



STATE OF ILLINOIS  
**DEPARTMENT OF VETERANS' AFFAIRS**

69 WEST WASHINGTON, SUITE 1620, CHICAGO, IL 60602  
TELEPHONE: 312-814-2460 \* FAX: 312-814-2764

JB PRITZKER  
GOVERNOR

TERRY PRINCE  
DIRECTOR

June 29, 2022

Mr. Tim Anderson  
Secretary of the Senate  
401 State House  
Springfield, IL 62706

Dear Mr. Anderson:

The Department of Veterans' Affairs Act (20 ILCS 2805/2.13), directs the Illinois Department of Veterans' Affairs (DVA) to report to the General Assembly electronically as provided under Section 3.1 of the General Assembly Organization Act:

- The number and nature of complaints made by residents.
- Information on any epidemic reported at a Veterans Home.
- The number of cases and information on the cases.
- The action taken by the Veterans Home to eradicate the spread of communicable disease.

Enclosed with this document are attachments which provide the requested information for the Illinois State Veterans Homes for the reporting period of January 1, 2022, through June 30, 2022.

- Attachment #1 are tables showing the major complaints raised by residents.
- Attachment #2 provides a breakdown of "communicable" diseases identified, and the action taken to provide the "spread" of said "communicable disease".

The Department continues to provide the highest level of service to the maximum number of eligible veterans possible while still working within budgetary constraints.

Sincerely,

A handwritten signature in black ink that reads "Terry Prince".

Terry Prince  
Director

Attachment: # 1 - Complaints by residents  
Attachment # 2 – Communicable diseases

## Resident Grievance Log - Illinois Veterans Home - ANNA

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
	None		

\*The above table contains resident complaints received on official grievance forms or major complaints which could not be immediately addressed at the Resident Advisory Council and required follow up by staff at the Veterans Homes.

## Resident Grievance Log - Illinois Veterans Home - CHICAGO

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
02/01/22	Resident has order for pureed food and thickened liquids. His breakfast was not pureed.	YES	VNAC caught resident before he ate unpureed food. Explained what happened to the resident. Took tray to the main kitchen, had the resident's breakfast pureed and the pureed breakfast was delivered back to resident.
03/10/22	Wife/POA, Carol Austin, shared a concern around resident's (R.G.) shower schedule, lack of shower provided by staff during the week. Ms. Austin stated her husband had not received a shower for a week. Additionally, she was uncertain what the shower schedule was for her husband. The concern was reported to Social Services Director (Suzanne Isenberg-Chhabra) on 3/10/22. Wife requested the date of the shower be written on the whiteboard in the resident's room, after completion of shower. This would serve as a communication tool between the nursing staff, the resident, and his wife.	YES	On 3/10/22, Social Services Director shared concern with ADON (Jennifer Malone). On 3/10/22, Jennifer spoke with wife by phone (815.343.9430) and provided shower schedule for her husband (Mon and Fri evenings). ADON informed wife that additional showers can be provided by the staff at the request of the resident or their family member. Shower was provided for resident on 3/11/22 and then again on 3/14/22 (per schedule). ADON spoke with wife on 3/14/22 to resolved initial concern. Wife reported she was now satisfied with the shower schedule, as well as with the option for additional shower on request.
03/14/22	On 3/14/22, resident (D.R.) shared concern with ADON (Jennifer Malone) that he had not been out of the since transferring to LVHC pm 3/2/22. Resident reported that he was interested in participating in activities, including card games on Tues. and Thurs. afternoons.	YES	ADON (J. Malone) spoke with Activities Therapist (Julia Moreno) on 3/14/22 to ensure participation in card games scheduled for Tues. and Thurs. afternoons (3:30PM). Social Services Director (Suzanne Isenberg-Chhabra) confirmed with Director of Rehabilitation (Kristy Perez) on 3/15/22 that resident is eligible to participate in therapy on M, W, F. Therapy to include movement in/out of bed. Resident (D.R.) was also encouraged to vocalize to staff whenever he wants out of the bed; nursing staff to assist. Nursing staff notified on 3/15/22 of the above plan for increased activity by the resident.

03/15/22	Resident (R.M.) who has an altered diet of mechanical-soft, received potato chips and hard cookies for lunch on 3/15/22. Tray tickets do not have diet or color codes.	YES	Resident being on mechanical-soft should not have received potato chips. Dietary staff have been re-in serviced; mechanical consistencies may only have cheetos puffs when any chip type is in the menu/ These were ordered and have since arrived. Dietary staff who have best intentions provided the chip in error w/o fully understanding the risk on the day of incident. As part of the re-in service the menus were reviewed, especially the portion that is labeled "diet extension sheet", which lists the menu alterations necessary for the various restrictive diets. Upon review, it was determined that the cookies were not hard or burnt. Mechanical consistency residents may have cookies without any alteration per the diet manual. Residents who have difficulties chewing or eating any item, can ask that dietary provide an alternative and it will be done. Dietary management requests that in the future when similar incidents occur that nursing staff call the Dietary Manager, or the Cook-Is so dietary staff can go to location of incident and address the problem immediately, thus providing prompt resolution, a happier resident, and potentially a learning opportunity for all involved, dietary staff included. Regarding lack of color coding. Dietary has implemented a color dot system, which differentiates the various restrictive diets residents are on. For example, pureed, mechanical soft, etc.
3/17/22 - 3/18/22	Wife reported the following: 1. Issues related to resident's bed being incorrect size for mattress. Wife reports proper bed makes rotation easier for resident. Wife expressed concern regarding lack of communication between the two homes (Manteno & Chicago) regarding this issue. 2. Request for addition of handrails on both sides of the bed to prevent falls and make rotation easier. 3. Ensuring that staff receive proper education on resident's use of external catheters. Wife had concerns that this information was not properly communicated between IVHM and IHVC. 4. Repair the TV, because it was not properly loading channels. 5. Request for the use of wipes to clean the face after inserting eye drops and after toileting. Wife requested that cloth towels not be used on resident's face. 6. Clarity around medication administration schedule. Wife reports that meds were not offered to resident on 3/17/22 (12PM), but it was reported that resident refused the medication. 7. Missing room items: a. hooyer lift & sling. b. shower curtain.	YES	1. On 3/18/22, Asst Chief Eng. Patrick Riordan arranged to have bed picked up from IVHM. Bed was delivered and set-up by engineering on 3/18/22. 2. DON (Dr. Denise King) shared with family that per state regs, bedrails do not go with an air mattress. Resident is unable to assit himself while rotating because of his health issues. However, staff will assist w/rotation in this area. 3. DON (Dr. Denise King) confirmed that external catheters have been in place since resident's move in date. Family has been notified of the use of external catheters. 4. On 3/17/22, engineering confirmed that channels for television were operational. This was reconfirmed on 3/18/22 by Asst. Chief Eng., Patrick Riordan. 5. DON (Dr. Denise King) confirmed that nursing staff is aware to use wipes per resident's preference. On 3/17/22, Home Administrator (T'Kira Siler-Wilkerson) and Director of Social Services, (Suzanne Iseberg-Chhabra) confirmed wipes were at bedside and available for use. 6. DON (Dr. Denise King) confirmed that all medications and treatments are offered multiple time daily with constant refusal by resident and documented his refusals. Nursing staff will continue to follow protocol around medication administration. 7. On 3/18/22, Asst. Chief Engineer (Patrick Riordan) and his engineering staff installed a new shower curtain, hooyer lift/sling over the bed to assist with transportation from bed to wheelchair.

