Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING: _______________________
B. WING _______________________

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: IL6014948

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

C 10/20/2017

NAME OF PROVIDER OR SUPPLIER

ILLINOIS VETERANS HOME AT MANTENO

STREET ADDRESS, CITY, STATE, ZIP CODE

ONE VETERAN'S DRIVE
MANTENO, IL 60950

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

(X5) COMPLETE DATE

(S000) ID PREFIX TAG

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

ID PREFIX TAG

S 000

PROVIDER'S PLAN OF CORRECTION

S 000

Initial Comments

Complaint Investigation #1776181/IL97582

The Illinois Veterans' Home at Manteno is in compliance with the Illinois Veteran 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

(X8) DATE

STATE FORM 0OZO11

If continuation sheet 1 of 1