OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: BeeHive Home of Evanston City: Evanston

Date of Follow-up Visit: 9/15/08 Follow-up to Survey Date of: 6/11/08

Tag #: Ch12 section 6: background checks Date Corrected: 7/1/08	Tag #: Section 7: immunizations for residents Date Corrected: 8/3/08	Tag #: Section 7: abuse policies Date Corrected: 8/3/08	Tag #: Section 7: registered dietitian Date Corrected: 7/1/08
Tag #: Section 7: diet manual Date Corrected: 7/1/08	Tag #: Section 7: food handling/safety Date Corrected: 8/1/08	Tag #: Section 7: discharge notice Date Corrected: 7/1/08	Tag #: Section 7: QA Date Corrected: 8/3/08
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: James Cook, OPLS Date: 9/17/08

(Rev. 12/08/06)