OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Bee Hive Home of Evanston City: Evanston

Date of Follow-up Visit: 8/14/13 Follow-up to Survey Date of: 7/17/13

Tag #: RR, 4, 10 (ii) A Date Corrected: 7/30/13	Tag #: RR, 4, 10 (iii) (A) B Date Corrected: 7/30/13	Tag #: Date Corrected:	Tag #: Date Corrected:
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: _____ Date: 8/14/13

(Rev. 12/08/06)