



STATE OF ILLINOIS
DEPARTMENT OF VETERANS' AFFAIRS

833 SOUTH SPRING STREET, SPRINGFIELD, IL 62794-9432
TELEPHONE: 217-782-6641 * FAX: 217-524-0344

JB PRITZKER
GOVERNOR

TERRY PRINCE
DIRECTOR

January 5, 2023

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

Dear Mr. Hollman:

The Department of Veterans' Affairs Act (20 ILCS 2805/2.07), pursuant to Public Act 85-834, effective September 24, 1987, direct the Illinois Department of Veterans' Affairs (DVA) to report to the General Assembly on:

- The number of staff employed in providing direct patient care at our state veterans' homes (Registered Nurses, Licensed Practical Nurses, and Veteran Nursing Assistants-Certified).
- The compliance or non-compliance with staffing standards established by the United States Department of Veterans Affairs for such care; and
- In the event of non-compliance with such standards, the number of staff required for compliance.

During this reporting period, July 1, 2022, through December 31, 2022, each of the Homes performed as follow:

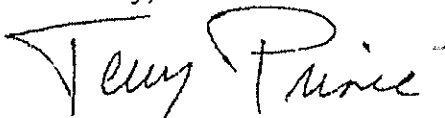
- Illinois Veterans' Home at Anna employed **32** direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Chicago employed **28** direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at LaSalle employed **110** direct care and staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Manteno employed **162** direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Quincy employed **189** direct care staff and was in compliance with the USDVA staffing standards.

This letter constitutes IDVA's confirmation that each of the Illinois Veterans' Homes had sufficient staff to provide the USDVA-required 2.5 hours of care per day and did not require additional staff to meet the standard.

The Department will continue to provide highest level of service to the maximum number of eligible veterans possible and is working within budgetary constraint toward meeting the State increased hours of care requirement in our Homes.

We trust this reporting is acceptable and fulfills the requirement.

Sincerely,

A handwritten signature in black ink that reads "Terry Prince". The signature is written in a cursive style with a large, stylized "T" and "P".

Terry Prince
Director

Attachment: IVH Direct Care Hours and Staffing Report

Cc: Tim Anderson, Secretary of the Senate
Clayton Klenke, Director COGFA Research Unit

IVH Direct Care Hours and Staffing Report

Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
11/27/2022	36	6.0	3.0	11.0	150.0	4.17	20.0			
11/29/2022	38	3.3	3.0	14.4	155.3	4.09	20.7			
12/5/2022	38	6.0	2.0	10.1	139.5	3.67	18.6			
12/7/2022	38	4.5	4.5	12.0	157.5	4.14	21.0	4.02	20	32.0

Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
11/27/2022	24	2.0	0.0	2.0	85.5	3.56	4.0			
11/29/2022	24	4.0	0.0	12.0	145.5	6.06	16.0			
12/5/2022	23	3.0	0.0	9.0	117.5	5.11	12.0			
12/7/2022	24	2.0	0.0	7.0	105.0	4.38	9.0	4.78	10	28.0

Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
11/27/2022	90	17.5	1.0	34.0	367.5	4.08	52.5			
11/29/2022	89	15.0	1.0	45.5	430.5	4.84	61.5			
12/5/2022	89	17.0	1.0	37.0	385.0	4.33	55.0			
12/7/2022	88	19.0	0.0	43.0	434.0	4.93	62.0	4.54	58	140.0

Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
11/27/2022	166	21.0	4.0	36.0	457.5	2.76	61.0			
11/29/2022	167	21.0	8.0	66.0	712.5	4.27	95.0			
12/5/2022	169	19.5	6.0	60.0	641.3	3.79	85.5			
12/7/2022	167	14.0	7.0	62.0	622.5	3.73	83.0	3.64	81	162.0

Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
11/27/2022	252	35.5	10.0	85.0	956.3	3.79	127.5			
11/29/2022	252	33.0	13.0	102.5	1113.8	4.42	148.5			
12/5/2022	255	35.9	8.0	88.8	995.3	3.90	132.7			
12/7/2022	254	33.4	11.5	100.8	1092.0	4.30	145.6	4.10	139	189.0



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

Dear Mr. Hollman:

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 July 1, 2022, through December 31, 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". The signature is written in a cursive style with a large, stylized "T" and "P".

