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April 8, 2020

CERTIFIED MAIL

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

Licensure # 0044107
Survey Date: March 31, 2020
Survey Type: Licensure Post Visit

Dear Administrator:

Pursuant to the Illinois Nursing Home Care Act, a licensure survey was conducted at Illinois Veterans Home At Quincy on March 31, 2020 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,

Bureau Chief, Long Term Care
Office of Health Care Regulation

cc:
Illinois Department on Aging
Licensure Only No Finding/kt/cks

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/31/2020
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NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT QUINCY	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET QUINCY, IL 62301
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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
S9999	<p>Final Observations</p> <p>Licensure Post Visit to survey date 10/12/2017.</p> <p>Il Veterans' Home at Quincy was in compliance as of 12/08/2017 with their plan of correction for 340.1440b), 340.1440e)</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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