: PA 7 (o) (iii) (E) (I) C Date Corrected: 1/1/13	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: _____ Date: 1/24/13

(Rev. 12/08/06)