



STATE OF ILLINOIS
DEPARTMENT OF VETERANS' AFFAIRS

833 S. SPRING STREET, SPRINGFIELD, ILLINOIS 62704
TELEPHONE: 217/782-6641 * FAX: 217/524-0344 * TDD: 217/524-4645

JB PRITZKER
GOVERNOR

TERRY PRINCE
DIRECTOR

June 30, 2023

Illinois State Library
Government Documents-3rd Fl.
300 S. Second Street
Springfield, IL 62701

RE: Direct Care and Communicable Diseases Report

To whom it may concern:

Pursuant to 20 ILCS 2805/2.07, we have enclosed the Illinois Department of Veterans' Affairs (IDVA) biannual direct care report. This report includes information on:

- The number of staff employed in providing direct patient care at our state veterans' homes (registered nurses, licensed practical nurses, and veterans nursing assistants-certified).
- The compliance or non-compliance with staffing standards established by the United States Department of Veterans Affairs (USDVA) for such care; and
- In the event of non-compliance, with such standards the number of staff required for compliance.

During this reporting period, January 1, 2023, through June 30, 2023, each of the homes performed as follows:

- Illinois Veterans' Home at Anna employed 41 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Chicago employed 48 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at LaSalle employed 107 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Manteno employed 156 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Quincy employed 185 direct care staff and was in compliance with the USDVA staffing standards.

Pursuant to 20 ILCS 2805/2.13, we have also enclosed IDVA's biannual communicable diseases report. This report includes information on:

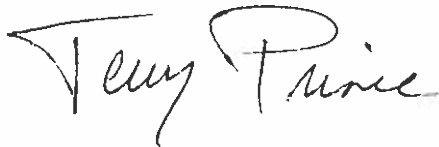
- The number and nature of complaints made by residents.
- Information on any epidemic reported at a veterans' home.
- The number of cases and information on the cases.
- The action taken by the veterans' home to eradicate the spread of communicable disease.

Enclosed are documents which provide the requested information for the Illinois State Veterans' Homes for the reporting period of January 1, 2023, through June 30, 2023.

- Attachment #1 is a table showing the major complaints raised by residents.
- Attachment #2 provides a breakdown of communicable diseases and the actions taken to prevent the spread of the communicable diseases.

If there are any questions about this report, please contact our Legislative Liaison, Sara Augustinas at (217) 685-2334.

Sincerely,

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

Terry Prince
IDVA Director

IVH Direct Care Hours and Staffing Report

| | Date | Census | RN | LPN | VNAC | Total Hour | HC Hours | Total Staff | | | |
|-------------|-----------|--------|-----|-----|------|------------|----------|-------------|-----------|-----------|---------------------|
| Anna | 3/5/2023 | 42 | 7.4 | 2.0 | 13.3 | 169.3 | 4.03 | 22.7 | | | |
| | 3/26/2023 | 42 | 7.5 | 3.0 | 14.0 | 183.8 | 4.38 | 24.5 | | | |
| | 6/6/2023 | 44 | 8.0 | 2.0 | 17.4 | 205.3 | 4.67 | 27.4 | Avg Hours | Avg Staff | Total # RN/LPN/VNAC |
| | 6/27/2023 | 46 | 6.8 | 2.0 | 15.0 | 178.7 | 3.88 | 23.3 | 4.24 | 24 | 41.0 |

| | Date | Census | RN | LPN | VNAC | Total Hour | HC Hours | Total Staff | | | |
|----------------|-----------|--------|------|-----|------|------------|----------|-------------|-----------|-----------|---------------------|
| Chicago | 3/5/2023 | 25 | 3.0 | 0.0 | 9.0 | 102.0 | 4.08 | 12.0 | | | |
| | 3/26/2023 | 25 | 8.0 | 0.0 | 9.0 | 159.5 | 6.38 | 17.0 | | | |
| | 6/6/2023 | 33 | 7.0 | 0.0 | 10.0 | 155.5 | 4.71 | 17.0 | Avg Hours | Avg Staff | Total # RN/LPN/VNAC |
| | 6/27/2023 | 34 | 13.0 | 0.0 | 15.0 | 262.0 | 7.71 | 28.0 | 5.72 | 19 | 48.0 |