03/20/22	Re: L.B., per POA, A.B. resident told her that the food he was served looked like vomit, when referring to the dinner served on 3/19/22. POA asked if she could have her niece prepare food and blend it, and bring it to the resident. POA added she wasn't previously allowed to do so.	YES	RN, Roshni, explained that since resident is on NAS, pureed texture, honey-thickened liquids, belching the food may not be the correct consistency and could pose a risk for aspiration. POA is concerned resident is not eating well and may lose weight. Nurse Roshni printed the weight log and provided same to POA. After seeing the weight log, POA was happy and verbalized that she would not bring food from home, since she understands the risk. POA and nurse Roshni, explained this to the resident. Nurse Roshni told resident he should let us know if/when he does not like his food, so we can check to see if there is an alternative.
03/21/22	1. Request for shower chair to better accommodate member's needs. 2. Request for clarity around would care service provision. Wife expressed concerns about staff's ability to meet his wound care needs.	YES	1. POA was informed by phone conference on 3/21/22. that an alternate chair would be used, better suited for her husband's care. The chair was in stock at VHC, and ready for immediate use. 2. POA was informed by phone conference on 3/21/22 that ADON, Jennifer Malone is the wound care nurse for VHC. DON confirmed that all services can be provided in-house, and that staff are well-equipped (through training and supplies) to handle wound care for the resident.

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**Resident Grievance Log - Illinois Veterans Home - LA SALLE**

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/3/2022	Resident RM reported that his internet tablet was missing.	YES	After days of searching and interviewing staff, the tablet was found in the resident's wheelchair. The resident's wife took the tablet home.
1/07/22	Resident HF asked VNAC to retrieve two white envelopes from his storage box, but none were found. HF said missing money of from \$30 to \$36 had been from sales from his making and selling earrings. HF later added that months earlier he had been unable to find a ten dollar bill in his room.	YES	After multiple searches in his room by Nursing, HF did attentively listen to the safest way of storing and accessing money from his trust account here at the Home. Social Services explained to HF that Social Services could bring him cash requested on any given weekday, and just as importantly deposit safely any newly acquired cash the same day received by HF. HF voiced understanding and receptiveness to utilizing his trust account, as opposed to leaving money in his room.
01/13/22	Resident JM was found not to have his wallet when staff were assisting with cares.	YES	After searching everywhere, the wallet was returned to the resident on 01/14/22 from laundry services.
01/27/22	Resident JM was found not to have his wallet when staff were assisting with cares.	YES	After searching his room, the resident's wallet was found in the pocket of a pair of dsweatpants.
2/2/2022	Resident MM moved to NW, said his cell phone charger was missing.	YES	Charger was found in his original East Unit room; taken to him.
02/10/22	Resident KT informed staff that he was missing his glasses and believed they fell into his clothes.	YES	Everything was searched without success. POA was contacted. Resident provided with another pair of "chesters" to wear with suggestions of how to keep them safe.

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### Resident Grievance Log - Illinois Veterans Home - MANTENO

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/11/2022	Would like to have Catholic mass offered more often.	YES	We are more than happy to have more services; unfortunately, the priest is unable to accommodate this due to the other areas that he serves.
1/11/2022	Misses attending church in the Chapel.	YES	It was explained to the resident that, at this time, church services need to be held in Veterans' Hall to allow for social distancing.
1/11/2022	Misses breakfast at the Commissary.	YES	The Commissary, run by Arena Foods, was closed due to it not being financially feasible to operate. IVHM has since opened up Commissary for coffee and doughnuts two days per week for three hours each day.
2/2/2022	Suggests adding museum trips (Art Institute, Field Museum, etc.) to the outings.	YES	When outings are able to occur again, this suggestion will be considered.
3/10/2022	When will outings start back up?	YES	It was explained to the resident that as soon as we are given the approval, we will attend shopping and other outings.
3/10/2022	Would like to see more food-oriented activities.	YES	Informed resident that every Tuesday and Thursday in March the unit will be having food, as indicated on the unit calendar.
3/10/2022	Would like Bingo to come back in Veterans' Hall.	YES	A Bingo event is scheduled to be held in Veterans' Hall on Saturday, April 2nd, with pizza and soda being served.
4/14/22	Requests more bingo!	YES	There is a ComEd bingo coming up on 4/29; and there are two bingos on the calendar for May.
4/23/22	Can we plan for Casino outings when the weather gets nice?	YES	Resident was notified that Activities staff are working on this for possibly June or July.
4/23/22	Problems with Dietary - not receiving correct items on food tray, and receiving food with seasonings on it and member states food ticket indicates "no seasonings".	YES	Dietary responded to resident that they will monitor trays more closely, but that they are not getting missing-item calls from the units. They will re-educate staff on the importance of accuracy on trays.
5/3/2022	After member asked staff person D.M. for sheet change due to sweating, staff person D.M. did not change any bed linens and left the dirty top sheet at the end of the bed; additionally, staff person D.M. did not empty 2 full urinals, and were left out of member's reach. Member indicated that staff person D.M. only came to his room once during the entire 3-11 shift.	YES	Per Unit Nursing Supervisor, staff person D.M. will be counseled on job duties and member care.

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### Resident Grievance Log - Illinois Veterans Home - QUINCY

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/17/22	Cumulative resident complaint regarding lack of options for activities for the residents; and lack of communication options to make suggestions. Residents are increasingly intolerant of current restrictions and isolation.	YES	Residents continue to be validated in their distress to include reeducation on existing protocols. Attempts to empower them through invitation to make recommendations or suggestions within the current restrictions for discussion. Social Services, Activities, and nursing staff implement available empowerment efforts and opportunities to improve their community living experiences as allowed within parameters of current protocols.
1/28/2022	Ongoing cumulative resident complaints regarding staffing issues. Residents report inadequate/one nurse's aide working wing 3-7PM. They contend there is not enough staff available for resident's care needs to be addressed in an appropriate amount of time; complaints of not getting bathing as desired. Multiple residents on this unit require 2 staff for care to include total lift for transfer, total/extensive assist.	YES/NO	We have been intermittently successful depending on staff callins, etc. Administration and Personnel and Nursing Supervisors responsible for staffing assignments are working diligently with available resources to meet all complaints within the appropriate standards of care and IDPH guidelines. Validation is provided to residents and all attempts made to meet those directives with available resources.
2/4/2022	Resident Complaint(s) which escalated to a Legislative referral whereby Resident contact local State Representative. Resident has desired assistance with discharge from LVHQ and alternative placement. Critical staff were not responsive to his directives d/t disagreement with his appropriateness for discharge. This matter required a period of months of action to remedy. Member was experiencing significant distress related to his perceptions and actual lack of responsibility to his individual directives and complaints. In addition to the documented remedy; significant staff development and corrective action were implemented to improve responsibility and procedural accountability. Response targeted improved service delivery and resident quality of life through preservation and promotion of dignity and autonomy in alliance with Resident's Rights.	YES	Social Service Director and Administrative Staff became involved upon notification. Resident has full capacity although he does have some physical limitation requiring some Assistive Adaptive equipment and connection to community resources to include services through the Federal VA/Local CBOC. Extensive Research and responsibility were directed and implemented by resident's treatment team under advisement of Administrator and SSD. Resident was successful in securing his own home, and discharging for a short period before self determining to return to LVHQ. Results included significant reduction in his prior behaviors and dissatisfaction with lack of responsibility and perceptions of same.
3/14/2022	Joint complaint filed by 3 residents regarding night shift VNAC's making too much noise throughout the night which was disruptive to the unit during quiet time/sleep creating distress, disruption, and irritation.	YES	Social services and nursing validated resident's complaints. Nursing supervisor met with staff for education and corrective action plan. No further complaints in this matter.

