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February 6, 2019

CERTIFIED MAIL

Troy Culbertson, Administrator  
Illinois Veterans Home At Quincy  
1707 North 12th Street  
Quincy, IL 62301

Licensure # 0044107  
Survey Date: January 24, 2019  
Survey Type: Special Licensure Survey

Dear Administrator:

Pursuant to the Illinois Nursing Home Care Act, a licensure survey was conducted at Illinois Veterans Home At Quincy on January 24, 2019 by staff of the Illinois Department of Public Health. As a result of that inspection, no licensure findings were identified (See Enclosure #1, CMS Form 2567L.)

If you have any questions concerning this notice, please contact my staff at (217) 782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Sherry Barr  
Division of Quality Assurance  
Office of Health Care Regulations

cc:  
Illinois Department on Aging  
Stephen Curda, Registered Agent  
Licensure Only No Finding/cks

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015473</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/24/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ILLINOIS VETERANS HOME AT QUINCY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1707 NORTH 12TH STREET QUINCY, IL 62301</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 000	<p>Initial Comments</p> <p>Special Licensure</p> <p>Recommend occupancy as of 02/01/19 with planned resident transition on 02/04/19 of 77 single rooms at Illinois Veterans Home Hammond Hall facility as follows:</p> <p>Level 1 Rooms 101 through 104 Rooms 106, 108, 110, and 112 Rooms 120 through 128 Rooms 140 through 147 and Room 149 Rooms 160 through 167 and Rooms 169 and 171</p> <p>Level 2 Rooms 201 through 208 and Rooms 210 and 212 Rooms 220 through 228 Rooms 240 through 247 and Room 249 Rooms 250, 252 and 253 Rooms 260 through 267 and Rooms 269 and 271</p>	S 000		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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