| | Date | Census | RN | LPN | VNAC | Total Hour | HC Hours | Total Staff | | | |
|----------------|-----------|--------|------|-----|------|------------|----------|-------------|-----------|-----------|---------------------|
| Manteno | 3/5/2023 | 184.0 | 35.5 | 3.0 | 46.0 | 633.8 | 3.44 | 84.5 | | | |
| | 3/26/2023 | 186.0 | 27.0 | 3.0 | 68.0 | 780.0 | 4.19 | 104.0 | | | |
| | 6/6/2023 | 204.0 | 25.5 | 4.0 | 66.0 | 746.3 | 3.66 | 99.5 | Avg Hours | Avg Staff | Total # RN/LPN/VNAC |
| | 6/27/2023 | 202.0 | 32.5 | 5.0 | 58.0 | 847.5 | 4.20 | 113.0 | 3.87 | 100 | 156.0 |

| | Date | Census | RN | LPN | VNAC | Total Hour | HC Hours | Total Staff | | | |
|---------------|-----------|--------|------|------|------|------------|----------|-------------|-----------|-----------|---------------------|
| Quincy | 3/5/2023 | 255 | 36.5 | 8.0 | 88.0 | 927.5 | 3.64 | 132.5 | | | |
| | 3/26/2023 | 257 | 37.0 | 7.0 | 93.0 | 959.0 | 3.73 | 137.0 | | | |
| | 6/6/2023 | 264 | 39.5 | 13.5 | 88.0 | 917.0 | 3.47 | 131.0 | Avg Hours | Avg Staff | Total # RN/LPN/VNAC |
| | 6/27/2023 | 260 | 32.0 | 13.0 | 95.5 | 983.5 | 3.78 | 140.0 | 3.66 | 135 | 185.0 |

| | Date | Census | RN | LPN | VNAC | Total Hour | HC Hours | Total Staff | | | |
|----------------|-----------|--------|------|-----|------|------------|----------|-------------|-----------|-----------|---------------------|
| LaSalle | 3/5/2023 | 88 | 17.5 | 1.0 | 32.5 | 357.0 | 4.06 | 51.0 | | | |
| | 3/26/2023 | 83 | 17.5 | 0.0 | 28.0 | 318.5 | 3.84 | 45.5 | | | |
| | 6/6/2023 | 86 | 15.0 | 1.0 | 38.0 | 378.0 | 4.40 | 54.0 | Avg Hours | Avg Staff | Total # RN/LPN/VNAC |
| | 6/27/2023 | 86 | 15.0 | 1.0 | 38.0 | 378.0 | 4.40 | 54.0 | 4.17 | 51 | 107.0 |

Attachment # 1 - January - June 2023

Resident Grievance Log - Illinois Veterans Home - ANNA

| DATE | ISSUE | RESOLVED (yes/no) | COMMENTS |
|----------|----------------------|-------------------|------------------------------------------------------------|
| 05/11/23 | Missing Hearing Aids | No | Thorough Investigation completed-Resident passed away 5/23 |
| | | | |
| | | | |
| | | | |
| | | | |

*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 |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/6/2023 | POA for resident WR {NE} contacted the home to relay that she had received the incorrect Care Plan Summary for her husband. In checking, it was determined that the Care Plan Summaries for WR and DL were switched and mailed to the wrong POAs. | Yes. | Legal was contacted. Both Summaries were retrieved from family members. Correct Summaries were mailed out. Mechanism put into place to ensure that this does not occur in the future. |
| 3/16/2023 | LM from the West Unit noticed that his cell phone was missing. The last time LM saw it was when care staff placed it in his pocket, along with his wallet, before he left for Hines. | 3/24/2023 | Referral sent to Social Service. Contact was made with Hines VA for Lost and Found items. Contact was made with the home's transporter who looked in the van the resident was transported in. Contact was made with the POA. We will continue looking for the phone. |
| 3/26/2023 | While getting ready for the morning, resident BB on East Unit began yelling at his roommate to "get up old man, don't make me come over there." This has occurred before. | 3/27/2023 | This issue was discussed with resident BB and he was reminded about his need to be a good citizen. |
| 3/27/2023 | Resident DK from the East Unit relayed that he was missing \$50, two \$20s and one \$10. Resident stated that he had the money in folded paper under a washcloth. It may have been thrown away. | 3/27/2023 | This actually occurred back in February. Social Service Aid put \$108 in his Trust Fund account as resident asked. The remaining \$50 could not be found. Resident now has a key to lock money in dresser drawer. |
| 3/29/2023 | When VNACs were getting West resident RS ready for bed, they noticed he did not have his R hearing aid. | 4/3/2023 | Hearing aid was found in the Laundry. It had NOT been washed. Looks intact. Is currently being charged. |
| 4/15/2023 | Resident GJ on Northeast wanted to speak with his "lawyer." When this could not happen, he said he would sit on the floor until he spoke to him. Three staff persons stayed with him at all times. | 4/15/2023 | When resident was ready to get up, GJ was helped up by Care Staff. His doctor was notified as was his son/POA and his Psychiatrist. Issued to be added to Care Plan. |
| 4/16/2023 | Care staff on Northeast could not find the hearing aids for resident GJ when getting him ready for the day. They are | 4/18/2023 | Contact made with the family to get hearing aids repaired. Reminders to staff to be mindful of tethered hearing aids. |
| 4/18/2023 | Resident RD from East Unit requested to file a Grievance over the issues in the Canteen with respect to smoking | 4/18/2023 | Grievance given to Senior management as problems still exist as interventions are not working. |