Terry Prince

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

Attachment #1 - July - December 2022

Resident Grievance Log - Illinois Veterans Home - ANNA

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
12/28/22	NONE		No Greivances to report during this period.

*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
07/21/22	During Resident Council, concerns were expressed regarding notification of Banking Hours	Y	Banking Hours are posted in Resident Households, included in the events calendar and annouced on the PA system when scheduled.
08/17/22	Resident/POA shared concerns regarding therapeutc diet, need for eyeglasses and and referral for counseling services	Y	Eye appointment scheduled for 9/8/22, diet orders reviewed and preferences were documented by RD, referral completed for Deer Oaks for counseling evaluation
09/08/22	During Resident Council, concerns were expressed regarding outings	Y	Activities reviewed plans to coordinate a shopping trip to Target and Dollar Tree
10/13/22	During Resident Council, concerns were expressed regarding the planning of events for Activity Department	Y	Activities reviewed upcoming events planned with Elks and VFW including the ARMY/NAVY Football game.
11/17/22	During Resident Council, concerns were expressed regarding the need for a Barber	Y	The Administrator explained that the Barbering contract was newly finalized with services to begin a the end of November 2022
12/08/22	Residents expressed concerns for Housekeeping initiating cleaning the rooms and dining rooms during meal times.	Y	Housekeeping Supervisor reviewed this concern with the Housekeeping Team, cleaning will occur when all Residents have completed meals and will not complete cleaning when a Resident is dining in their room

*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 - LaSalle

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
7/10/22	Resident HF stated to VNAC that he was missing a \$20 bill. The room was searched, but staff were unable to locate it. Interviews with staff were then conducted.	Yes	HF was encouraged to lock up any money in his dresser drawers. Keys were ordered and kept in the Nurse's Cart. HF was also reminded of 1/7/22 when he was encouraged to put cash in his Trust Account for safe keeping thru Social Services. Staff were advised not to transact with any cash for any of HF's homemade jewelry.
*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
7/7/2022	Activities on the calendar are not happening.	Yes	It is believed that the member reads the calendar and sees that it might advertise an event or outing, which not every unit is able to go on; therefore, when his unit does not go, he thinks the event/outing is not happening at all. The Activity Aides have started to note which facility outings pertain to which unit, so that the event/outing for that particular unit is only advertised on that unit.
7/7/2022	Why does mail from Manteno go through Champaigne to get here, and from here to town (8 - 9 days)?	Yes	According to the Manteno Post Office, the mail is not processed locally - Champaigne is the processing mail facility.
7/7/2022	Does not want to see the Chaplain.	Yes	Adjutant informed the Chaplain that the member does not want to have any discussion regarding his salvation.
7/18/2022	1) Head of Activities has ordered a separation of food; 2) Problems with getting enough good snacks and drinks stocked on the unit.	Yes	Social Services Director spoke to the member to address his concerns, and reached out to Administration for their feedback. Administrator attempted to meet with member twice, with no success. Matter referred to Ombudsman.

