



ILLINOIS DEPARTMENT OF VETERANS AFFAIRS

833 SOUTH SPRING STREET, SPRINGFIELD, IL 62704

June 28, 2024

To the members of the Illinois General Assembly:

Pursuant to 20 ILCS 2805/2.07, we have enclosed IDVA's 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 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, 2024, through June 30, 2024, each of the homes performed as follows:

- Illinois Veterans' Home at Anna employed 42 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Chicago employed 80 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at LaSalle employed 109 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Manteno employed 179 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Quincy employed 199 direct care staff and was in compliance with the USDVA staffing standards.

This letter constitutes IDVA's confirmation that each Illinois Veterans' Home 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.

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.

ILLINOIS DEPARTMENT OF VETERANS AFFAIRS

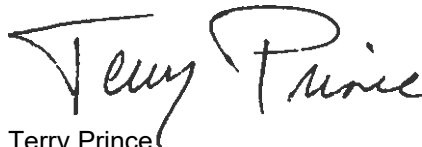
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Enclosed are documents which provide the requested information for the Illinois State Veterans' Homes for the reporting period of January 1, 2024, through June 30, 2024.

- 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 Senior Homes Administrator, Angie Simmons at (618) 697-8128.

Sincerely,



Terry Prince
Director

IVH Direct Care Hours and Staffing Report

	Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff			
Anna	3/5/2024	46	7.0	4.0	20.8	281.0	6.11	31.8			
	3/26/2024	44	7.5	3.0	21.5	282.5	6.42	32.0			
	6/6/2024	41	5.5	3.0	19.0	238.5	5.82	27.5	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2024	41	7.0	3.0	21.0	250.5	6.11	31.0	6.11	31	122.0

	Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff			
Chicago	3/5/2024	49	8.0	0.0	26.0	291.0	5.94	34.0			
	3/26/2024	48	7.0	0.0	22.0	249.0	5.19	29.0			
	6/6/2024	48	8.0	1.0	21.0	253.5	5.28	29.0	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2024	53	14.0	2.0	26.0	363.0	6.85	42.0	5.81	34	134.0

	Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff			
Manteno	3/5/2024	205	28.0	8.0	76.5	843.8	4.12	112.5			
	3/26/2024	212	31.0	8.0	76.0	862.5	4.07	115.0			
	6/6/2024	210	28.0	6.0	83.0	877.5	4.18	117.0	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2024	209	28.0	7.0	80.0	862.5	4.13	115.0	4.12	115	179.0

	Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff			
Quincy	3/5/2024	260	33.5	12.5	124.5	1278.8	4.92	170.5			
	3/26/2024	254	25.5	21.5	122.5	1271.3	5.01	169.5			
	6/6/2024	254	30.0	13.0	103.0	1095.0	4.31	146.0	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2024	254	30.0	14.5	87.0	986.3	3.88	131.5	4.53	154	191.0

	Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff			
LaSalle	3/5/2024	87	17.3	1	35.9	379.4	4.36	54.2			
	3/26/2024	85	14.5	1	37.5	371	4.36	53			
	6/6/2024	89	15	0	39.5	381.5	4.29	54.5	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2024	93	13.5	1	43.5	406	4.37	58	4.34	55	108.0

Attachment # 1 - January - June 2024

Resident Grievance Log - Illinois Veterans Home - ANNA

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
	N/A		There are no complaints or grievances for this reporting 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 - LA SALLE