Resident Grievance Log - Illinois Veterans Home - MANTENO

| DATE | ISSUE | RESOLVED (yes/no) | COMMENTS |
|----------|----------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/6/2023 | When is East opening, and will members have a choice on whether they move? | Yes | Member was informed that the plan is to open R1E on 2/6/23, and that members will be given first choice on whether they want to move back to R1E or not. |

| | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/6/2023 | Why can't member benefit money be used for alcohol on outings and members have to pay themselves when Member Benefit money is theirs? | Yes | For legal/liability purposes, we are not allowed to purchase alcohol through the Member Benefit Funds. This is a SOI regulation. Yes, it is our "members monies", however, the SOI has specific guidelines in place which dictates what we can and cannot purchase. |
| 3/21/2023 | Asked that the fans in the Dining Room be cleaned. Dust and dirt are just hanging off the blades - if the fans are turned on, the dirt will go in our food. | Yes | A Work Order to clean the fans was submitted immediately. |
| 4/11/2023 | Asked if they could get a menu for meals being served in the dining room and alternatives, and post the menu for the week in the dining room. | Yes | Dietary Manager stated that the menus have been posted on the units, but she will check and make sure that it is still there on R1, and if not, will get another one over there. Dietary Manger will also fax a copy of the menu to the unit for this particular member. |
| 4/11/2023 | Brought up a suggestion to purchase drones through Member Benefit as an activities idea - what has come of this request? | Ongoing | Activities Director will talk with member again about having drones as an activity; it will have to be taken into consideration if other members would be able to use them and benefit from them as well. |
| 5/30/2023 | Stated that 2 staff members are so rude. He states they think they are always right. They are very loud in dining room, and the dayroom. He also states it is hard to get in the bathroom when staff uses the lift - they leave it in the bathroom where you can not get to the toilet. He also stated if a member makes a mess on the toilet seat, staff will just leave it there. He also states when he takes a shower the staff wants him to stand on a towel in the shower floor, and said his feet get all wet. | Yes | Nursing Supervisor spoke at length with member. Asked how staff are rude to him. He stated staff are sometimes loud to others and they say to me "come on lets get your shower." Informed member sometimes staff have to speak louder to some members who are hard of hearing. I asked member if he remembered when he first came to R4 that he had continually refused his shower? Member stated he didn't remember that. He states no one posts the rules. Pointed out to member the note on his walker stating shower Wednesday and Saturday after breakfast. Member then states "oh yeah". Questioned staff about his shower. Staff stated after shower they put a dry towel down on the floor so his feet don't have to touch the floor while they are drying him and putting on his socks and shoes. Instructed staff to not leave lift in restroom when not in use. Instructed staff to monitor restrooms for cleanliness. |
| 5/30/2023 | Stated while in the dining room all the staff wants to do is talk to each other and they are very loud. By the time the trays are passed out, the food is very cold, and trays are very late. | Yes | Nursing Supervisor reconfigured seating chart so trays come out in order and are passed more efficiently. Spoke with staff about interacting with members and not amongst themselves. |
| 5/30/2023 | Says at times milk is missing on his trays. He says at times the staff is not very nice. | Yes | Nursing Supervisor spoke with member. Discussed his concerns. He states he thinks staff sometime get impatient with him. I asked if he felt anyone at IVHM had ever been mean to him. Member stated "no I just think sometimes they are doing other things as I am trying to get my words out and that distracts me". Spoke with staff about his struggles and his anxiety and requested they try to be more attentive. Staff verbalized understanding. |
| 6/6/2023 | Chicken is either under-cooked, or over-cooked to the point that it's too hard to eat. | Yes | Dietary Manager has addressed this with the cooks. |

| | | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/6/2023 | Breakfast, lunch and dinner is coming later and later - lunch is coming at 11:45am and dinner not until 6:00pm | Yes | Dietary Manager has spoken to the Dietary Supervisors about the carts being late to the units, and has stressed that this is not acceptable. |
| 6/6/2023 | Soup is just broth!....and Dietary is not supplying condiments - salad with no salad dressing, hot dogs with no ketchup or mustard. | Yes | Dietary Manager has addressed the soup issue with the cooks; and has made the Dietary Supervisors aware that they need to ensure that condiments are on the carts before they leave the kitchen. |
| 6/11/2023 | All stated that it is too cold in the building and/or in their rooms. | Yes | When work orders or phone calls are received, the Engineering Dept. sends an Engineer right away to address the issue for the members. The Engineering Dept. has received some calls and work orders in the last week regarding the temps. The Engineering Dept. always put those and any other work orders as a priority for the members' comfort and happiness. |
| 6/11/2023 | <p>1) Stated the menu that is posted on the bulletin board in the dining Room is hard to understand and there should be a date on it and not what week its in.</p> <p>2) Thinks a menu should be posted by nurses station so everyone can read it.</p> <p>3) Wants to know about the pots on the front porch on 4 West . He wants to know if they can be moved to somewhere else. He stated on the 4 West front porch there is not much room to sit in the sun.</p> <p>4) Also it is hard to get out the door with all the wheelchairs in front of the door.</p> | Yes | <p>1) Nursing Supervisor spoke with the Dietary Manager - DM stated that the menu system is a rotation by week and not date. She also stated that the dietary staff change it weekly so it is on the correct week. She further indicated that she had the menus made bigger so that they are easier for the members to read.</p> <p>2) The menus are posted on a bulletin board in the dining room so that all members can view them.</p> <p>3) The pots on the front porch are there for all the members to enjoy. They have always in the past enjoyed watering them and watching the plants mature. They also enjoy eating the tomatoes when they ripen. This particular member utilizes a power chair and has the liberty to utilize the pavillion between R 4 East and the commissary. Many of the members who are sitting on the front porch only have manual wheelchairs and limited mobility.</p> <p>4) The members who are sitting by the nurses station in their wheelchairs are there for closer monitoring to prevent falls. Occasionally, one of the members will be unaware that he is blocking traffic, at which point staff will redirect him to another area close by.</p> |
| Resident Grievance Log - Illinois Veterans Home - QUINCY | | | |
| DATE | ISSUE | RESOLVED (yes/no) | COMMENTS |

| | | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/2/2023 | Ongoing complaint by resident POA. POA/Daughter #2 continues to be upset regarding veteran decline. Previous remedies addressing her concerns/complaints offered temporary resolve. POA Daughter #1 reports satisfaction and understanding of veteran's decline. Staff continue to support and communicate with both POA daughters regarding restorative/OP/PT to support his mobility maintenance and veteran's right to decline. 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 decline. | Yes/No | ***Update: Resident deceased 6/2023*** Social services director and direct care staff continue to communicate and support family in adjusting to all matters; as well as advocating for the resident who maintains decisional capacity although he consents/allows daughters to be included in all care information. Administration aware of complaint and legal involved in family's request for medical charting documentation. Restorative actively involved with resident and assisted 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. HIM involved in obtaining documentation at family's request. |
| 4/3/2023 | Complaint regarding placement of resident in a restrictive environment incongruent with his actual functional capacity. Ongoing review, assessment, re-review, reassessment, and advocacy. Resident has a history of cognitive impairment who is one of our gentleman who does not quite "fit" designated acuity of any of our independent or skilled care units. Resident is high functioning, young, with situational historical restrictions r/t neuropsych evaluation of 2021 and family perception. Advocacy continues to appropriately place him and to secure meaningful activities which safely promote and preserve his highest level of functioning in the least restrictive environment in congruence with CFR, ILCS, IDPH, and IVHQ guidance parameters. | Yes | Social Services and select direct treatment staff as well as Administration are actively monitoring assessment, reassessment, and acuity of this resident. Resident is active in counselling to preserve his functional levels of independence and working toward increased levels yet. Social Service staff have collaboratively assisted veteran in securing supports, resources, and activities to promote quality of life and independence. Most recently member has secured gainful volunteerism and is serving as a valued member of the Honor Guard at IVHQ. This resident has thrived since the onset of efforts with him since coming into care at IVHQ. Diagnostic and functional evaluation indicate promising potential for his future return to independence within the community at some point in the future. |
| 4/7/2023 | Resident complaint regarding fellow resident using scented air freshener which resident claims is aggravating her breathing. Of note, this resident has an interpersonal history of discontent with other resident; and does not complain of any other resident's usage of like items. Grievance form is transparent in this interpersonal discord matter; independent of established history. | Yes/Ongoing | After careful examination and consideration of policy and history of interpersonal conflict, staff have and are responding. Resident has been offered Air Purifier option to alleviate some of her stated complaints. Resident does not complain of other environmental issues such as increased dust (from construction directly in line with DOMS, or pollen (also directly in line with DOMS by lake blooming tree line) etc. Only targets other member's usage of item. Social Services are also involved in conflict resolution and tolerance of community living standards. There is no policy or procedure violation by the member utilizing the item. |
| 5/1/2023 | POA/Resident/Primary Care provider complaint regarding dental provider. Resident had significant work beyond agreed referral and has dementia. Communication continues to be fragmented and unexplained by provider for services and cost to veteran. This is second similar instance with this provider which has created ethical discord, confusion, and frustration for both residents and staff trying to coordinate services and coverages without receiving the customary consent as with other dental providers. This matter is especially precarious with our dementia residents who are not accompanied to the appointment by family/POA. | Yes | Social Services worked with Hannah A and provider to implement corrective actions to improve responsibility and procedural accountability for informed consent and due diligence in advocacy. FNP will provide written restrictive plan for cost and collaborative services if this provider utilized in the future. |
| Resident Grievance Log - Illinois Veterans Home - CHICAGO | | | |
| DATE | ISSUE | RESOLVED (yes/no) | COMMENTS |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/15/2023 | Ongoing issues with collaborative services with ICVA regarding mobility devices and adaptive equipment for our residents. In specific: member of ICVA who is not specifically trained or certified in this area was restricting and limiting requested devices and speicalized adaptive equipment dictated by individual diagnostics and etiologial needs. Interpersonal conflict with this member is exacerbating ongoing issues which are prohibitive to quality of life and mobility of our residents. | Yes/No | Social Services Director working with Restorative Supervisor and IVHQ Administrator in furtherence of remedy. Administrator Culbertson has been working with Chief of Staff at IC Medical Center on matters. In light of ongoing conflict and prohibitive quality of life issues, SSD recommended involvement of escalated resolution with IC Patient Advocacy. Communications are ongoing. Supportive documentation compiled and submitted. Quality Assurance and QC of this matter are open and ongoing at this time. |
| 2/9/2023 | Resident requested to receive items circled on menu during Resident Council | yes | Meeting with Dietary Dept to address concers and menu's are reviewed prior to release. |
| 3/24/2023 | Neice of a resident complained about facial grooming services for her uncle | yes | Spoke to Jennifer Mahone regarding VNAC's being trained to provide facial grooming. Spoke with procurement to discuss adding an addendum to the barber contract to implement facial grooming. |
| 4/29/2023 | Resident reported lost of a bundle of ID cards | yes | |
| 6/15/2023 | Resident reported lost wallet | yes | Wallet was located and returned to the Resident, POA notified |
| | | | |
| | | | |
| *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. | | | |

