OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Beehive Home of Evanston City: Evanston

Date of Follow-up Visit: 6/13/12 Follow-up to Survey Date of: 2/28/12

Tag #: Sect 6.(c) Background Checks Date Corrected: 4/27/12	Tag #: Section 7.(i) Abuse policies Date Corrected: 4/27/12	Tag #: Section 7.(j) PD Consult Date Corrected: 4/27/12	Tag #: Section 7.(l) QI Date Corrected: 3/28/12
Tag #: Sect 7.(m) Policies Date Corrected: 3/28/12	Tag #: Sect 7.(n)(2) Space heaters Date Corrected: 3/5/12	Tag #: Section 8. Services which can't be provided Date Corrected: 4/27/12	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: Jacelle Conner, ONR/L Date: 6/13/12

(Rev. 12/08/06)