3/26/2022	Resident complaint regarding no assistance with eyeglasses that were made incorrectly at his last facility; ongoing issues trying to get that remedied. Resident significantly impaired visually, so eyeglasses issue is a primary source of focus for his quality of life.	YES	Social worker made multiple contacts to prior facility and to VA medical center to problem solve for remedy. Also worked with Ophthalmology in Iowa City VA Center directly to gain some visionary assistive devices in the interim of getting the glasses corrected. Resident satisfied and appreciative of interventions and resolution.
4/2/2022	Resident complaint regarding suite mate family members utilizing resident's bathroom during visits without wearing face masks.	Yes	Addressed with social worker and nursing supervisor directly with family. No further reports regarding this matter.
4/27/2022	Complaint filed regarding resident relegated to eat alone and not able to participate in activities d/t inability to be VAXXED d/t to personal health issues/disease processes involved in his educated medical decision to abstain. Resident experiencing significant decline in biopsychosocial functioning to include statements of desire to die d/t restrictions & isolation to include feelings of "being a lepper". Resident found multiple times in room over this week crying and refusing to leave room at all to experience public isolation at table alone during meals and activities.	YES	In addition to all appropriate crisis intervention efforts to assess and stabilize this resident's homeostasis; social services staff and nursing collaborated with Administration and IDPH to problem solve for reasonable accommodations within limits of COVID protocols to remediate some of the environmental stress contributing to the resident's decline and distress. Implemented several interventions which allowed deescalation to a degree. Resident has been stable since implementation.
5/19/2022	Cummulative resident and visitor complaints regarding condition of grounds to include tree trimming, grass, and sidewalks which is aesthetically unappealing compared to prior condition of grounds. Conditions also restrict mobility and create situations where residents and visitors report "it doesn't look anyone takes pride in the home anymore" and "have to break the rules and walk/drive wheelchair in the road area".	YES	Administration has given official notice to lawn contractor for poor performance. IVHQ is putting the lawn contract back out for bid. Several conversations have taken place with Engineering has been notified regarding issues with the sidewalks. The onsite maintenance will repair concrete sidewalks outside the construction fencing. We did secure a volunteer service to make a gravel pathway around the Buffalo Pen for residents and visitors. All residents and visitors are encouraged to utilize areas that are safe until such time that a viable resolution is achieved.
5/21/2022	Resident upset regarding desire to participate in culturally significant activities related to his heritage. Complaint included that social services and activity staff were not responsive to his past requests for assistance with securing options for him.	YES	Social Service Director and Unit SW were able to research some options for resident. We assisted the resident to make contact with the Chairman of the German Fest to be held in Quincy; and the resident secured not only information about the event, but further contacts and organizations to satisfy his requests and promote his self-efficacy.

5/22/2022	<p>Complaints regarding residents hygiene and behaviors. This is a new resident who is experiencing significant challenges related to his personal serious health conditions to include Complex PTSD and Antisocial Personality Disorder. Previously, we had a building where we could place these types of individuals. We no longer have that building; and therefore are acclimating staff and residents to cohabitation with different acuity levels and biopsychosocial challenges in community living settings.</p>	YES	<p>Staff development and treatment planning to include multiple modifications to meet care standards but deviation from protocols to allow time for adjustment and building of trust alliance with his treatment team. Member has decisional capacity; but is extremely limited by his hypervigilance related to complex PTSD and reluctance to enter IHQ. Interventions included collaboration with prior community care providers to support this veteran in the trauma transfer he was/is experiencing with this current transition and adaptations to external interventions for his personal cares. Resident has many improved presentations but interventions and self-efficacy issues continue to be adjusted for continuity and quality.</p>
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**Attachment # 2 - Report to the General Assembly**

**Illinois Department of Veterans Affairs Veterans Homes Antibiotic Usage Summary**

**January - June 2022 - COMMUNICABLE DISEASES**

The following list contains the numbers of communicable diseases by month that required treatment with an antibiotic.

- Common Cold
- Influenza (unless the cases meet the Illinois Department of Public Health reporting requirements)
- Urinary Tract Infections (not considered communicable)
- Shingles (Per CDC guidelines, not considered a communicable disease)

Home	Type	Jan	Feb	Mar	Apr	May	Jun (to date)
Anna	Pneumonia	1	0	0	0	0	0
	Bloodstream	0	0	0	0	0	0
	Skin	2	1	3	2	2	1
	Gastrointestinal	0	1	2	0	1	0
	Respiratory	1	3	2	2	3	0
	Ear/Nose/Throat	0	0	0	2	1	0
	Fungal	1	0	0	0	1	0
	MRSA/VRSA/ESBL	1	0	0	0	0	1
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	0	0	0	2	3	0
Chicago	Pneumonia	0	0	0	0	0	0
	Bloodstream	0	0	0	0	0	0
	Skin	0	0	0	1	1	1
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	0	0	0	0
	Ear/Nose/Throat	0	0	2	0	1	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	0	0	0	1	0	1
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	0	0	0	0	0	2
LaSalle	Pneumonia	3	1	0	3	1	0
	Bloodstream	0	0	0	0	0	0
	Skin	0	2	4	1	3	0
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	4	7	1	0
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	0	0	0	0	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	2	3	0	0	0	6
Manteno	Pneumonia	1	1	2	0	1	2
	Bloodstream	2	1	2	0	0	0
	Skin	4	6	8	2	6	4
	Gastrointestinal	0	1	0	0	0	0
	Respiratory	1	0	5	2	1	5
	Ear/Nose/Throat	2	0	0	2	0	1
	Fungal	5	4	4	2	1	1
	MRSA/VRSA/ESBL	0	0	0	0	1	0
	Bone	1	1	1	3	0	2
	Coronavirus Disease (COVID-19)	28	3	0	0	0	27

Quincy	Pneumonia	4	5	2	0	3	2
	Bloodstream	0	0	0	0	0	0
	Skin	4	6	6	2	3	4
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	0	1	0	0
	Ear/Nose/Throat	0	0	2	0	0	1
	Fungal	1	0	1	0	0	0
	MRSA/VRE/ESBL	0	0	0	0	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	45	43	4	0	0	0

## RESPONSE

The following steps are taken in IDVA homes for non-epidemic communicable diseases:

- Treat the resident as needed; ensure antibiotic stewardship protocols are followed
- Identify and Isolate the case(s) in question
- Map the disease location(s) to determine if the disease is spreading
- If the disease appears to be spreading, determine if it is due to cross-contamination or cohabitation.



STATE OF ILLINOIS  
**DEPARTMENT OF VETERANS' AFFAIRS**

69 WEST WASHINGTON, SUITE 1620, CHICAGO, IL 60602  
TELEPHONE: 312-814-2460 \* FAX: 312-814-2764

JB PRITZKER  
GOVERNOR

TERRY PRINCE  
DIRECTOR

June 29, 2022

Mr. John Hollman  
Clerk of the House  
420 State House  
Springfield, IL 62706

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Director

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03/14/22	On 3/14/22, resident (D.R.) shared concern with ADON (Jennifer Malone) that he had not been out of the since transferring to VHC pm 3/2/22. Resident reported that he was interested in participating in activities, including card games on Tues. and Thurs. afternoons.	YES	ADON (J. Malone) spoke with Activities Therapist (Julia Moreno) on 3/14/22 to ensure participation in card games scheduled for Tues. and Thurs. afternoons (3:30PM). Social Services Director (Suzanne Isenberg-Chhabra) confirmed with Director of Rehabilitation (Kristy Perez) on 3/15/22 that resident is eligible to participate in therapy on M, W, F. Therapy to include movement in/out of bed. Resident (D.R.) was also encouraged to vocalize to staff whenever he wants out of the bed; nursing staff to assist. Nursing staff notified on 3/15/22 of the above plan for increased activity by the resident.