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/25/2024	East resident RD involved in a second physical altercation with West resident GS at the Canteen where resident GS was smoking outside of his requested time when East resident RD went to the Canteen during his requested time to smoke. I is unknown who gave resident GS the cigaretttes to smoke outside of his scheduled time.	Yes	Both residents are aware that smoking privileges could be terminated at this time. Facility Admnistration will be seeking resolution parameters from Senior Administration. Privileges are suspended at this time.
1/31/2024	East resident OP was to have compression socks on, and when the nurse went to see how he was tollerating them, they had not been applied.	Yes	Resident OP had the compression socks applied and he tolerated the application very well.
2/25/2024	East resident RW fell to the back of the toilet when being assisted by a VNAC. He said that she was unable to assist him.	Yes	Information was relayed to Unit Supervisor who requeted that an Unusual Incident Report be filled out and given to Nursing.
2/28/2024	New East resident JG had his only hearing aid go through the wash. Laundry brought it to the unit and it was placed in a cup to dry.	Yes	POA was contacted. Resident alread getting new hearing aids through the VA.
3/1/2024	Multiple residents on the East Unit were in the Dining Room being helped with their meal, and every time they were asked their preferences, resident JB spoke for them\.	Yes	Resident JB was thanked for his assestance to his fellow residents, but he was told that staff needed to hear directly from the residents themselves.
3/5/2024	NW resident RI was screaming in the hallway because he wanted to use the bathroom. VNAC got the "sling" they needed to use and took him to the bathroom. He said they were being mean to him.	Yes	Multiple attempts to talk to the resident were made. Talked with family. Resident reportedly had a difficult time where he was previously, according to family.
3/6/2024	NW resident RI wanted to leave the facility and go to Wisconsin. Wondered what would happen if he walked	Yes	Staff talked with resident. Family was made aware of incident during Care Plan meeting on March 7th. Will ensure resident is receiving 1:1 visitation from staff.

4/13/2024	Right hearing aid slipped out of the gloved hand of the VNAC showering East Resident DB. Hearing aid broke.	Yes	POA contacted by phone and told of incident. Hearing aid will be repaired.
5/5/2024	Northwest resident GS had his wallet go missing. It was believed to be in the Laundry.	Y	Followed up with the Laundry.
5/6/2024	East resident SE threatened another resident while in the dining room with bodily harm.	Y	Care staff moved SE permanently away from the resident he was threatening.
5/19/2024	Northwest resident CR had his cell phone go through the Laundry.	Y	POA was contacted. Ensuring phone is dry. Family will look at purchasing another if needed.
5/19/2024	Northwest resident LH had his left hearing aid go missing. POA remembered resident had it at lunch time.	Y	POA was notified. Plans for replacement will occur if needed.
5/21/2024	East resident JH was overheard telling another East resident how to go about getting rid of a roommate.	Y	Information was given to Administrator for action as Social Worker was the reporter.
5/26/2024	Verbal argument ensued between NW resident GS and E resident RD. Resident GS went to the Canteen at a time	Y	NW resident GS is now smoking in the NW Courtyard. Even though his smoking times were already on his cell phone, as was resident RD's, alarms were set for GS to know
5/27/2024	East resident RM complained very quietly about his roommate BB, and relayed that he no longer wanted to	Y	Resident RM was moved to a different room. Resident BB was told that his roommate was leaving, but not the reason for the move.
6/11/2024	East resident SE put his call light on and two VNACs went to answer it. When he saw who came to his room, he	Y	Referred to Administration and Social Service for education on issues of race and ethnicity.
6/12/2024	Northwest resident GG was found in the room and next to the bed of resident JS. They were screaming at each	Y	Resident GG was taken back to his room and education was attempted about staying out of other people's rooms. Please note this occurred at 2:00 a.m.
6/13/2024	When East resident GR was assisted to bed, there was no left hearing aid in his ear. He said that it was on the	Y	Care staff continue to search for his missing hearing aid. POA was contacted as well. Missing hearing aid will be replaced.
6/14/2024	East resident BB started making negative comments about one of the VNAC's husband with whom he used to	Y	To be discussed with Senior Management. Behavior continues for this resident. He laughed when VNAC asked him to stop.
6/19/2024	During morning cares with roommate to BB from East Unit, BB was overheard telling his sister over the phone	Y	Care staff continue to pay close attention to BB's roommate, G, and they continue to attempt talking with BB about his behaviors.
6/19/2024	GB, East Unit resident and roommate to BB, was found to have a reddish-bluish discolored area to his right elbow	Y	Nursing supervisor was notified, as was GB's doctor, and GB's POA/wife. Origin unknown.

Resident Grievance Log - Illinois Veterans Home - MANTENO

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
1/3/2024	Would like to see a choir class established in the Chapel.	Yes	Choir class has been added to the activities calendar, and is held at least twice a month.
1/4/2024	Would like more Physical Therapy, especially with walking.	Yes	Member was discharged from HealthPro on 12/12/23. Member is on Restorative's Walking program three times a week, and nursing staff was informed that they can walk with him too.
1/4/2024	Stated there is disregard and disrespect to the Veterans to the way they are talked to.	Yes	Unit Supervisor spoke to the member about his concerns. Member feels that staff are disrespectful when they kid around with the members. Unit Supervisor explained that many of our members have been here a long time and we joke around with them, just like they do with us. No harm is meant at all. Member seemed satisfied with the Unit Supervisor addressing his concerns.

