

Illinois Department of Public Health

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| 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 05/11/2016 |
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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 |
|--------------------|--|---------------|---|--------------------|
| S 000 | <p>Initial Comments</p> <p>Complaint #1622449/IL#85309</p> <p>Illinois Veteran's Home Quincy is in compliance with the Illinois Veteran's Home Code (77 Illinois Administrative Code 340) for this survey.</p> | S 000 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____