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: 1/30/14 Follow-up to Survey Date of: 10/8/13

Tag #: Section 6(a). Management Date Corrected: 10/30/13	Tag #: Section 6 (b) Staffing Date Corrected: 12/6/13	Tag #: Section 7(d) Medications Date Corrected: 12/6/13	Tag #: Section 7(d) (v) (A) RN for medication management Date Corrected: 12/6/13
Tag #: Section 7(k) Transfer Date Corrected: 12/6/13	Tag #: Section 9. Contracts Date Corrected: 1/24/14	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janelle Conlin, OTR/L Date: 1/30/14