8/24/2022	Room is always so cold.	Yes	8/25/22 - Administrator followed up with Chief Engineer, who is going to place a temperature monitor in the member's room for the next three days, and it will record the room's temperature at certain intervals of the day. The temperature monitor info will be reviewed on 8/29/22. As of 9/2/22, awaiting results. Per Engineering Office, temperature monitor in room measured between 72 and 74 degrees over a 3-day period. Temperature of room deemed appropriate for this time of year.
8/24/2022	Would like to know if the commissary can open up another day or can it be opened up permanently?	Yes	In late July 2022, Volunteers started hosting Coffee in the Commissary on Wednesday and Thursday mornings.
8/24/2022	When will Arena Foods be leaving?	Yes	Arena's contract is through 1/1/2024; IVHM is in the process of transitioning to in-house Dietary services - completion date of this is yet to be determined.
8/26/2022	Member states he would like to see more outings.	Yes	Activity Director personally informed member that the Activities Dept. rotates units for outings as well as taking into consideration the Activity Aide on the unit's schedule so that all units have an equal opportunity to attend outings. Activity staff utilizing vacation time may seem like the unit has not been out a lot. For September outings, the Activity Dept. has arranged for this member's unit to attend an outing with 2 other Activity Aides, due to this unit's Activity Aide being on vacation. The Activity Dept. is making every effort to get all units and a variety of members to the outings during this busy time of year for staff time off.
9/6/22	Dietary complaints as the result of a Town Hall meeting: <ul style="list-style-type: none"> - Does not want 2 scoops of mashed potatoes. - Would like something different other than mashed potatoes. - Would like to get over-easy eggs for breakfast. 	Yes	Per Assistant Dietary Manager: <ul style="list-style-type: none"> - Dietary tickets for member have been updated to note no 2x potatoes. - Member has an order to get fortified mashed potatoes at lunch and supper, in addition to the regular starch served at that meal. - Unfortunately, Dietary is unable to serve over-easy eggs.

9/29/22	Dietary complaints as the result of a Town Hall meeting: - Multiple times his meal tray is wet with water. - Always gets his meal tray late.	Yes	Per Dietary Manager: - Currently Dietary carts are being delivered to R4 via a box truck - the carts go outside and are delivered with the help of the MEOs, and this may cause tipping of Styrofoam cups....additionally, there was a problem getting lids for the new coffee cups, which has been resolved. - Dietary has moved member's ticket to the front on the Unit so he should get his tray earlier.
10/18/22	Member's wife attended meeting and asked if fresh vegetables could be served instead of canned vegetables.?	Yes	Per Assistant Dietary Manager, salad and coleslaw is served three times a week - most of our members cannot chew fresh vegetables.
10/8/22	Dietary doesn't serve salad enough and meat has been tough to eat and burnt.	Yes	Per Assistant Dietary Manager, we cook all of our food to IDPH regulations and holding temperatures accordingly; there is a substitute meal available for each meal.
*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
7/12/22	Resident complaint regarding temperatures and lack of ability to regulate temperatures in bathroom of DOM.	Yes/No	Engineering consulted on issues. This has been ongoing and no remedy beyond fans installed in that upper bathroom. Resident encouraged to utilize the other end of the hallway or alternate time of day of showering on this end of the building during extreme heat. Portable A/C was installed in the room.
9/2/2022	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.
9/24/2022	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.

10/1/2022	Complaint regarding beautician services not being available or not being flexible when here to accommodate all residents scheduled for services. Several residents reporting significant gaps in getting haircuts.	Yes	Beautician had been out on maternity leave and there were some conflicts with scheduling. She maintains a strict schedule and was not always getting to everyone on her schedule for the day. Staff working with her to improve scheduling to avoid too many on her schedule for each scheduled day. No current complaints after implementation of remedies and her return to regular schedule after maternity leave.
11/6/2022	Cumulative complaint regarding conditions on COVID isolation unit related to personal care items not being transferred with residents; sterility of the environment which is "depressing"; and lack of stimulation/options for activities for the residents. Residents are increasingly weary and intolerant of ongoing restrictions and isolation.	Yes/No	Social Service Director worked with Activities and nursing to collaboratively address complaints and assess for responsiveness options within the established restrictions and guidelines. Cumulative remedies were identified and implemented across multiple modalities to improve accommodations for this population within those guidelines. Numerous Activity interventions were implemented including a daily newsletter implemented, outside visits encouraged, smoking area created. Attempts to empower them through invitation to make recommendations or suggestions within the current restrictions are welcomed as a collaborative effort to empower and validate them.
11/27/2022	Resident POA upset regarding veteran decline. Reports complaint that her father has not received proper restorative/OP/PT to support his mobility maintenance. Veteran is 95 year old gentleman with significant health decline in physicality and stamina. Resident is highly educated and active for his age. Staff report difficulty for family to understand/accept veteran's clinical decline.	Yes/No	Administration aware of complaint and legal involved in family's request for medical charting documentation. Restorative actively involved with resident and even attempted to assist family in training for transfer of resident to vehicle when taking him out on pass to accommodate his spinal issues and mobility decline which limits his ambulation to get in and out of personal vehicle without a lift. Complaints ongoing and HIM involved in obtaining documentation at family's request.
*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.			

