**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-referenced to the Appropriate Deficiency)</th>
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**Initial Comments**

Original Complaint Investigation: 1324291/IL66062- no deficiencies

Illinois Veterans' Home at Quincy is in substantial compliance with 77 Illinois Administrative Code, Part 340 Illinois Veterans’ Home Code for this survey.

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**Name of Provider or Supplier:** Illinois Veterans Home at Quincy

**Address:** 1707 North 12th Street, Quincy, IL 62301

**Provider/Supplier Identification Number:** IL6015473

**Date Survey Completed:** 10/17/2013

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**Illinois Department of Public Health**

**Laboratory Director's or Provider/Supplier Representative's Signature**

**Title**

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**State Form** 6899 0J8U11