IL6014948

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

A. BUILDING: ______________________

B. WING ______________________

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

C 06/25/2019

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)

(X4) ID PREFIX TAG

S 000

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

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM 6609

05JO11

If continuation sheet 1 of 1

Initial Comments

Complaint Investigation 1974548/IL113308

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