2022- Attachment #2 Report to the General Assembly

Illinois Department of Veterans Affairs Veterans Homes Antibiotic Usage Summary

COMMUNICABLE DISEASES- July - December 2022

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

Note that the list does not contain information on the following:

- 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	Jul	Aug	Sep	Oct	Nov	Dec
Anna	Pneumonia	0	0	1	0	0	0
	Bloodstream	0	0	0	0	0	0
	Skin	1	2	2	2	0	3
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	1	1	1	0	1	1
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	1	1	0	1	0	0
	Bone	0	0	0	0	1	0
	Coronavirus Disease (COVID-19)	6	4	3	0	2	4
Chicago	Pneumonia	0	0	0	0	0	0
	Bloodstream	0	0	0	0	0	0
	Skin	0	0	0	1	1	0
	Gastrointestinal	0	0	1	0	0	1
	Respiratory	0	0	0	0	0	0
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	3	2	0	0	0	0
	MRSA/VRSA/ESBL	0	0	0	1	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	0	1	0	0	0	0
LaSalle	Pneumonia	6	3	0	0	0	0
	Bloodstream	0	0	0	0	0	1
	Skin	1	3	0	0	7	7
	Gastrointestinal	2	3	0	0	0	0
	Respiratory	2	3	0	0	0	0
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	0	0	1	1	1	0
	Bone	0	0	0	0	0	1
	Coronavirus Disease (COVID-19)	1	1	0	50	8	1
Manteno	Pneumonia	1	1	0	1	0	0
	Bloodstream	1	0	0	1	0	0
	Skin	6	15	9	8	7	2
	Gastrointestinal	1	0	0	1	1	0
	Respiratory	2	1	4	6	4	2
	Ear/Nose/Throat	0	2	1	1	3	1
	Fungal	0	9	3	5	2	3
	MRSA/VRSA/ESBL	0	2	0	2	0	1
	Bone	0	0	1	0	0	0
	Coronavirus Disease (COVID-19)	7	7	1	2	8	12
Quincy	Pneumonia	5	1	3	4	2	3
	Bloodstream	1	0	1	0	0	1
	Skin	2	4	6	7	4	2
	Gastrointestinal	1	0	1	0	0	0
	Respiratory	0	0	0	4	0	3
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	0	0	0	0	0

MRSA/VRE/ESBL	2	1	4	4	3	0
Bone	0	0	0	0	0	0
Coronavirus Disease (COVID-19)	38	9	8	0	13	23

RESPONSE

The following steps are taken in IDVA homes for non-epidemic communicable diseases. For steps taken in response to the SARS-CoV-2 COVID-19 Global Pandemic see COVID-19 Tab.

- Quarantine the resident and institute appropriate isolation precautions.
- 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.
- Provide additional staff training on infection prevention and response, if appropriate.
- Housekeeping department briefed to implement cleaning enhancements, if appropriate.