03/15/22	<p>Resident (R.M.) who has an altered diet of mechanical-soft, received potato chips and hard cookies for lunch on 3/15/22. Tray tickets do not have diet or color codes.</p>	YES	<p>Resident being on mechanical-soft should not have received potato chips. Dietary staff have been re-in serviced; mechanical consistencies may only have cheetos puffs when any chip type is in the menu/ These were ordered and have since arrived. Dietary staff who have best intentions provided the chip in error w/o fully understanding the risk on the day of incident. As part of the re-in service the menus were reviewed, especially the portion that is labeled "diet extension sheet", which lists the menu alterations necessary for the various restrictive diets. Upon review, it was determined that the cookies were not hard or burnt. Mechanical consistency residents may have cookies without any alteration per the diet manual. Residents who have difficulties chewing or eating any item, can ask that dietary provide an alternative and it will be done. Dietary management requests that in the future when similar incidents occur that nursing staff call the Dietary Manager, or the Cook-lis so dietary staff can go to location of incident and address the problem immediately, thus providing prompt resolution, a happier resident, and potentially a learning opportunity for all involved, dietary staff included. Regarding lack of color coding. Dietary has implemented a color dot system, which differentiates the various restrictive diets residents are on. For example, pureed, mechanical soft, etc.</p>
<p>3/17/22 - 3/18/22</p>	<p>Wife reported the following: 1. Issues related to resident's bed being incorrect size for mattress. Wife reports proper bed makes rotation easier for resident. Wife expressed concern regarding lack of communication between the two homes (Manteno &amp; Chicago) regarding this issue. 2. Request for addition of handrails on both sides of the bed to prevent falls and make rotation easier. 3. Ensuring that staff receive proper education on resident's use of external catheters. Wife had concerns that this information was not properly communicated between IHVM and IHVC. 4. Repair the TV, because it was not properly loading channels. 5. Request for the use of wipes to clean the face after inserting eye drops and after toileting. Wife requested that cloth towels not be used on resident's face. 6. Clarity around medication administration schedule. Wife reports that meds were not offered to resident on 3/17/22 (12PM), but it was reported that resident refused the medication. 7. Missing room items: a. hooyer lift &amp; sling. b. shower curtain.</p>	YES	<p>1. On 3/18/22, Asst Chief Eng. Patrick Riordan arranged to have bed picked up from IHVM. Bed was delivered and set-up by engineering on 3/18/22. 2. DON (Dr. Denise King) shared with family that per state regs, bedrails do not go with an air mattress. Resident is unable to assit himself while rotating because of his health issues. However, staff will assist w/rotation in this area. 3. DON (Dr. Denise King) confirmed that external catheters have been in place since resident's move in date. Family has been notified of the use of external catheters. 4. On 3/17/22, engineering confirmed that channels for television were operational. This was reconfirmed on 3/18/22 by Asst. Chief Eng., Patrick Riordan. 5. DON (Dr. Denise King) confirmed that nursing staff is aware to use wipes per resident's preference. On 3/17/22, Home Administrator (T'Kira Siler-Wilkerson) and Director of Social Services, (Suzanne Isenberg-Chhabra) confirmed wipes were at bedside and available for use. 6. DON (Dr. Denise King) confirmed that all medications and treatments are offered multiple time daily with constant refusal by resident and documented his refusals. Nursing staff will continue to follow protocol around medication administration. 7. On 3/18/22, Asst. Chief Engineer (Patrick Riordan) and his engineering staff installed a new shower curtain, hooyer lift/sling over the bed to assist with transportation from bed to wheelchair.</p>

<b>Resident Grievance Log - Illinois Veterans Home - IA SALLE</b>			
<b>DATE</b>	<b>ISSUE</b>	<b>RESOLVED (yes/no)</b>	<b>COMMENTS</b>
03/20/22	Re: L.B., per POA, A.B. resident told her that the food he was served looked like vomit, when referring to the dinner served on 3/19/22. POA asked if she could have her niece prepare food and blend it, and bring it to the resident. POA added she wasn't previously allowed to do so.	YES	RN, Roshni, explained that since resident is on NAS, pureed texture, honey-thickened liquids, blending the food may not be the correct consistency and could pose a risk for aspiration. POA is concerned resident is not eating well and may lose weight. Nurse Roshni printed the weight log and provided same to POA. After seeing the weight log, POA was happy and verbalized that she would not bring food from home, since she understands the risk. POA and nurse Roshni, explained this to the resident. Nurse Roshni told resident he should let us know if/when he does not like his food, so we can check to see if there is an alternative.
03/21/22	1. Request for shower chair to better accommodate member's needs. 2. Request for clarity around would care service provision. Wife expressed concerns about staff's ability to meet his wound care needs.	YES	1. POA was informed by phone conference on 3/21/22 that an alternate chair would be used, better suited for her husband's care. The chair was in stock at IVHC, and ready for immediate use. 2. POA was informed by phone conference on 3/21/22 that ADON, Jennifer Malone is the wound care nurse for IVHC. DON confirmed that all services can be provided in-house, and that staff are well-equipped (through training and supplies) to handle wound care for the resident.
*The above table contains resident complaints received on official grievance forms or major complaints which could not be immediately addressed at the Resident Advisory Council and required follow up by staff at the Veterans Homes.			
<b>Resident Grievance Log - Illinois Veterans Home - IA SALLE</b>			
<b>DATE</b>	<b>ISSUE</b>	<b>RESOLVED (yes/no)</b>	<b>COMMENTS</b>
1/3/2022	Resident RM reported that his internet tablet was missing.	YES	After days of searching and interviewing staff, the tablet was found in the resident's wheelchair. The resident's wife took the tablet home.
1/07/22	Resident HF asked VNAC to retrieve two white envelopes from his storage box, but none were found. HF said missing money of from \$30 to \$36 had been from sales from his making and selling earrings. HF later added that months earlier he had been unable to find a ten dollar bill in his room.	YES	After multiple searches in his room by Nursing, HF did attentively listen to the safest way of storing and accessing money from his trust account here at the Home. Social Services explained to HF that Social Services could bring him cash requested on any given weekday, and just as importantly deposit safely any newly acquired cash the same day received by HF. HF voiced understanding and receptiveness to utilizing his trust account, as opposed to leaving money in his room.
01/13/22	Resident JM was found not to have his wallet when staff were assisting with cares.	YES	After searching everywhere, the wallet was returned to the resident on 01/14/22 from laundry services.
01/27/22	Resident JM was found not to have his wallet when staff were assisting with cares.	YES	After searching his room, the resident's wallet was found in the pocket of a pair of dsweatpants.
2/2/2022	Resident MM moved to NW, said his cell phone charger was missing.	YES	Charger was found in his original East Unit room; taken to him.
02/10/22	Resident KT informed staff that he was missing his glasses and believed they fell into his clothes.	YES	Everything was searched without success. POA was contacted. Resident provided with another pair of "chesters" to wear with suggestions of how to keep them safe.
*The above table contains resident complaints received on official grievance forms or major complaints which could not be immediately addressed at the Resident Advisory Council and required follow up by staff at the Veterans Homes.			

### Resident Grievance Log - Illinois Veterans Home - MANTENO

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/11/2022	Would like to have Catholic mass offered more often.	YES	We are more than happy to have more services; unfortunately, the priest is unable to accommodate this due to the other areas that he serves.
1/11/2022	Misses attending church in the Chapel.	YES	It was explained to the resident that, at this time, church services need to be held in Veterans' Hall to allow for social distancing.
1/11/2022	Misses breakfast at the Commissary.	YES	The Commissary, run by Arena Foods, was closed due to it not being financially feasible to operate. IVHM has since opened up Commissary for coffee and doughnuts two days per week for three hours each day.
2/2/2022	Suggests adding museum trips (Art Institute, Field Museum, etc.) to the outings.	YES	When outings are able to occur again, this suggestion will be considered.
3/10/2022	When will outings start back up?	YES	It was explained to the resident that as soon as we are given the approval, we will attend shopping and other outings.
3/10/2022	Would like to see more food-oriented activities.	YES	Informed resident that every Tuesday and Thursday in March the unit will be having food, as indicated on the unit calendar.
3/10/2022	Would like Bingo to come back in Veterans' Hall.	YES	A Bingo event is scheduled to be held in Veterans' Hall on Saturday, April 2nd, with pizza and soda being served.
4/14/22	Requests more bingo!	YES	There is a ComEd bingo coming up on 4/29; and there are two bingos on the calendar for May.
4/23/22	Can we plan for Casino outings when the weather gets nice?	YES	Resident was notified that Activities staff are working on this for possibly June or July.
4/23/22	Problems with Dietary - not receiving correct items on food tray, and receiving food with seasonings on it and member states food ticket indicates "no seasonings".	YES	Dietary responded to resident that they will monitor trays more closely, but that they are not getting missing-item calls from the units. They will re-educate staff on the importance of accuracy on trays.
5/3/2022	After member asked staff person D.M. for sheet change due to sweating, staff person D.M. did not change any bed linens and left the dirty top sheet at the end of the bed; additionally, staff person D.M. did not empty 2 full urinals, and were left out of member's reach. Member indicated that staff person D.M. only came to his room once during the entire 3-11 shift.	YES	Per Unit Nursing Supervisor, staff person D.M. will be counseled on job duties and member care.