2023 Attachment #2 Report to the General Assembly

Illinois Department of Veterans Affairs Veterans Homes Antibiotic Usage Summary

COMMUNICABLE DISEASES Jan - June 2023

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 | Jan | Feb | March | April | May | June (to date) |
|---------|--------------------------------|-----|-----|-------|-------|-----|----------------|
| Anna | Pneumonia | 0 | 0 | 1 | 3 | 5 | 1 |
| | Bloodstream | 0 | 0 | 0 | 0 | 0 | 0 |
| | Skin | 0 | 2 | 8 | 0 | 2 | 0 |
| | Gastrointestinal | 0 | 0 | 0 | 0 | 0 | 0 |
| | Respiratory | 1 | 0 | 1 | 6 | 2 | 1 |
| | Ear/Nose/Throat | 0 | 0 | 0 | 0 | 0 | 0 |
| | Fungal | 0 | 0 | 0 | 0 | 0 | 0 |
| | MRSA/VRSA/ESBL | 0 | 0 | 1 | 0 | 2 | 4 |
| | Bone | 0 | 0 | 0 | 0 | 0 | 0 |
| | Coronavirus Disease (COVID-19) | 17 | 0 | 0 | 0 | 0 | 3 |
| Chicago | Pneumonia | 0 | 0 | 0 | 0 | 0 | 3 |
| | Bloodstream | 0 | 0 | 0 | 0 | 0 | 0 |
| | Skin | 0 | 0 | 0 | 0 | 0 | 0 |
| | Gastrointestinal | 0 | 0 | 0 | 0 | 0 | 0 |
| | Respiratory | 0 | 0 | 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 | 0 | 0 | 1 | 1 |
| | Bone | 0 | 0 | 0 | 0 | 0 | 0 |
| | Coronavirus Disease (COVID-19) | 0 | 0 | 0 | 10 | 0 | 10 |
| LaSalle | Pneumonia | 2 | 6 | 5 | 5 | 5 | 10 |
| | Bloodstream | 0 | 0 | 1 | 0 | 0 | 0 |
| | Skin | 5 | 4 | 10 | 3 | 8 | 1 |
| | Gastrointestinal | 0 | 0 | 1 | 1 | 0 | 0 |
| | Respiratory | 3 | 1 | 0 | 2 | 0 | 6 |
| | Ear/Nose/Throat | 0 | 0 | 0 | 0 | 0 | 0 |
| | Fungal | 0 | 0 | 0 | 1 | 0 | 0 |
| | MRSA/VRSA/ESBL | 0 | 1 | 0 | 0 | 0 | 0 |
| | Bone | 0 | 0 | 0 | 0 | 0 | 0 |
| | Coronavirus Disease (COVID-19) | 1 | 0 | 0 | 0 | 0 | 0 |
| Manteno | Pneumonia | 1 | 0 | 0 | 0 | 0 | 1 |
| | Bloodstream | 0 | 0 | 1 | 0 | 0 | 1 |
| | Skin | 11 | 6 | 7 | 6 | 7 | 3 |
| | Gastrointestinal | 0 | 0 | 2 | 1 | 0 | 0 |
| | Respiratory | 8 | 2 | 7 | 16 | 5 | 3 |
| | Ear/Nose/Throat | 1 | 3 | 3 | 3 | 2 | 3 |
| | Fungal | 3 | 3 | 4 | 6 | 9 | 0 |
| | MRSA/VRSA/ESBL | 1 | 1 | 1 | 1 | 2 | 1 |
| | Bone | 0 | 0 | 1 | 0 | 0 | 0 |
| | Coronavirus Disease (COVID-19) | 2 | 0 | 6 | 0 | 0 | 0 |
| Quincy | Pneumonia | 5 | 2 | 3 | 5 | 12 | 17 |
| | Bloodstream | 0 | 0 | 1 | 1 | 1 | 0 |
| | Skin | 1 | 2 | 4 | 0 | 6 | 6 |
| | Gastrointestinal | 0 | 0 | 0 | 1 | 0 | 0 |

| | | | | | | |
|--------------------------------|--------|----|---|---|---|---------------|
| Respiratory | 2 -flu | 0 | 8 | 6 | 6 | 22-rhinovirus |
| Ear/Nose/Throat | 0 | 0 | 0 | 0 | 1 | 0 |
| Fungal | 0 | 1 | 0 | 0 | 0 | 1 |
| MRSA/VRE/ESBL | 2 | 1 | 0 | 0 | 3 | 0 |
| Bone | 0 | 0 | 0 | 0 | 0 | 0 |
| Coronavirus Disease (COVID-19) | 5 | 16 | 2 | 0 | 0 | 0 |

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)

