Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

IL6015481

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: ______________________

B. WING ______________________

(X3) DATE SURVEY COMPLETED

C 01/07/2016

NAME OF PROVIDER OR SUPPLIER

ILLINOIS VETERANS HOME AT LASALLE

STREET ADDRESS, CITY, STATE, ZIP CODE

1015 O'CONNOR AVENUE
LA SALLE, IL  61301

(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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Original Complaint Investigation
1620035/IL82499

The Illinois Veterans Home Lasalle is in compliance with the Illinois Veterans Home Code (77 Illinois Administration Code 340) for this survey.

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

TITLE

(X6) DATE

STATE FORM

If continuation sheet 1 of 1