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
C 03/02/2016

NAME OF PROVIDER OR SUPPLIER
ILLINOIS VETERANS HOME AT QUINCY
STREET ADDRESS, CITY, STATE, ZIP CODE
1707 NORTH 12TH STREET
QUINCY, IL  62301

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

S 000 Initial Comments

Complaint investigation 1621072/IL83671. No deficiency cited on 1620983/ IL83566, exited 2-29-16.

The Illinois Veteran's Home Quincy is in compliance with the Illinois Veteran's Home Code (77 Illinois Administrative Code 340) for this survey.

(X5) COMPLETE DATE

S 000

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

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

(X6) DATE

STATE FORM 6899 UF8S11 If continuation sheet 1 of 1