1/4/2024	Staff should not have those ear buds in their ears when Veterans are trying to talk to them.	Yes	Unit Supervisor spoke to staff on 1/5/24 about how ear buds are not allowed while working.
1/4/2024	Wants to know when he can get a haircut.	Yes	Unit Supervisor explained to member that hair cuts are on a rotation, but that she would ask the barber if he could fit this member in sooner than his next scheduled cut.
1/9/2024	Upset about his clothing being lost in the laundry.	Yes	Member lost a long sleeve dress shirt that went out to the laundry before it was labeled. It went out with pants that came back, but the shirt has not. Staff have looked through laundry on each unit, spoke with other housekeepers, spoke with second shift (who does the laundry), and spoke to the laundry service, and staff looked up the Meijer website and asked the member if he saw anything similar and suggested that he look for the receipt so that staff could call the store or take it to Meijer Customer Service, but member was unable to find the receipt. Member's shirt was replaced with a new long sleeve (that he picked out from the facility's donation room himself with the tags still on it), but the original shirt still hasn't resurfaced. Member is still upset, but IVHM staff feel they have done everything they can to rectify the matter.
2/5/2024	Wants to know why they need to eat in the dining room, and have to be in a manual wheelchair.	Yes	Unit Supervisor explained to the member that, in an effort for staff to be able to observe everyone eating (in the event of a choking episode), all members need to be eating in the dining room. Additionally, for all members to be accommodated in the dining room, members need to use their manual wheelchair (if at all possible) when dining in the dining room.
2/23/2024	Member was told prior to going on an outing "No drinks on the bus." Member states that he has been allowed to have beverages on the bus on previous outings.	Yes	Administrator spoke to the supervisor for the MEOs. There is no rule about beverages on transport buses. Chief Engineer will speak with the drivers and let them know that it is okay for members to bring beverages when going on outings. Social Worker to follow up with the member.
2/23/2024	Member said when he eats the pureed food it has crunchy pieces in it, and wanted to know why.	Yes	Per Adjutant, there should not be any crunchy pieces in pureed food. If you feel that there are crunchy pieces, inform nursing staff immediately. The cooks sample the pureed food before it leaves the kitchen.
2/23/2024	Middle window in dining room has strip missing, and it's cold when sitting near there.	Yes	Per Nursing Supervisor, a Work Order was submitted to replace the strip, and the member was offered to sit in another seat - member declined.

			Per Nursing Supervisor, member was informed that if he wants a window opened or closed, and the crank is missing, that he should inform staff and they can accommodate his wishes.
2/23/2024	No window cranks available to open or close windows; and sometimes employees yell at members.	Yes	Nursing Supervisor also spoke with him about "staff yelling at the members". After inquiring about this concern, it appears that the member was referring to staff talking loudly to specific members who are hard of hearing.
3/7/2024	Member is asking for a specific Air Force hat.	Yes	Staff will check the back storeroom and see if member would like one of those hats. Follow-up: Hat was ordered and delivered to the member on 4/1/24.
3/31/2024	Several members are voicing issues with the laundry service.	Yes	Support Service Coordinator responded that they are aware of the issues with SmartWash and are working with IVHM's Business Manager and the owner of Smart Wash to resolve the issues.
4/30/2024	Would like to have another Barnes & Noble outing in June.	Yes	A Barnes & Noble outing is on the unit calendar for June 7th.
4/30/2024	Would like a casino trip in June.	Yes	A trip to the casino is on the unit calendar for June 20th.
5/23/2024	Feels the pastor is lying about certain things, and indicated that he and the pastor had a spat and he will not return to church until it is fixed.	Yes	Facility Chaplain and member disagreed over some doctrine/belief issues. Member has not returned to church. Chaplain will continue to try to talk to the member to resolve this belief issue.
5/28/2024	Would like a wheelchair bag for his wheelchair.	Yes	Activity Staff set the member up with two walker bags for his wheelchair.
5/28/2024	Requested a pizza party for July.	Yes	A unit pizza party is planned for July 11th.
6/3/2024	Suggested an outing to Mayberry Junction.	Yes	An outing to Mayberry Junction is on the calendar for July 11th.
6/5/2024	Family cited concerns from a 4/16/24 visit with their father related to unprofessional staff interactions and statements in the physician progress notes related to medications. Their concerns were sent via email to IVHM and Director Prince.	Yes	Two (2) Care Plan Team meetings were held on 5/2/24 and 5/16/24, where the family's concerns were addressed. Offered a new unit to the resident if they were not comfortable with staff - family declined. Explained that we cannot change or alter medical records. Resident's family met with staff and physician to resolve all issues. Family preference for medications was discussed and was resolved. Family was asked to put their concerns in writing. Family requested that a formal grievance be reported.
6/25/2024	Stated that his clothes are still coming back from the laundry with bleach spots.	In process	Nursing Supervisor submitted the complaint via a Housekeeping Work Order.

