OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

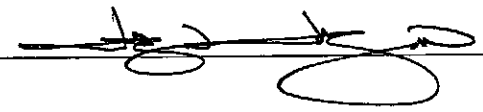
Facility Name: Tender Heart

City: Evanston

Date of Follow-up Visit: 12/20/2010

Follow-up to Survey Date of: 10/05/2010

Tag #: R&R, Section 10 (ii) A Date Corrected: 11/30/2010	Tag #: R&R, Section 10 (ii) B Date Corrected: 11/30/2010	Tag #: R&R, Section 10 (ii) C Date Corrected: 11/30/2010	Tag #: PA, Section 7 (o) (iii) (E) D Date Corrected: 11/30/2010
Tag #: PA, Section 7 (iii) (A) (I) E Date Corrected: 11/30/2010	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: 12/20/2010

(Rev. 12/08/06)