\*The above table contains resident complaints received on official grievance forms or major complaints which could not be immediately addressed at the Resident Advisory Council and required follow up by staff at the Veterans Homes.

**Resident Grievance Log - Illinois Veterans Home - QUINCY**

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/17/22	Cumulative resident complaint regarding lack of options for activities for the residents; and lack of communication options to make suggestions. Residents are increasingly intolerant of current restrictions and isolation.	YES	Residents continue to be validated in their distress to include reeducation on existing protocols. Attempts to empower them through invitation to make recommendations or suggestions within the current restrictions for discussion. Social Services, Activities, and nursing staff implement available empowerment efforts and opportunities to improve their community living experiences as allowed within parameters of current protocols.
1/28/2022	Ongoing cumulative resident complaints regarding staffing issues. Residents report inadequate/one nurse's aide working wing 3-7PM. They contend there is not enough staff available for resident's care needs to be addressed in an appropriate amount of time; complaints of not getting bathing as desired. Multiple residents on this unit require 2 staff for care to include total lift for transfer, total/extensive assist.	YES/NO	We have been intermittently successful depending on staff callins, etc. Administration and Personnel and Nursing Supervisors responsible for staffing assignments are working diligently with available resources to meet all complaints within the appropriate standards of care and IDPH guidelines. Validation is provided to residents and all attempts made to meet those directives with available resources.
2/4/2022	Resident Complaint(s) which escalated to a Legislative referral whereby Resident contact local State Representative. Resident has desired assistance with discharge from IVHQ and alternative placement. Critical staff were not responsive to his directives d/t disagreement with his appropriateness for discharge. This matter required a period of months of action to remedy. Member was experiencing significant distress related to his perceptions and actual lack of responsibility to his individual directives and complaints. In addition to the documented remedy; significant staff development and corrective action were implemented to improve responsiveness and procedural accountability. Response targeted improved service delivery and resident quality of life through preservation and promotion of dignity and autonomy in alliance with Resident's Rights.	YES	Social Service Director and Administrative Staff became involved upon notification. Resident has full capacity although he does have some physical limitation requiring some Assistive Adaptive equipment and connection to community resources to include services through the Federal VA/Local CBOC. Extensive Research and responsibility were directed and implemented by resident's treatment team under advisement of Administrator and SSD. Resident was successful in securing his own home, and discharging for a short period before self determining to return to IVHQ. Results included significant reduction in his prior behaviors and dissatisfaction with lack of responsibility and perceptions of same.
3/14/2022	Joint complaint filed by 3 residents regarding night shift VNAC's making too much noise throughout the night which was disruptive to the unit during quiet time/sleep creating distress, disruption, and irritation.	YES	Social services and nursing validated resident's complaints. Nursing supervisor met with staff for education and corrective action plan. No further complaints in this matter.



3/26/2022	Resident complaint regarding no assistance with eyeglasses that were made incorrectly at his last facility; ongoing issues trying to get that remedied. Resident significantly impaired visually, so eyeglasses issue is a primary source of focus for his quality of life.	YES	Social worker made multiple contacts to prior facility and to VA medical center to problem solve for remedy. Also worked with Optthalmogy in Iowa City VA Center directly to gain some visionary assistive devices in the interim of getting the glasses corrected. Resident satisfied and appreciative of interventions and resolution.
4/2/2022	Resident complaint regarding suite mate family members utilizing resident's bathroom during visits without wearing face masks.	Yes	Addressed with social worker and nursing supervisor directly with family. No further reports regarding this matter.
4/27/2022	Complaint filed regarding resident relegated to eat alone and not able to participate in activities d/t inability to be VAXXED d/t to personal health issues/disease processes involved in his educated medical decision to abstain. Resident experiencing significant decline in biopsychosocial functioning to include statements of desire to die d/t restrictions & isolation to include feelings of "being a lepper". Resident found multiple times in room over this week crying and refusing to leave room at all to experience public isolation at table alone during meals and activities.	YES	In addition to all appropriate crisis intervention efforts to assess and stabilize this resident's homeostasis; social services staff and nursing collaborated with Administration and IDPH to problem solve for reasonable accommodations within limits of COVID protocols to remediate some of the environmental stress contributing to the resident's decline and distress. Implemented several interventions which allowed deescalation to a degree. Resident has been stable since implementation.
5/19/2022	Cumulative resident and visitor complaints regarding condition of grounds to include tree trimming, grass, and sidewalks which is aesthetically unappealing compared to prior condition of grounds. Conditions also restrict mobility and create situations where residents and visitors report "it doesn't look anyone takes pride in the home anymore" and "have to break the rules and walk/drive wheelchair in the road area".	YES	Administration has given official notice to lawn contractor for poor performance. IVHQ is putting the lawn contract back out for bid. Several conversations have taken place with Engineering has been notified regarding issues with the sidewalks. The onsite maintenance will repair concrete sidewalks outside the construction fencing. We did secure a volunteer service to make a gravel pathway around the Buffalo Pen for residents and visitors. All residents and visitors are encouraged to utilize areas that are safe until such time that a viable resolution is achieved.
5/21/2022	Resident upset regarding desire to participate in culturally significant activities related to his heritage. Complaint included that social services and activity staff were not responsive to his past requests for assistance with securing options for him.	YES	Social Service Director and Unit SW were able to research some options for resident. We assisted the resident to make contact with the Chairman of the German Fest to be held in Quincy; and the resident secured not only information about the event, but further contacts and organizations to satisfy his requests and promote his self-efficacy.

5/22/2022	<p>Complaints regarding residents hygiene and behaviors. This is a new resident who is experiencing significant challenges related to his personal serious health conditions to include Complex PTSD and Antisocial Personality Disorder. Previously, we had a building where we could place these types of individuals. We no longer have that building; and therefore are acclimating staff and residents to cohabitation with different acuity levels and biopsychosocial challenges in community living settings.</p>	YES	<p>Staff development and treatment planning to include multiple modifications to meet care standards but deviation from protocols to allow time for adjustment and building of trust alliance with his treatment team. Member has decisional capacity; but is extremely limited by his hypervigilance related to complex PTSD and reluctance to enter I/HQ. Interventions included collaboration with prior community care providers to support this veteran in the trauma transfer he was/is experiencing with this current transition and adaptations to external interventions for his personal cares. Resident has many improved presentations but interventions and self-efficacy issues continue to be adjusted for continuity and quality.</p>
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**Attachment # 2 - Report to the General Assembly**

**Illinois Department of Veterans Affairs Veterans Homes Antibiotic Usage Summary**

**January - June 2022 - COMMUNICABLE DISEASES**

The following list contains the numbers of communicable diseases by month that required treatment with an antibiotic.