6/25/2024	Stated that there are still problems with bugs on the unit.	Ongoing	Nursing Supervisor confirmed that there's been a problem with earwigs on the unit, and submitted the complaint via an Engineering Work Order. Engineering confirmed that the Work Order has been received, and that Pest Control is at the facility twice a week spraying for earwigs.
*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
			There were no reported grievances during this timeframe
*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
1/3/2024	Lack of staff responsiveness	yes	
1/8/2024	R hearing aid missing	yes	Located and returned
1/9/2024	Lack of staff responsiveness to shower area	yes	
1/16/2024	Missing throw blanket	yes	Located and returned
1/23/2024	Food too spicy	yes	Dietary addressed
2/26/2024	Hosekeeping complaint	yes	
2/27/2024	Missing pair of jeans	no	Famiy replaced
3/4/2024	Food served cold	yes	Dietary addressed
3/12/2024	Claim of staff roughness during care	yes	Administrator addressed
3/12/2024	Call light not answered promptly	yes	
4/1/2024	Resident disrespectful to VNAC	yes	Education provided on appropriate behavior
4/19/2024	Resident unaware of current medications	yes	copy of CP packet provided as well as nursing education
4/24/2024	Delay in getting glasses; wants sports channel	yes	Rec'd glasses and new sports channel installed for all residents
4/24/2024	Delay in resident care	yes	Issue addressed by nursing
4/28/2024	R hearing aid missing	no	Not located; Arranged audiology appt.
4/30/2024	Resident not getting feeding assistance	yes	careplanned and implemented
5/5/2024	Personal blankets missing	yes	Located and returned

5/5/2024	Unit phone not answered when family called	yes	Staff education provided
5/9/2024	Staff dismissive and on cell phone during care	yes	Staff education provided
5/10/2024	Resident complimentary to VNAC for "great care"	yes	VNAC informed and praised
6/1/2024	None to date		
*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.			

Illinois Department of Veterans Affairs Veterans Homes Antibiotic Usage Summary

COMMUNICABLE DISEASES January - June 2024

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	January	February	March	April	May	June
Anna	Pneumonia	1	7	1	0	0	5
	Bloodstream	0	0	0	0	0	0
	Skin	3	1	2	3	1	0
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	2	1	1	3	2	2
	Ear/Nose/Throat	1	0	0	0	0	0
	Fungal	0	3	0	0	1	0
	MRSA/VRSA/ESBL	3	0	2	1	1	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	0	0	0	0	0	0
Chicago	Pneumonia	5	4	2	0	0	4
	Bloodstream	1	0	0	0	1	1
	Skin	11	9	12	7	9	3
	Gastrointestinal	0	0	1	0	2	0
	Respiratory	2	2	2	3	3	1
	Ear/Nose/Throat	2	2	1	2	2	0
	Fungal	2	4	6	5	6	5
	MRSA/VRSA/ESBL	1	2	0	3	1	0
	Bone	0	0	0	0	1	1
	Coronavirus Disease (COVID-19)	1	1	0	0	0	0
LaSalle	Pneumonia	1	1	3	4	4	2
	Bloodstream	0	0	0	1	0	0
	Skin	1	2	5	5	9	5
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	0	0	0	0	0	1
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	1	2	2	0	2	0
	Bone	0	0	1	0	0	0
	Coronavirus Disease (COVID-19)	0	0	0	0	0	0
Manteno	Pneumonia	5	4	2	0	0	4
	Bloodstream	1	0	0	0	1	1
	Skin	11	9	12	7	9	3
	Gastrointestinal	0	0	1	0	2	0
	Respiratory	2	2	2	3	3	1
	Ear/Nose/Throat	2	2	1	2	2	0
	Fungal	2	4	6	5	6	5
	MRSA/VRSA/ESBL	1	2	0	3	1	0
	Bone	0	0	0	0	1	1
	Coronavirus Disease (COVID-19)	1	1	0	0	0	0
Quincy	Pneumonia	4	6	4	6	7	3
	Bloodstream	1	0	0	1	0	0
	Skin	5	4	4	3	2	0
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	7	2	2	13	0	0
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	1	0	0	0	0

