OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Beehive Homes of Evanston City: Evanston

Date of Follow-up Visit: 5/29/12 Follow-up to Survey Date of: 2/29/12

Tag #: RR 10 (ii) A Date Corrected: 4/27/12	Tag #: RR 10 (ii) B Date Corrected: 4/27/12	Tag #: RR 10 (ii) C Date Corrected: 3/21/12	Tag #: RR 10 (ii) D Date Corrected: 4/27/12
Tag #: RR 6 (i) E Date Corrected: 4/27/12	Tag #: PA 7 (o) (iii) (E) (I) F Date Corrected: 4/27/12	Tag #: PA 7 (n) (ii) (Z) G Date Corrected: 3/5/12	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:

Signature of Surveyor: _____ Date: 6/6/12

(Rev. 12/08/06)