- Common Cold
- Influenza (unless the cases meet the Illinois Department of Public Health reporting requirements)
- Urinary Tract Infections (not considered communicable)
- Shingles (Per CDC guidelines, not considered a communicable disease)

Home	Type	Jan	Feb	Mar	Apr	May	Jun (to date)
Anna	Pneumonia	1	0	0	0	0	0
	Bloodstream	0	0	0	0	0	0
	Skin	2	1	3	2	2	1
	Gastrointestinal	0	1	2	0	1	0
	Respiratory	1	3	2	2	3	0
	Ear/Nose/Throat	0	0	0	2	1	0
	Fungal	1	0	0	0	1	0
	MRSA/VRSA/ESBL	1	0	0	0	0	1
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	0	0	0	2	3	0
Chicago	Pneumonia	0	0	0	0	0	0
	Bloodstream	0	0	0	0	0	0
	Skin	0	0	0	1	1	1
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	0	0	0	0
	Ear/Nose/Throat	0	0	2	0	1	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	0	0	0	1	0	1
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	0	0	0	0	0	2
LaSalle	Pneumonia	3	1	0	3	1	0
	Bloodstream	0	0	0	0	0	0
	Skin	0	2	4	1	3	0
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	4	7	1	0
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	0	0	0	0	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	2	3	0	0	0	6
Manteno	Pneumonia	1	1	2	0	1	2
	Bloodstream	2	1	2	0	0	0
	Skin	4	6	8	2	6	4
	Gastrointestinal	0	1	0	0	0	0
	Respiratory	1	0	5	2	1	5
	Ear/Nose/Throat	2	0	0	2	0	1
	Fungal	5	4	4	2	1	1
	MRSA/VRSA/ESBL	0	0	0	0	1	0
	Bone	1	1	1	3	0	2
	Coronavirus Disease (COVID-19)	28	3	0	0	0	27

Quincy	Pneumonia	4	5	2	0	3	2
	Bloodstream	0	0	0	0	0	0
	Skin	4	6	6	2	3	4
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	0	1	0	0
	Ear/Nose/Throat	0	0	2	0	0	1
	Fungal	1	0	1	0	0	0
	MRSA/VRE/ESBL	0	0	0	0	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	45	43	4	0	0	0

## RESPONSE

The following steps are taken in IDVA homes for non-epidemic communicable diseases:

- Treat the resident as needed; ensure antibiotic stewardship protocols are followed
- Identify and Isolate the case(s) in question
- Map the disease location(s) to determine if the disease is spreading
- If the disease appears to be spreading, determine if it is due to cross-contamination or cohabitation.



STATE OF ILLINOIS  
**DEPARTMENT OF VETERANS' AFFAIRS**

69 WEST WASHINGTON, SUITE 1620, CHICAGO, IL 60602  
TELEPHONE: 312-814-2460 \* FAX: 312-814-2764

JB PRITZKER  
GOVERNOR

TERRY PRINCE  
DIRECTOR

June 29, 2022

Mr. Clayton Klenke, Director  
Commission on Government  
Forecasting and Accountability  
Research Unit  
802 Stratton Building  
Springfield, IL 62706

Dear Mr. Klenke:

The Department of Veterans' Affairs Act (20 ILCS 2805/2.13), directs the Illinois Department of Veterans' Affairs (DVA) to report to the General Assembly electronically as provided under Section 3.1 of the General Assembly Organization Act:

- The number and nature of complaints made by residents.
- Information on any epidemic reported at a Veterans Home.
- The number of cases and information on the cases.
- The action taken by the Veterans Home to eradicate the spread of communicable disease.

Enclosed with this document are attachments which provide the requested information for the Illinois State Veterans Homes for the reporting period of January 1, 2022, through June 30, 2022.

- Attachment #1 are tables showing the major complaints raised by residents.
- Attachment #2 provides a breakdown of "communicable" diseases identified, and the action taken to provide the "spread" of said "communicable disease".

The Department continues to provide the highest level of service to the maximum number of eligible veterans possible while still working within budgetary constraints.

Sincerely,

A handwritten signature in cursive script that reads "Terry Prince".

Terry Prince

Attachment: # 1 - Complaints by residents  
Attachment # 2 - Communicable diseases

## Resident Grievance Log - Illinois Veterans Home - ANNA

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
	None		

\*The above table contains resident complaints received on official grievance forms or major complaints which could not be immediately addressed at the Resident Advisory Council and required follow up by staff at the Veterans Homes.

## Resident Grievance Log - Illinois Veterans Home - CHICAGO

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
02/01/22	Resident has order for pureed food and thickened liquids. His breakfast was not pureed.	YES	VNAC caught resident before he ate unpureed food. Explained what happened to the resident. Took tray to the main kitchen, had the resident's breakfast pureed and the pureed breakfast was delivered back to resident.
03/10/22	Wife/POA, Carol Austin, shared a concern around resident's (R.G.) shower schedule, lack of shower provided by staff during the week. Ms. Austin stated her husband had not received a shower for a week. Additionally, she was uncertain what the shower schedule was for her husband. The concern was reported to Social Services Director (Suzanne Isenberg-Chhabra) on 3/10/22. Wife requested the date of the shower be written on the whiteboard in the resident's room, after completion of shower. This would serve as a communication tool between the nursing staff, the resident, and his wife.	YES	On 3/10/22, Social Services Director shared concern with ADON (Jennifer Malone). On 3/10/22, Jennifer spoke with wife by phone (815.343.9430) and provided shower schedule for her husband (Mon and Fri evenings). ADON informed wife that additional showers can be provided by the staff at the request of the resident or their family member. Shower was provided for resident on 3/11/22 and then again on 3/14/22 (per schedule). ADON spoke with wife on 3/14/22 to resolve initial concern. Wife reported she was now satisfied with the shower schedule, as well as with the option for additional shower on request.
03/14/22	On 3/14/22, resident (D.R.) shared concern with ADON (Jennifer Malone) that he had not been out of the since transferring to VHC pm 3/2/22. Resident reported that he was interested in participating in activities, including card games on Tues. and Thurs. afternoons.	YES	ADON (J. Malone) spoke with Activities Therapist (Julia Moreno) on 3/14/22 to ensure participation in card games scheduled for Tues. and Thurs. afternoons (3:30PM). Social Services Director (Suzanne Isenberg-Chhabra) confirmed with Director of Rehabilitation (Kristy Perez) on 3/15/22 that resident is eligible to participate in therapy on M, W, F. Therapy to include movement in/out of bed. Resident (D.R.) was also encouraged to vocalize to staff whenever he wants out of the bed; nursing staff to assist. Nursing staff notified on 3/15/22 of the above plan for increased activity by the resident.

03/15/22	Resident (R.M.) who has an altered diet of mechanical-soft, received potato chips and hard cookies for lunch on 3/15/22. Tray tickets do not have diet or color codes.	YES	Resident being on mechanical-soft should not have received potato chips. Dietary staff have been re-in serviced; mechanical consistencies may only have cheetos puffs when any chip type is in the menu/ These were ordered and have since arrived. Dietary staff who have best intentions provided the chip in error w/o fully understanding the risk on the day of incident. As part of the re-in service the menus were reviewed, especially the portion that is labeled "diet extension sheet", which lists the menu alterations necessary for the various restrictive diets. Upon review, it was determined that the cookies were not hard or burnt. Mechanical consistency residents may have cookies without any alteration per the diet manual. Residents who have difficulties chewing or eating any item, can ask that dietary provide an alternative and it will be done. Dietary management requests that in the future when similar incidents occur that nursing staff call the Dietary Manager, or the Cook-Its so dietary staff can go to location of incident and address the problem immediately, thus providing prompt resolution, a happier resident, and potentially a learning opportunity for all involved, dietary staff included. Regarding lack of color coding. Dietary has implemented a color dot system, which differentiates the various restrictive diets residents are on. For example, pureed, mechanical soft, etc.
3/17/22 - 3/18/22	Wife reported the following: 1. Issues related to resident's bed being incorrect size for mattress. Wife reports proper bed makes rotation easier for resident. Wife expressed concern regarding lack of communication between the two homes (Manteno & Chicago) regarding this issue. 2. Request for addition of handrails on both sides of the bed to prevent falls and make rotation easier. 3. Ensuring that staff receive proper education on resident's use of external catheters. Wife had concerns that this information was not properly communicated between IVHM and IHVC. 4. Repair the TV, because it was not properly loading channels. 5. Request for the use of wipes to clean the face after inserting eye drops and after toileting. Wife requested that cloth towels not be used on resident's face. 6. Clarity around medication administration schedule. Wife reports that meds were not offered to resident on 3/17/22 (12PM), but it was reported that resident refused the medication. 7. Missing room items: a. hoyer lift & sling. b. shower curtain.	YES	1. On 3/18/22, Asst Chief Eng. Patrick Riordan arranged to have bed picked up from IVHM. Bed was delivered and set-up by engineering on 3/18/22. 2. DON (Dr. Denise King) shared with family that per state regs, bedrails do not go with an air mattress. Resident is unable to assist himself while rotating because of his health issues. However, staff will assist w/rotation in this area. 3. DON (Dr. Denise King) confirmed that external catheters have been in place since resident's move in date. Family has been notified of the use of external catheters. 4. On 3/17/22, engineering confirmed that channels for television were operational. This was reconfirmed on 3/18/22 by Asst. Chief Eng., Patrick Riordan. 5. DON (Dr. Denise King) confirmed that nursing staff is aware to use wipes per resident's preference. On 3/17/22, Home Administrator (T'Kira Siler-Wilkerson) and Director of Social Services, (Suzanne Isenberg-Chhabra) confirmed wipes were at bedside and available for use. 6. DON (Dr. Denise King) confirmed that all medications and treatments are offered multiple time daily with constant refusal by resident and documented his refusals. Nursing staff will continue to follow protocol around medication administration. 7. On 3/18/22, Asst. Chief Engineer (Patrick Riordan) and his engineering staff installed a new shower curtain, hoyer lift/sling over the bed to assist with transportation from bed to wheelchair.

