OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Tenderheart (ALF) City: Evanston

Date of Follow-up: 7/5/09 (offsite) Follow-up to survey date of: 03/04/09

Tag #: Documentation of TB testing. Corrected: 5/1/09	Tag #: Completion of resident records. Corrected: 5/20/09	Tag # Unlocked med cart. Corrected: 3/26/09	Tag # Kitchen manager not a CDM. Corrected: 5/20/09
Tag # Use of room space heater. Corrected: 5/20/09	Tag # fire drills Corrected: 5/20/09	Tag # Use of piggybacked extension cords. Corrected: 5/20/09	Tag # testing of emergency lighting. Corrected: 5/20/09
Tag #: _____ Date Corrected:_____	Tag #: _____ Date Corrected: _____	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____

Signature of Surveyor: Larry Goodman Date: 7/5/09

(Rev. 06/13/06)