OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Bee Hive Evanston

City: Evanston

Date of Follow-up Visit: 9/19/08

Follow-up to Survey Date of: 7/16/08

Tag #: RRALF Section 6 (i) A Date Corrected: 9/12/08	Tag #: RRALF Section 10 (ii) B Date Corrected: 7/28/08	Tag #: RRALF Section 10 (ii) C Date Corrected: 8/03/08	Tag #: RRALF Section 10 (ii) D Time Limited Waiver Date Corrected: 9/12/08
Tag #: RRALF Section 10 (ii) E Date Corrected: 9/12/08	Tag #: RRALF Section 10 (ii) **F** Date Corrected: 8/29/08	Tag #: RRALF Section 10 (ii) **G** Date Corrected: 9/12/08	Tag #: PAALF Section 7 (n) (i) (ii) (Z) **H** Date Corrected: 7/18/08
Tag #: PAALF Section 7 (o) (iii) (E) (I) **I** Date Corrected: 8/16/08	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: 9/22/08

(Rev. 12/08/06)