Attachment #2 Report to the General Assembly - Coronavirus Disease (COVID-19)

July - December 2022 - Illinois Department of Veterans Affairs Veterans Homes

Anna	Date(s) resident(s) showed symptoms	Date(s) of confirmed resident diagnosis	Date(s) staff showed symptoms	Date(s) of confirmed staff diagnosis	TTL # of positive residents for month	TTL # of positive staff for month	Action taken by Veterans Home to eradicate spread of COVID-19
JUL	7/11/22	7/12/22	7/3,7,9,7/11	7/4,7/8,7/11	1	5	Followed IDPH and CDC Infection Control Protocols and Guidelines
AUG	N/A	N/A	8/2, 8/3, 8/11, 8/17	8/2,8/3,8/11,8/17	0	4	Followed IDPH and CDC Infection Control Protocols and Guidelines
SEPT	N/A	N/A	9/1, 9/4, 9/15	9/1, 9/4, 9/15	0	3	Followed IDPH and CDC Infection Control Protocols and Guidelines
OCT	N/A	N/A	N/A	N/A	0	0	Followed IDPH and CDC Infection Control Protocols and Guidelines
NOV	N/A	N/A	11/17,11/22	11/17,11/22	0	2	Followed IDPH and CDC Infection Control Protocols and Guidelines
DEC	N/A	N/A	11/5,11/12,11/17,11/19	11/11/12,11/17,11/19	0	4	Followed IDPH and CDC Infection Control Protocols and Guidelines

Chicago	Date(s) resident(s) showed symptoms	Date(s) of confirmed resident diagnosis	Date(s) staff showed symptoms	Date(s) of confirmed staff diagnosis	TTL # of positive residents for month	TTL # of positive staff for month	Action taken by Veterans Home to eradicate spread of COVID-19
JUL	NA	NA	7/6,7/7,7/13,7/16,7/17,7/18,7/20,7/21,7/29	7/6,7/7,7/13,7/16,7/17,7/18,7/20,7/21	NONE	11	COMPLETED TESTING WEEKLY TWICE, EDUCATED ON HAND HYGIENE , PROPER MASKING,6 FT DISTANCING
AUG	8/28/22	8/31/22	8/1,8/4,8/9,8/10,8/26,8/31	8/1,8/4,8/9,8/10,8/26,8/31	1	5	EDUCATION PROVIDED ON HAND WASHING WITH SOAP&WATER AND ABHR, 6 FT DISTANCING EVEN IF THERE IS NO SYMPTOMS, WEARING PROPERLY FITTED MASKS, COVERING COUGH AND OR SNEEZING, CONTACTS OF POSITIVE STAFF TRACED, SELF ISOLATED POSITIVE EMPLOYEE IN HOME UNTIL RECOVERY, SELF MONITORING SIGNS AND SYMPTOMS, ADVISED TO GET MEDICAL TREATMENT IF SYMPTOMS WORSENS
SEPT	NA	NA	9/19,9/27	9/19,9/27	NONE	2	PERFORMED TESTING ACCORDING TO IDVA POLICY, REINFORCED INFECTION CONTROL PROTOCOL, CORRECTED DEFICIENCIES
OCT	NA	NA	10/7,10/13,10/14,10/25	10/07,10/13,10/14,10/25	NONE	5	CLEANED AND DISINFECT FREQUENTLY TOUCHED OBJECTS AND SURFACES, INSERVICE ON HAND WASHING AND PROPER MASKING GIVEN
NOV	NA	NA	11/15,11/16,11/29	11/24/21	NONE	4	ALL STAFF WEARS MASKS, SHIELDS WHEN NECESSARY, CONTINUING EDUCATION ON PROCEDURES AND POLICIES ON INFECTION CONTROL, SPECIFICALLY ROUNDING, HAND WASHING AUDITS AND CORRECTING DEFICIENCIES.
DEC	NA	NA	12/5,12/12,12/14,12/13	12/15,12,12/13,12/14,	NONE	4	