MRSA/VRE/ESBL	2	1	0	0	0	3
Bone	0	0	0	0	0	0
Coronavirus Disease (COVID-19)	9	0	7	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 2024 - 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
January	n/a	n/a	n/a	n/a	0	0	
February	n/a	n/a	n/a	2/27/24	0	1	staff took home test(+), took antigen test at the facility (+) staff returned after required time frame
March	n/a	n/a	n/a	n/a	0	0	
April	n/a	n/a	n/a	n/a	0	0	
May	n/a	n/a	n/a	n/a	0	0	
June	n/a	n/a	6/19/24	6/19, 6/26	0	2	followed COVID outbreak policy including masking and testing
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
January	1/14; 1/16; 1/17; 1/18; 1/20; 1/21;	1/14; 1/16; 1/17; 1/18; 1/20; 1/21;	1/11; 1/13; 1/16; 1/17; 1/18; 1/19;	1/10; 1/11; 1/13; 1/16; 1/17; 1/18;	19	29	Contingency staffing in place, positive residents were isolated using Special Precautions in private rooms. Ill staff off work per guidelines and required to test negative on day 7 to return. Staff wore N95 respirators, gowns and gloves in Special precautions rooms. Off units
February	n/a	n/a	2/8; 2/13; 2/20; 2/22; 2/24; 2/26	2/8; 2/13; 2/20; 2/22; 2/24; 2/26	0	14	return. Staff wore N95 respirators while on units. Off units staff in well fitted masks. Ad Hoc sent on all covid cases to DVA. and incident reports submitted. Education was provided for all staff on PPE and environmental cleaning, and 6 foot social distancing maintained. Rapid testing of all other residents

Chicago	Date(s) <u>resident(s)</u> showed symptoms	Date(s) of confirmed <u>resident</u> diagnosis	Date(s) <u>staff</u> showed symptoms	Date(s) of confirmed <u>staff</u> diagnosis	TTL # of positive <u>residents</u> for month	TTL # of positive <u>staff</u> for month	Action taken by Veterans Home to eradicate spread of COVID-19
July	NA	NA	1/6/24-1/30/24	1/6/24-1/30/24	zero	eight	Employees instructed to stay home .Contact tracing followed up with facility wide testing and mask wearing.
August	NA	NA	2/6/24-2/13/24	2/6/24-2/13/24	ZERO	three	Employees instructed to stay home .Contact tracing followed up with facility wide testing and mask wearing.
Sept	3/8/24, 3/13/24	3/8/24, 3/13/24	3/8/24,3/11/24	3/8/24, 3/8/24	five	two	Residents isolated in place in their private rooms and were assessed @ least every 4 hours. Outbreak testing initiated. All staff wearing masks. Employees instructed to stay home and isolate per CDC guidelines.
Oct	NA	NA	NA	NA	zero	zero	
Nov	NA	NA	5/23/24	5/23/24	zero	one	Employee instructed to stay home .Contact tracing followed up with facility wide testing and mask wearing.
Dec	NA	NA	NA	NA	zero	zero	

March	n/a	n/a	3/1;	3/1;	0	1	return. Staff wore N95 respirators while on units until 14 days without a new case. Off units staff in well fitted masks. Ad Hoc sent on all covid cases to DVA. and incident reports submitted. Education was provided for all staff on PPE and environmental cleaning, and 6 foot social distancing maintained.
April	n/a	n/a	4/15;	4/15;	0	1	No special precautions as not in outbreak status, screening of any close contacts was conducted/ New admissions tested per protocol.
May	n/a	n.a	5/22;	5/22;	0	1	No special precautions as not in outbreak status, screening of any close contacts was conducted/ New admissions tested per protocol.
June	n/a	n/a	n/a	n/a	0	0	n/a

