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: 6/14/17

Follow-up to Survey Date of: 3/1/17

Tag #: Section 7.(b) ALF 107 Date Corrected: 4/1/17	Tag #: Section 7.(c). Accidents Date Corrected: 4/1/17	Tag #: Section 8. Service which Cannot Be Provided Date Corrected: 4/30/17	Tag #: Date Corrected:
Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: [illegible]

Date: 6/14/17

(Rev. 12/08/06)