LaSalle	Date(s) resident(s) showed symptoms	Date(s) of confirmed resident diagnosis	Date(s) staff showed symptoms	Date(s) of confirmed staff diagnosis	TTL # of positive residents for month	TTL # of positive staff for month	Action taken by Veterans Home to eradicate spread of COVID-19
JUL	7/10	7/10	7/4, 7/5, 7/6, 7/11, 7/12, 7/13, 7/13, 7/14, 7/15, 7/19, 7/23,	7/4, 7/5, 7/6, 7/11, 7/12, 7/13, 7/14, 7/15, 7/19, 7/23, 7/28, 7/30	1	18	Conventional staffing; staff were sent home for 10 days or 7 days when they could return for rapid testing outside building. If negative they could work and if not they were sent back home. Residents all sent to the COVID unit in negative pressure for 10 days. Some were treated with antivirals, based on their presentation. Ad Hoc sent on all covid cases to DVA. Cases were mapped, education was provided for all staff on PPE and environmental cleaning, and 6 foot social distancing. Daily rapid testing of all staff, PCR testing of all staff and residents twice per week.
AUG	8/20	8/20	8/1, 8/2, 8/8, , 8/11, 8/14, 8/15, 8/22, 8/23, 8/28,	8/1, 8/2, 8/6, 8/8, 8/10, 8/11, 8/14, 8/15, 8/22, 8/23, 8/24, 8/28, 8/30	1	18	Conventional staffing; staff were sent home for 10 days or 7 days when they could return for rapid testing outside building. If negative they could work and if not they were sent back home. Residents all sent to the COVID unit in negative pressure for 10 days. Some were treated with antivirals, based on their presentation. Ad Hoc sent on all covid cases to DVA. Cases were mapped, education was provided for all staff on PPE and environmental cleaning, and 6 foot social distancing. Daily rapid testing of all staff, PCR testing of all staff and residents twice per week.
SEPT	na	na	9/6, 9/8, 9/9, 9/19, 9/20, 9/23,	9/6, 9/8, 9/9, 9/19, 9/20, 9/23,	0	8	Conventional staffing; staff were sent home for 10 days or 7 days when they could return for rapid testing outside building. If negative they could work and if not they were sent back home. Residents all sent to the COVID unit in negative pressure for 10 days. Some were treated with antivirals, based on their presentation. Ad Hoc sent on all covid cases to DVA. Cases were mapped, education was provided for all staff on PPE and environmental cleaning, and 6 foot social distancing. Daily rapid testing of all staff, PCR testing of all staff and residents twice per week. Once cases identified on units, all residents on units were tested daily by rapid for a period of 14 days (1 incubation period) from last resident case.