January - June 2023 - 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 |
|----------------|--------------------------------------------|------------------------------------------------|--------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JAN | 1/1-1/14 | 1/1,1/5-1/8, 1/9-1/14 | | 1/2,1/3, 1/13-1/15, 1/19, 1/26 | 17 | 12 | Staff wearing N95's, Direct care staff N95/ Face shield. Rapid Testing of employees q shift,Residents q day. PCR testing q 3-7 days. Positive residents placed in dedicated wing for Covid |
| FEB | na | na | unknown | 2/14,2/21 | 0 | 2 | Staff sent home and quarantine for appropriate length of time. Contact trcting was performed by the IP. No other action needed |
| MARCH | na | na | na | na | 0 | na | |
| APRIL | na | na | unknown | 4/12,4/13 | 0 | 2 | Staff sent home and quarantine for appropriate length of time. Contact trcting was performed by the IP. No other action needed |
| MAY | na | na | na | na | 0 | na | |
| JUNE | 6/23, 6/24,6/25 | 6/23,6/24, 6/25 | unknown | 6/20,6/26 | 3 | 7 | Staff wearing N95's, Direct care staff N95/ Face shield. Rapid Testing of employees q shift,Residents q day. PCR testing q 3-7 days. Positive residents placed in isolation |
| 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 |
| JAN | No symptoms | 1/26/23 | 1/3; 1/4;1/26 | 1/3; 1/4; 1/9; 1/26 | 1 | 4 | Resident moved to COVID wing for Special Precautions in negtive pressure room per policy. Staff sent home and quarantine for appropriate lenfth of time. Contact trcting was performed by the IP. Routine testing of staff and residents twice per week continues. |
| FEB | na | na | 2/7; 2/14; 2/15; 2/25; 2/26; | 2/7; 2/11; 2/14; 2/15; 2/25; 2/26 | 0 | 9 | Staff sent home and quarantine for appropriate length of time. Contact trcting was performed by the IP. Routine testing of staff and residents twice per week continues. |
| MARCH | na | na | 3/2; 3/9; 3/13; 3/15; 3/17; | 3/9; 3/13; 3/15; 3/17; 3/22; 3/29 | 0 | 12 | Staff sent home and quarantine for appropriate lenfth of time. Contact trcting was performed by the IP. Routine testing of staff and residents twice per week continues.Routine testing of staff and residents twice per week continues. |

| | | | | | | | |
|----------------|--------------------------------------------|------------------------------------------------|--------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APRIL | na | na | 4/5/23 | 4/5; 4/13 | 0 | 2 | Staff sent home and quarantine for appropriate length of time. Contact tracing was performed by the IP. Routine testing of staff and residents twice per week continues. Routine testing of staff and residents twice per week continues. |
| MAY | na | na | na | 5/3; 5/28 | 0 | 2 | Staff sent home and quarantine for appropriate length of time. Contact tracing was performed by the IP. Routine testing of staff and residents twice per week continues. Routine testing of staff and residents twice per week continues. |
| JUNE | na | na | na | na | 0 | 0 | no cases; Outbreak expired and no further routine testing at IVHL. Test based on symptoms only and no positives for June at this time. |
| Manteno | <u>Date(s) resident(s) showed symptoms</u> | <u>Date(s) of confirmed resident diagnosis</u> | <u>Date(s) staff showed symptoms</u> | <u>Date(s) of confirmed staff diagnosis</u> | <u>TTL # of positive residents for month</u> | <u>TTL # of positive staff for month</u> | Action taken by Veterans Home to eradicate spread of COVID-19 |
| JAN | 1/22/23 | 1/22/23 | 1/7, 1/10, 1/18, 1/22, 1/25/23 | 1/9, 1/17, 1/22, 1/23, 1/25/23 | 2 | 9 | 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. |
| FEB | NA | NA | 2/3, 2/6, 2/15, 2/26/23 | 2/3, 2/6, 2/14, 2/18, 2/26/23 | 0 | 6 | 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. 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. |
| MARCH | 3/18, 3/21, 3/23, 3/28/23 | 3/18, 3/21, 3/23, 3/28/23 | 3/1, 3/8, 3/10, 3/15, 3/18, 3/20/23 | 3/1, 3/6, 3/9, 3/13, 3/16, 3/19, 3/20/23 | 0 | 8 | 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. |
| APRIL | NA | NA | 4/1, 4/3, 4/9/23 | 4/3, 4/10, 4/17/23 | 0 | 4 | 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. 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. |
| MAY | NA | NA | unknown | 5/30/23 | 0 | 1 | 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. 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. |

