



County of Erie

MARK C. POLONCARZ
COUNTY EXECUTIVE

DEPARTMENT OF SOCIAL SERVICES

Date: 4/18/19

Facility: Buffalo Center, 1014 Delaware Ave, Buffalo, NY 14209

Client Name: Beatriz Diaz

Client Address: 19 Commonwealth Ave, Buffalo, NY 14216

CIN # _____

DOB 1/18/1937

SS# 068-50-0133

Date of last admission: 4/2/19

Date of last pri/screen: _____

Reason for admission in laymen's terms: Short term rehab

Diagnosis: Necrotizing Fasciitis, muscle weakness

Prognosis: Good

Will client be returning to the community: ☒ Yes ☐ No

If yes, to : ☒ home

☐ assisted living

☐ Other - Please specify _____

Expected date of discharge: 7/31/19

(Enter # of weeks until discharge or scheduled date of discharge or date of next review).

Date seen by MD: _____

MD Signature: _____

Date 4/18/19

B-2577 (Rev. 3/12)