03/20/22	Re: L.B., per POA, A.B. resident told her that the food he was served looked like vomit, when referring to the dinner served on 3/19/22. POA asked if she could have her niece prepare food and blend it, and bring it to the resident. POA added she wasn't previously allowed to do so.	YES	RN, Roshni, explained that since resident is on NAS, pureed texture, honey-thickened liquids, belinding the food may not be the correct consistency and could pose a risk for aspiration. POA is concerned resident is not eating well and may lose weight. Nurse Roshni printed the weight log and provided same to POA. After seeing the weight log, POA was happy and verbalized that she would not bring food from home, since she understands the risk. POA and nurse Roshni, explained this to the resident. Nurse Roshni told resident he should let us know if/when he does not like his food, so we can check to see if there is an alternative.
03/21/22	1. Request for shower chair to better accommodate member's needs. 2. Request for clarity around would care service provision. Wife expressed concerns about staff's ability to meet his wound care needs.	YES	1. POA was informed by phone conference on 3/21/22. that an alternate chair would be used, better suited for her husband's care. The chair was in stock at LVHC, and ready for immediate use. 2. POA was informed by phone conference on 3/21/22 that ADON, Jennifer Malone is the wound care nurse for LVHC. DON confirmed that all services can be provided in-house, and that staff are well-equipped (through training and supplies) to handle wound care for the resident.

\*The above table contains resident complaints received on official grievance forms or major complaints which could not be immediately addressed at the Resident Advisory Council and required follow up by staff at the Veterans Homes.

**Resident Grievance Log - Illinois Veterans Home - LA SALLE**

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/3/2022	Resident RM reported that his internet tablet was missing.	YES	After days of searching and interviewing staff, the tablet was found in the resident's wheelchair. The resident's wife took the tablet home.
1/07/22	Resident HF asked VNAC to retrieve two white envelopes from his storage box, but none were found. HF said missing money of from \$30 to \$36 had been from sales from his making and selling earrings. HF later added that months earlier he had been unable to find a ten dollar bill in his room.	YES	After multiple searches in his room by Nursing, HF did attentively listen to the safest way of storing and accessing money from his trust account here at the Home. Social Services explained to HF that Social Services could bring him cash requested on any given weekday, and just as importantly deposit safely any newly acquired cash the same day received by HF. HF voiced understanding and receptiveness to utilizing his trust account, as opposed to leaving money in his room.
01/13/22	Resident JM was found not to have his wallet when staff were assisting with cares.	YES	After searching everywhere, the wallet was returned to the resident on 01/14/22 from laundry services.
01/27/22	Resident JM was found not to have his wallet when staff were assisting with cares.	YES	After searching his room, the resident's wallet was found in the pocket of a pair of dsweatpants.
2/2/2022	Resident MM moved to NW, said his cell phone charger was missing.	YES	Charger was found in his original East Unit room; taken to him.
02/10/22	Resident KT informed staff that he was missing his glasses and believed they fell into his clothes.	YES	Everything was searched without success. POA was contacted. Resident provided with another pair of "chesters" to wear with suggestions of how to keep them safe.

\*The above table contains resident complaints received on official grievance forms or major complaints which could not be immediately addressed at the Resident Advisory Council and required follow up by staff at the Veterans Homes.



### Resident Grievance Log - Illinois Veterans Home - MANTENO

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/11/2022	Would like to have Catholic mass offered more often.	YES	We are more than happy to have more services; unfortunately, the priest is unable to accommodate this due to the other areas that he serves.
1/11/2022	Misses attending church in the Chapel.	YES	It was explained to the resident that, at this time, church services need to be held in Veterans' Hall to allow for social distancing.
1/11/2022	Misses breakfast at the Commissary.	YES	The Commissary, run by Arena Foods, was closed due to it not being financially feasible to operate. IVHM has since opened up Commissary for coffee and doughnuts two days per week for three hours each day.
2/2/2022	Suggests adding museum trips (Art Institute, Field Museum, etc.) to the outings.	YES	When outings are able to occur again, this suggestion will be considered.
3/10/2022	When will outings start back up?	YES	It was explained to the resident that as soon as we are given the approval, we will attend shopping and other outings.
3/10/2022	Would like to see more food-oriented activities.	YES	Informed resident that every Tuesday and Thursday in March the unit will be having food, as indicated on the unit calendar.
3/10/2022	Would like bingo to come back in Veterans' Hall.	YES	A Bingo event is scheduled to be held in Veterans' Hall on Saturday, April 2nd, with pizza and soda being served.
4/14/22	Requests more bingo!	YES	There is a Comed bingo coming up on 4/29; and there are two bingos on the calendar for May.
4/23/22	Can we plan for Casino outings when the weather gets nice?	YES	Resident was notified that Activities staff are working on this for possibly June or July.
4/23/22	Problems with Dietary - not receiving correct items on food tray, and receiving food with seasonings on it and member states food ticket indicates "no seasonings".	YES	Dietary responded to resident that they will monitor trays more closely, but that they are not getting missing-item calls from the units. They will re-educate staff on the importance of accuracy on trays.
5/3/2022	After member asked staff person D.M. for sheet change due to sweating, staff person D.M. did not change any bed linens and left the dirty top sheet at the end of the bed; additionally, staff person D.M. did not empty 2 full urinals, and were left out of member's reach. Member indicated that staff person D.M. only came to his room once during the entire 3-11 shift.	YES	Per Unit Nursing Supervisor, staff person D.M. will be counseled on job duties and member care.

\*The above table contains resident complaints received on official grievance forms or major complaints which could not be immediately addressed at the Resident Advisory Council and required follow up by staff at the Veterans Homes.

### Resident Grievance Log - Illinois Veterans Home - QUINCY

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/17/22	Cumulative resident complaint regarding lack of options for activities for the residents; and lack of communication options to make suggestions. Residents are increasingly intolerant of current restrictions and isolation.	YES	Residents continue to be validated in their distress to include reeducation on existing protocols. Attempts to empower them through invitation to make recommendations or suggestions within the current restrictions for discussion. Social Services, Activities, and nursing staff implement available empowerment efforts and opportunities to improve their community living experiences as allowed within parameters of current protocols.
1/28/2022	Ongoing cumulative resident complaints regarding staffing issues. Residents report inadequate/one nurse's aide working wing 3-7PM. They contend there is not enough staff available for resident's care needs to be addressed in an appropriate amount of time; complaints of not getting bathing as desired. Multiple residents on this unit require 2 staff for care to include total lift for transfer, total/extensive assist.	YES/NO	We have been intermittently successful depending on staff callins, etc. Administration and Personnel and Nursing Supervisors responsible for staffing assignments are working diligently with available resources to meet all complaints within the appropriate standards of care and IDPH guidelines. Validation is provided to residents and all attempts made to meet those directives with available resources.
2/4/2022	Resident Complaint(s) which escalated to a Legislative referral whereby Resident contact local State Representative. Resident has desired assistance with discharge from IVHQ and alternative placement. Critical staff were not responsive to his directives d/t disagreement with his appropriateness for discharge. This matter required a period of months of action to remedy. Member was experiencing significant distress related to his perceptions and actual lack of responsibility to his individual directives and complaints. In addition to the documented remedy; significant staff development and corrective action were implemented to improve responsibility and procedural accountability. Response targeted improved service delivery and resident quality of life through preservation and promotion of dignity and autonomy in alliance with Resident's Rights.	YES	Social Service Director and Administrative Staff became involved upon notification. Resident has full capacity although he does have some physical limitation requiring some Assistive Adaptive equipment and connection to community resources to include services through the Federal VA/Local CBOC. Extensive Research and responsibility were directed and implemented by resident's treatment team under advisement of Administrator and SSD. Resident was successful in securing his own home, and discharging for a short period before self determining to return to IVHQ. Results included significant reduction in his prior behaviors and dissatisfaction with lack of responsibility and perceptions of same.
3/14/2022	Joint complaint filed by 3 residents regarding night shift VNAC's making too much noise throughout the night which was disruptive to the unit during quiet time/sleep creating distress, disruption, and irritation.	YES	Social services and nursing validated resident's complaints. Nursing supervisor met with staff for education and corrective action plan. No further complaints in this matter.

