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: 12/10/2015

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: S 000
SUMMARY STATEMENT OF DEFICIENCIES
(Each deficiency must be preceded by full regulatory or LSC identifying information)

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>S 000 Initial Comments</td>
<td>Annual Licensure Survey</td>
<td></td>
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</table>

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

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

TITLE

(X6) DATE

If continuation sheet 1 of 1