



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

833 SOUTH SPRING STREET, P.O. BOX 19432, SPRINGFIELD, IL 62794-9432  
TELEPHONE: 217-782-6641 \* FAX: 217-524-0344

JB PRITZKER  
GOVERNOR

TERRY PRINCE  
ACTING DIRECTOR

December 30, 2021

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

Dear Mr. Hollman:

The Department of Veterans' Affairs Act (20 ILCS 2805/2.13), directs the Illinois Department of Veterans' Affairs (IDVA) to report the following information 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, 2021 through December 30, 2021.

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

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

Sincerely,

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

Terry Prince

Attachment #1 – Complaints by residents  
Attachment #2 – Communicable diseases  
Cc: IDVA



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TERRY PRINCE  
ACTING DIRECTOR

December 30, 2021

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

Dear Mr. Klenke:

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

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Sincerely,

Terry Prince

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JB PRITZKER  
GOVERNOR

TERRY PRINCE  
ACTING DIRECTOR

December 30, 2021

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

Dear Mr. Anderson:

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

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Sincerely,

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

Terry Prince

Attachment #1 – Complaints by residents  
Attachment #2 – Communicable diseases  
Cc: IDVA



### Resident Grievance Log - Illinois Veterans Home - LaSalle\*

| DATE      | ISSUE  | RESOLVED | COMMENTS   |
|-----------|--|----------|--|
| 7/4/2021  | Resident HW stated to Nurse PF that he had dropped his glasses and frame was broken. Nurse PF notified Social Services SG on 7/4/21. On 7/14/21, Social Services AB was informed by East Wing RN Supervisor Patsy Miller that HW's glasses were broken. On 7/15/21 Social Services AB asked Nurse PF if she knew where HW's glasses were, and Nurse PF went directly to the Medication Room drawer and got them from where she had placed them on 7/4/21. Glasses were sent out for repair by Social Services AB on 7/16/21, and they were returned repaired by 7/19/21. | yes      | Glasses were never actually lost, but rather Nurse PF had securely locked the broken glasses in the medication drawer on 7/4/21. After being informed of the broken glasses on 7/14/21, Social Services AB sent the glasses out for repair on 7/16/21, and then were returned repaired on 7/19/21. |
| 7/19/2021 | Resident RN reported that he had been missing his wallet since 7/13/21 after laundry had returned his wallet to him just the day before on 7/12/21. Staff and resident searched his room, garbage, hallway bins, and checked with laundry department.  | yes      | Wallet has not been located, but resident does now agree to lock his money up each night after supper in the Medication Cart. Resident and staff will continue to keep their eyes open for the missing wallet.   |
| 7/28/2021 | B.B. had "Storm Trooper" figurine come up missing. Believed that it had accidentally been thrown away as figurine sat on the window sill with trash can below it. Figurine would fall off window sill every time curtains were closed.   | yes      | B. B. said that figurine cost 5.00. Said that sister would buy him a new one. Trash can removed from that area of the room.  |
| 8/15/2021 | R. S. was found to have broken glasses. They were broken right above where arm was attached. Unknown how the break occurred. This observation occurred right at shift change.  | yes      | POA was notified. Glasses were repaired.   |
| 9/17/2021 | On 9/17/21 at 0650, resident PM complained to RN EH that he wasn't being properly washed with soap regularly, particularly at his shower time at night.  | yes      | Interviews were conducted. It was resolved that the midnight VNAC's would call for the RN to PM's room after cares were completed for RN to check off. DON checked with PM for his satisfaction as well.   |