<p>10/15, 10/17, 10/18, 10/19, 10/20, 10/21, 10/22, 10/23, 10/24, 10/25, 10/26, 10/27, 10/29, 10/30</p> <p>OCT</p>	<p>10/15, 10/17, 10/18, 10/19, 10/20, 10/21, 10/22, 10/23, 10/24, 10/25, 10/26, 10/27, 10/29, 10/30</p>	<p>10/16, 10/17, 10/18, 10/19, 10/20, 10/21, 10/22, 10/23, 10/24, 10/25, 10/26, 10/29, 10/30</p>	<p>10/16, 10/17, 10/18, 10/19, 10/20, 10/21, 10/22, 10/23, 10/24, 10/25, 10/26, 10/27, 10/29, 10/30</p>	<p>10/16, 10/17, 10/18, 10/19, 10/20, 10/21, 10/22, 10/23, 10/24, 10/25, 10/26, 10/27, 10/29, 10/30</p>	<p>50</p>	<p>38</p>	<p>Contingency staff with staff off for 5 days and negative rapid required to return, later in month changed to crisis staffing, with staff well enough to work placed on COVID unit. Agency temporary staffing was also obtained for VNAC, and support services. No changes in resident management. Remained same on COVID unit. Ad Hoc sent on all covid cases to DVA. Cases were mapped, education was provided for all staff on PPE and environmental cleaning, and 6 foot social distancing. Daily rapid testing of all staff, PCR testing of all staff and residents twice per week. Once cses identified on units, all residents on units were tested daily by rapid for a period of 14 days (1 incubation period) from last resident case. Communal dining was held during 14 day period.</p>
<p>11/17, 11/30,</p> <p>NOV</p>	<p>11/2, 11/3, 11/5, 11/10, 11/12, 11/16, 11/17, 11/30,</p>	<p>11/1, 11/2, 11/3, 11/4, 11/13, 11/18, 11/23,</p>	<p>11/1, 11/2, 11/3, 11/4, 11/6, 11/13, 11/18, 11/23, 11/28</p>	<p>8</p>	<p>13</p>	<p>Crisis staffing maintained, no changes to the management of residents. Ad Hoc sent on all covid cases to DVA. Cases were mapped, education was provided for all staff on PPE and environmental cleaning, and 6 foot social distancing. Daily rapid testing of all staff, PCR testing of all staff and residents twice per week. Once cses identified on units, all residents on units were tested daily by rapid for a period of 14 days (1 incubation period) from last resident case. Communal dining held during 14 day periods)</p>	
<p>none</p> <p>DEC</p>	<p>12/6</p>	<p>12/2, 12/8, 12/18</p>	<p>12/2, 12/8, 12/18</p>	<p>1</p>	<p>4</p>	<p>Resumed contingency staff with staff off for 5 days with negative rapid required to return. No changes in management of COVID positive residents. Ad Hoc sent on all covid cases to DVA. Cases were mapped, education was provided for all staff on PPE and environmental cleaning, and 6 foot social distancing. Daily rapid testing of all staff, PCR testing of all staff and residents twice per week. Once cses identified on units, all residents on units were tested daily by rapid for a period of 14 days (1 incubation period) from last resident case. Communal dining held during 14 day period.</p>	
<p>Manteno</p>	<p>Date(s) resident(s) showed symptoms</p>	<p>Date(s) of confirmed resident diagnosis</p>	<p>Date(s) staff showed symptoms</p>	<p>Date(s) of confirmed staff diagnosis</p>	<p>TTL # of positive residents for month</p>	<p>TTL # of positive staff for month</p>	<p>Action taken by Veterans Home to eradicate spread of COVID-19</p>
<p>JUL</p>	<p>7/27/22</p>	<p>7/12, 7/24,7/28, 7/31</p>	<p>7/11, 7/26</p>	<p>7/6,7/7, 7/8, 7/11, 7/12,7/15, 7/16, 7/18, 7/22, 7/23, 7/24. 7/25</p>	<p>7</p>	<p>17</p>	<p>Employees instructed to stay home for 10 days and need to be symptom free x 24 hours. F/U routinely with + staff. Contact tracing followed up with Unit/Building PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. POC (rapid) testing performed on all members 24 hours after exposure, then PCR testing every 3-7 days for 14 days with no more new positives . Staff POC (rapid) for 72 hours, then PCR test every Monday.</p>

