OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Tender Heart ALF

City: Evanston

Date of Follow-up Visit: 5/14/12

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

Tag #: RR, 10, (ii) A Date Corrected: 3/24/12	Tag #: RR, 10, (ii) B Date Corrected: 3/24/12	Tag #: RR, 10, (ii) C Date Corrected: 3/24/12	Tag #: PA, 7, (o) (iii) (E) D Date Corrected: 3/24/12
Tag #: PA, 7, (n) (ii) (M) E Date Corrected: 3/24/12	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: 5/14/12

(Rev. 12/08/06)