| | | | | | | | |
|----------------|--------------------------------------------|------------------------------------------------|--------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JUNE | NA | NA | NA | NA | 0 | NA | NA |
| Quincy | <u>Date(s) resident(s) showed symptoms</u> | <u>Date(s) of confirmed resident diagnosis</u> | <u>Date(s) staff showed symptoms</u> | <u>Date(s) of confirmed staff diagnosis</u> | <u>TTL # of positive residents for month</u> | <u>TTL # of positive staff for month</u> | Action taken by Veterans Home to eradicate spread of COVID-19 |
| JAN | 1/3 to 1/30 | 1/3 to 1/30 | 1/2 to 1/28 | 1/3 to 1/31 | 5 | 17 | Employees instructed to stay home when sick and follow up with testing. Facility wide contact tracing performed with unit based and or facility wide testing done via PCR and/or antigen test. Positive residents moved to the negative air pressure unit. |
| FEB | 2/8/ to 2/28 | 2/8/ to 2/28 | 2/3 to 2/28 | 2/3 to 2/28 | 16 | 13 | Employees instructed to stay home when sick and follow up with testing. Facility wide contact tracing performed with unit based and or facility wide testing done via PCR and/or antigen test. Positive residents moved to the negative air pressure unit. |
| MARCH | 3/2 to 3/8 | 3/2 to 3/8 | 3/1 to 3/27 | 3/2 to 3/28 | 2 | 15 | Employees instructed to stay home when sick and follow up with testing. Facility wide contact tracing performed with unit based and or facility wide testing done via PCR and/or antigen test. Positive residents moved to the negative air pressure unit. |
| APRIL | N/A | N/A | 4/10/23 | 4/10/23 | 0 | 1 | Employees instructed to stay home when sick and follow up with testing. Facility wide contact tracing performed with unit based and or facility wide testing done via PCR and/or antigen test. Positive residents moved to the negative air pressure unit. |
| MAY | N/A | N/A | N/A | N/A | 0 | 0 | Employees instructed to stay home when sick and follow up with testing. Facility wide contact tracing performed with unit based and or facility wide testing done via PCR and/or antigen test. Positive residents moved to the negative air pressure unit. |
| JUNE | N/A | N/A | N/A | N/A | 0 | 0 | Employees instructed to stay home when sick and follow up with testing. Facility wide contact tracing performed with unit based and or facility wide testing done via PCR and/or antigen test. Positive residents moved to the negative air pressure unit. |
| Chicago | <u>Date(s) resident(s) showed symptoms</u> | <u>Date(s) of confirmed resident diagnosis</u> | <u>Date(s) staff showed symptoms</u> | <u>Date(s) of confirmed staff diagnosis</u> | <u>TTL # of positive residents for month</u> | <u>TTL # of positive staff for month</u> | Action taken by Veterans Home to eradicate spread of COVID-19 |
| JAN | na | na | 1/3, 1/13, 1/17, | 1/3, 1/13, 1/17 | | 5 staff | Staff sent home and quarantine for appropriate length of time. Contact trcting was performed by the IP. Routine testing of staff and residents twice per week continues. |
| FEB | na | na | 2/14, 2/16, 2/22, 2/24 | 2/14, 2/16, 2/22, 2/26 | | 4 staff | Staff sent home and quarantine for appropriate length of time. Contact trcting was performed by the IP. Routine testing of staff and residents twice per week continues. |
| MARCH | na | na | 3/21, 3/28 | 3/21, 3/28 | na | 3 staff | Staff sent home and quarantine for appropriate length of time. Contact trcting was performed by the IP. Routine testing of staff and residents twice per week continues. |

| | | | | | | | |
|--------------|---------------------------------------------------------------|----------------------------------------------------------------------|---------|---------|--------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APRIL | 4/4, 4/6, 4/10, 4/11,4/14, 4/15, 4/17, 4/25, 4/26 | 4/4, 4/6, 4/10, 4/11, 4/12, 4/14, 4/15, 4/17, 4/25, 4/26 | | | 10 residents | 5 staff, 10 residents | Residents were moved to a separate household so they were not near other residents. A separate Nurse and VNAC was added to the Household to care for them only while in quarantine. Also the residents were given Paxlovid by the medical Director. Staff was removed from care |
| MAY | na | na | na | na | na | | NA |
| JUNE | na | na | 6/18/23 | 6/18/23 | na | 1 contractor | Staff sent home and quarantine for appropriate length of time. Contact trcting was performed by the IP. Routine testing of staff and residents twice per week continues. |