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 07/30/2014

ILLINOIS VETERANS HOME AT QUINCY
1707 NORTH 12TH STREET
QUINCY, IL  62301

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)

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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Initial Comments

Complaint Investigation #1423227/IL71041 and #1423224/IL71039

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