Manteno	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	1/25/24	1/25/24	1/4, 1/5(2), 1/6, 1/8(2), 1/25/24	1/4, 1/5(2), 1/6, 1/8(2), 1/25/24	1	7	Employees instructed to stay home for 7-10 days. F/U routinely with + staff. Contact tracing and follow up with Unit/Building PCR and rapid testing. POC (rapid) testing performed on all members 24 hours after exposure, then POC testing every 3-7 days for 14 days with no more new positives . Staff POC every 3-7 days until no more new positives x 14 days. Positive member in TBP on home unit. With increase in member positives, dedicated Covid unit opened. Members strongly encouraged to wear mask when out of room and stay on home unit. New 2023-2024 Covid Vaccine offered and given.
Feb	2/19/24	2/19/24	2/19, 2/23/24	2/19, 2/23/24	1	2	Employees instructed to stay home for 7-10 days. F/U routinely with + staff. Contact tracing and follow up with Unit/Building PCR and rapid testing. POC (rapid) testing performed on all members 24 hours after exposure, then POC testing every 3-7 days for 14 days with no more new positives . Staff POC every 3-7 days until no more new positives x 14 days. Positive member in TBP on home unit. With increase in member positives, dedicated Covid unit opened. Members strongly encouraged to wear mask when out of room and stay on home unit. New 2023-2024 Covid Vaccine offered and given.
March	NA	NA	3/5, 3/6(2), 3/25/24	3/5, 3/6(2), 3/25/24	0	4	Employees instructed to stay home for 7 -10 days. F/U routinely with + staff. Contact tracing and followed up with Unit/Building PCR and rapid testing. Exposure POC (rapid) testing on exposed members on day 1, 3 and 5. Staff POC (rapid) on day 1, 3 and 5.

April	NA	NA	4/12/24	4/12/24	0	1	Employees instructed to stay home for 7 -10 days. F/U routinely with + staff. Contact tracing and followed up with Unit/Building PCR and rapid testing. Exposure POC (rapid) testing on exposed members on day 1, 3 and 5. Staff POC (rapid) on day 1, 3 and 5.
May	NA	NA	5/22/24	5/22/24	0	1	Employees instructed to stay home for 7 -10 days. F/U routinely with + staff. Contact tracing and followed up with Unit/Building PCR and rapid testing. Exposure POC (rapid) testing on exposed members on day 1, 3 and 5. Staff POC (rapid) on day 1, 3 and 5.
June	NA	NA	NA	NA	0	0	No cases.
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
July	1/2-1/26	1/2-1/23	1/1-1/23	1/1-1/23	9	7	tracing/outbreak testing followed up with rapid and or PCR testing. Positive residents moved to COVID unit and placed in droplet/contact precautions. Testing done every 3 to 7 days until no positive cases for 14 days. PPE source control implemented. Attempt to stagger meal times, limit group activities, and
August	N/A	N/A	2/6-2/14	2/6-2/14	0	4	Employees instructed to remain off work and get tested when showing signs and symptoms, contact tracing/outbreak testing followed up with rapid and or PCR testing. Testing done every 3 to 7 days until no positive cases for 14 days. PPE source control implemented. COVID booster vaccines offered.
Sept	3/14-3/22	3/14-3/22	3/11-3/20	3/11-3/20	7	4	tracing/outbreak testing followed up with rapid and or PCR testing. Positive residents moved to COVID unit and placed in droplet/contact precautions. Testing done every 3 to 7 days until no positive cases for 14 days. PPE source control implemented. Attempt to stagger meal times, limit group activities, and
Oct	N/A	N/A	4/2/24	4/2/24	0	1	Employees instructed to remain off work and get tested when showing signs and symptoms, contact tracing/outbreak testing followed up with rapid and or PCR testing. Testing done every 3 to 7 days until no positive cases for 14 days. PPE source control implemented. COVID booster vaccines offered.
Nov	N/A	N/A	5/25-5/29	5/25-5/29	0	2	Employees instructed to remain off work and get tested when showing signs and symptoms, contact tracing/outbreak testing followed up with rapid and or PCR testing. Testing done every 3 to 7 days until no positive cases for 14 days. PPE source control implemented. COVID booster vaccines offered.
Dec	N/A	N/A	N/A	N/A	0	0	Employees instructed to remain off work and get tested when showing signs and symptoms, contact tracing/outbreak testing followed up with rapid and or PCR testing. Testing done every 3 to 7 days until no positive cases for 14 days. PPE source control implemented. COVID booster vaccines offered.