AUG		8/2, 8/3, 8/4, 8/5, 8/7, 8/22		8/1, 8/3, 8/4, 8/5, 8/6, 8/7, 8/8, 8/10, 8/12, 8/17, 8/19, 8/31	7	17	Employees instructed to stay home for 10 days and need to be symptom free x 24 hours. F/U routinely with + staff. Contact tracing followed up with Unit/Building PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. POC (rapid) testing performed on all members 24 hours after exposure, then PCR testing every 3-7 days for 14 days with no more new positives . Staff POC (rapid) for 72 hours, then PCR test every Monday.
SEPT		9/5/22	9/24/22	9/9, 9/12, 9/15, 9/26	1	7	Employees instructed to stay home for 10 days and need to be symptom free x 24 hours. F/U routinely with + staff. Contact tracing followed up with Unit/Building PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. POC (rapid) testing performed on all members 24 hours after exposure, then PCR testing every 3-7 days for 14 days with no more new positives . Staff POC (rapid) for 72 hours, then PCR test every Monday.
OCT	10/3/22	10/2, 10/4	10/2, 10/12, 10/16, 10/19, 10/26	10/2, 10/3, 10/8, 10/13, 10/17, 10/20, 10/27	2	11	Employees instructed to stay home for 10 days and need to be symptom free x 24 hours. F/U routinely with + staff. Contact tracing followed up with Unit/Building PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. POC (rapid) testing performed on all members 24 hours after exposure, then PCR testing every 3-7 days for 14 days with no more new positives . Staff POC (rapid) for 72 hours, then PCR test every Monday.
NOV		11/10, 11/14, 11/16, 11/19, 11/23		11/5, 11/7, 11/13, 11/14, 11/16, 11/19, 11/20, 11/21, 11/22, 11/23, 11/27	8	18	Employees instructed to stay home for 10 days and need to be symptom free x 24 hours. F/U routinely with + staff. Contact tracing followed up with Unit/Building PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. POC (rapid) testing performed on all members 24 hours after exposure, then PCR testing every 3-7 days for 14 days with no more new positives . Staff POC (rapid) for 72 hours, then PCR test every Monday.
DEC	12/5/22	12/6, 12/7, 12/8, 12/12	12/5, 12/6, 12/7, 12/8	12/1, 12/2, 12/4, 12/5, 12/6, 12/7, 12/8, 12/9, 12/10, 12/12, 12/13, 12/15, 12/16, 12/19	12	28	Employees instructed to stay home for 10 days and need to be symptom free x 24 hours. F/U routinely with + staff. Contact tracing followed up with Unit/Building PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. POC (rapid) testing performed on all members 24 hours after exposure, then PCR testing every 3-7 days for 14 days with no more new positives . Staff POC (rapid) for 72 hours, then PCR test every Monday.
Quincy	Date(s) resident(s) showed symptoms	Date(s) of confirmed resident diagnosis	Date(s) staff showed symptoms	Date(s) of confirmed staff diagnosis	TTL # of positive residents for month	TTL # of positive staff for month	Action taken by Veterans Home to eradicate spread of COVID-19
JUL	7/1 to 7/28	7/1 to 7/28	7/1 to 7/31	7/1 to 7/31	38	34	Employees instructed to stay home due to being symptomatic, contact tracing followed up with facility wide PCR and rapid testing. Positive residents moved to negative air pressure room. All other residents on the unit placed in quarantine and testing performed.

AUG	8/08 to 8/30	8/10 to 8/30	8/2 to 8/31	8/2 to 8/31	8/2 to 8/31	9	20	Employees instructed to stay home due to being symptomatic, contact tracing followed up with facility wide PCR and rapid testing. Positive residents moved to negative air pressure room. All other residents on the unit placed in quarantine and testing performed.
SEPT	9/1 to 9/8	9/1 to 9/9	9/1 to 9/22	9/1 to 9/22	9/2 to 9/22	8	12	Employees instructed to stay home due to being symptomatic, contact tracing followed up with facility wide PCR and rapid testing. Positive residents moved to negative air pressure room. All other residents on the unit placed in quarantine and testing performed.
OCT	N/A	N/A	10/3 to 10/25	10/2 to 10/26	10/2 to 10/26	0	5	Employees instructed to stay home due to being symptomatic, contact tracing followed up with facility wide PCR and rapid testing. Positive residents moved to negative air pressure room. All other residents on the unit placed in quarantine and testing performed.
NOV	11/18 to 11/27	11/18 to 11/28	11/5 to 11/30	11/5 to 11/30	11/5 to 11/30	13	14	Employees instructed to stay home due to being symptomatic, contact tracing followed up with facility wide PCR and rapid testing. Positive residents moved to negative air pressure room. All other residents on the unit placed in quarantine and testing performed.
DEC	12/1 to 12/15	12/1 to 12/16	12/1 to 12/20	12/1 to 12/20	12/1 to 12/20	23	23	Employees instructed to stay home due to being symptomatic, contact tracing followed up with facility wide PCR and rapid testing. Positive residents moved to negative air pressure room. All other residents on the unit placed in quarantine and testing performed.

