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: 8/18/11 Follow-up to Survey Date of: 4/6/11

Tag #: Section 7: incidents, death documentation Date Corrected: 6/1/11	Tag #: Section 8; Services which cannot be provided Date Corrected: 6/1/11	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janelle Conner, OAR/C Date: 8/18/11