3/26/2022	Resident complaint regarding no assistance with eyeglasses that were made incorrectly at his last facility; ongoing issues trying to get that remedied. Resident significantly impaired visually, so eyeglasses issue is a primary source of focus for his quality of life.	YES	Social worker made multiple contacts to prior facility and to VA medical center to problem solve for remedy. Also worked with Ophthalmology in Iowa City VA Center directly to gain some visionary assistive devices in the interim of getting the glasses corrected. Resident satisfied and appreciative of interventions and resolution.
4/2/2022	Resident complaint regarding suite mate family members utilizing resident's bathroom during visits without wearing face masks. Complaint filed regarding resident relegated to eat alone and not able to participate in activities d/t inability to be VAXXED d/t to personal health issues/disease processes involved in his educated medical decision to abstain. Resident experiencing significant decline in biopsychosocial functioning to include statements of desire to die d/t restrictions & isolation to include feelings of "being a lepper". Resident found multiple times in room over this week crying and refusing to leave room at all to experience public isolation at table alone during meals and activities.	Yes	Addressed with social worker and nursing supervisor directly with family. No further reports regarding this matter.
4/27/2022	Complaint filed regarding resident relegated to eat alone and not able to participate in activities d/t inability to be VAXXED d/t to personal health issues/disease processes involved in his educated medical decision to abstain. Resident experiencing significant decline in biopsychosocial functioning to include statements of desire to die d/t restrictions & isolation to include feelings of "being a lepper". Resident found multiple times in room over this week crying and refusing to leave room at all to experience public isolation at table alone during meals and activities.	YES	In addition to all all appropriate crisis intervention efforts to assess and stabilize this resident's homeostasis; social services staff and nursing collaborated with Administration and IDPH to problem solve for reasonable accommodations within limits of COVID protocols to remediate some of the environmental stress contributing to the resident's decline and distress. Implemented several interventions which allowed deescalation to a degree. Resident has been stable since implementation.
5/19/2022	Cumulative resident and visitor complaints regarding condition of grounds to include tree trimming, grass, and sidewalks which is aesthetically unappealing compared to prior condition of grounds. Conditions also restrict mobility and create situations where residents and visitors report "it doesn't look anyone takes pride in the home anymore" and "have to break the rules and walk/drive wheelchair in the road area".	YES	Administration has given official notice to lawn contractor for poor performance. IVHQ is putting the lawn contract back out for bid. Several conversations have taken place with Engineering has been notified regarding issues with the sidewalks. The onsite maintenance will repair concrete sidewalks outside the construction fencing. We did secure a volunteer service to make a gravel pathway around the Buffalo Pen for residents and visitors. All residents and visitors are encouraged to utilize areas that are safe until such time that a viable resolution is achieved.
5/21/2022	Resident upset regarding desire to participate in culturally significant activities related to his heritage. Complaint included that social services and activity staff were not responsive to his past requests for assistance with securing options for him.	YES	Social Service Director and Unit SW were able to research some options for resident. We assisted the resident to make contact with the Chairman of the German Fest to be held in Quincy; and the resident secured not only information about the event, but further contacts and organizations to satisfy his requests and promote his self-efficacy.

5/22/2022	<p>Complaints regarding residents hygiene and behaviors. This is a new resident who is experiencing significant challenges related to his personal serious health conditions to include Complex PTSD and Antisocial Personality Disorder. Previously, we had a building where we could place these types of individuals. We no longer have that building; and therefore are acclimating staff and residents to cohabitation with different acuity levels and biopsychosocial challenges in community living settings.</p>	YES	<p>Staff development and treatment planning to include multiple modifications to meet care standards but deviation from protocols to allow time for adjustment and building of trust alliance with his treatment team. Member has decisional capacity; but is extremely limited by his hypervigilance related to complex PTSD and reluctance to enter I/HQ. Interventions included collaboration with prior community care providers to support this veteran in the trauma transfer he was/is experiencing with this current transition and adaptations to external interventions for his personal cares. Resident has many improved presentations but interventions and self-efficacy issues continue to be adjusted for continuity and quality.</p>
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**Attachment # 2 - Report to the General Assembly**

**Illinois Department of Veterans Affairs Veterans Homes Antibiotic Usage Summary**

**January - June 2022 - COMMUNICABLE DISEASES**

The following list contains the numbers of communicable diseases by month that required treatment with an antibiotic.

- Common Cold
- Influenza (unless the cases meet the Illinois Department of Public Health reporting requirements)
- Urinary Tract Infections (not considered communicable)
- Shingles (Per CDC guidelines, not considered a communicable disease)

Home	Type	Jan	Feb	Mar	Apr	May	Jun (to date)
Anna	Pneumonia	1	0	0	0	0	0
	Bloodstream	0	0	0	0	0	0
	Skin	2	1	3	2	2	1
	Gastrointestinal	0	1	2	0	1	0
	Respiratory	1	3	2	2	3	0
	Ear/Nose/Throat	0	0	0	2	1	0
	Fungal	1	0	0	0	1	0
	MRSA/VRSA/ESBL	1	0	0	0	0	1
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	0	0	0	2	3	0
Chicago	Pneumonia	0	0	0	0	0	0
	Bloodstream	0	0	0	0	0	0
	Skin	0	0	0	1	1	1
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	0	0	0	0
	Ear/Nose/Throat	0	0	2	0	1	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	0	0	0	1	0	1
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	0	0	0	0	0	2
LaSalle	Pneumonia	3	1	0	3	1	0
	Bloodstream	0	0	0	0	0	0
	Skin	0	2	4	1	3	0
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	4	7	1	0
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	0	0	0	0	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	2	3	0	0	0	6
Manteno	Pneumonia	1	1	2	0	1	2
	Bloodstream	2	1	2	0	0	0
	Skin	4	6	8	2	6	4
	Gastrointestinal	0	1	0	0	0	0
	Respiratory	1	0	5	2	1	5
	Ear/Nose/Throat	2	0	0	2	0	1
	Fungal	5	4	4	2	1	1
	MRSA/VRSA/ESBL	0	0	0	0	1	0
	Bone	1	1	1	3	0	2
	Coronavirus Disease (COVID-19)	28	3	0	0	0	27

Quincy	Pneumonia	4	5	2	0	3	2
	Bloodstream	0	0	0	0	0	0
	Skin	4	6	6	2	3	4
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	0	1	0	0
	Ear/Nose/Throat	0	0	2	0	0	1
	Fungal	1	0	1	0	0	0
	MRSA/VRE/ESBL	0	0	0	0	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	45	43	4	0	0	0

## **RESPONSE**

The following steps are taken in IDVA homes for non-epidemic communicable diseases:

- Treat the resident as needed; ensure antibiotic stewardship protocols are followed
- Identify and Isolate the case(s) in question
- Map the disease location(s) to determine if the disease is spreading
- If the disease appears to be spreading, determine if it is due to cross-contamination or cohabitation.