OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Beehive Evanston City: Evanston

Date of Follow-up Visit: 3/5/13 Follow-up to Survey Date of: 9/13/12

Tag #: Section 7 (i) Adult Protection Date Corrected: 11/30/12	Tag #: Section 8. Services Which Cannot Be Provided Date Corrected: 11/30/12	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janelle Carlin, OTR/L Date: 3/5/13