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| 9/17/2021  | On 9/17/21 at 14:38, resident JB reported to OT MD that he felt staff were rough with him when positioning, and that they were talking over him. Two interviews were held with resident JB, Nurse Supervisor JC and Social Worker AB.           | yes | Resident JB named eight direct care staff who he said were doing a good job of helping him. Education was given for all staff on the care of the patient with spinal cord injury. Began training staff with more experienced staff. Trial slider sheet if resident agrees. Utilize lift/slider sheet as per resident requests.                      |
| 9/22/2021  | On 9/22/21, VNAC's noticed that both of Resident CB's hearing aids were not in his ears and were missing. CB explained that his HA's had been bothering him. RHA was found hanging on wheel chair , but broken. LHA was found hanging from bed. | yes | Next day on 9/23/21, Social Services AB called the Hammers Hearing Center where we had had CB assessed and the hearing aids had been purchased. Social Services AB spoke to Hearing Technician Becca who assured us that CB's HA's were under warranty and would be repaired at no charge. RHA was repaired and returned to resident CB on 9/30/21. |
| 9/27/2021  | R.M. reported that his glasses have been missing for approximately one week. All appropriate departments were notified , the POA was notified, and everyone searched for them.  | Yes | Per Social Service, Veterans POA was notified and a pair of nonprescription glasses were given to the Veteran by the POA until a new set of prescription glasses could be obtained. The POA provided the Veteran with his prescription glasses in a timely manner and issue was considered resolved by Social Services.                             |
| Oct. 18    | Resident CB requested less frequent use of suppositories for bowel care.  | yes | It was decided by the treatment team that the use of suppositories for bowel care would be discontinued at this time as part of the regular treatment plan.   |
| November   | None  |     | POA was notified to have them repaired. This has happened in the past and believes the Resident doesn't want to wear them so he places them in cloths to be cleaned.  |
| 12/15/2021 | Residents false teeth were washed in laundry. He was confused why they were washed  | Yes |   |

\*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<br>(yes/no) | COMMENTS   |
|-----------|---|----------------------|--|
| 7/14/2021 | Multiple members requesting in-person Bible study.  | Yes                  | It was explained that, due to the current Covid positivity rate and transmission rate, in-person meetings or study groups are all on hold at this time.  |
| 7/26/21   | Multiple members requesting to be put on the trolley ride list.                                     | Yes                  | Activities Department took down names of members to be added to the trolley ride list.   |
| 7/26/21   | Would like to have Catholic mass once a week.   | Yes                  | We would be happy to have more Catholic services. Unfortunately, the priest is unable to accommodate this due to the other areas that he serves.   |
| 8/16/21   | TV Guide channel is useless and the tv channels are all changed.                                    | Yes                  | Business Manager to check the tv channels and contact the cable provider, if need be.  |
| 9/23/21   | Several members voiced their concern of not having a barber.  | Yes                  | The barber has opted not to come in during an outbreak and the positivity rate requires the use of a mask & face shield. Attempts are being made, however, to see if the barber will reconsider. |
| 10/4/21   | Not receiving all items on meal ticket.   | Yes                  | Please do not hesitate to notify the dietary person delivering the food that items are missing; additionally, this concern will be communicated with Dietary.                                    |
| 10/13/21  | Would like to see Volunteers assist in our Unit to help with snacks, etc. when short of staff.      | Yes                  | Volunteers are welcome to return as long as they agree to follow our testing policy and know that they will be assigned to one unit.   |
| 10/13/21  | Constant issue with staff turnover in Dietary.  | Yes                  | We understand your concerns; however, Dietary is a contracted service and the turnover in that department is, unfortunately, out of our control.   |
| 10/13/21  | There is no reason a package should be held up for more than a few days - I'm aware of IDPH issues. | Yes                  | All packages are logged through Stores first, and delivered the following day, per Covid protocol. We are looking at updating the policy, as this protocol may no longer be necessary.           |
| 10/21/21  | All have a concern with not having a barber.  | Yes                  | The barber has opted not to come in during an outbreak and the positivity rate requires the use of a mask & face shield. Attempts are being made, however, to see if the barber will reconsider. |
| 10/21/21  | Most indicated that they would like to have Commissary open back up.                                | Yes                  | We are in discussions with Volunteers staff to have someone man the Commissary for coffee & pastries.  |

|          |   |     |   |
|----------|---|-----|---|
| 10/21/21 | Most commented that we need more Volunteers.  | Yes | Volunteers are welcome to return as long as they agree to follow our testing policy and know that they will be assigned to one unit.  |
| 10/21/21 | Some have concerns with the Chaplain Services, citing that masses/church services are not consistent and that the facility could benefit from having 2 Chaplains. | Yes | The Catholic priest is a Volunteer and can choose to not come here during an outbreak or when the transmission rate requires the use of a mask and face shield. Also, thank you for the suggestion regarding 2 Chaplains.   |
| 10/21/21 | Start producing decent food - get your act together; no thought to the meal.  | Yes | Your comments will be passed along to Dietary; also, please know that a contract is currently out for bid for a new food vendor.  |
| 10/21/21 | We need to have Food Council meetings in person.  | Yes | Unfortunately, due to the positivity rate and transmission rate, in-person meetings cannot be held at this time.  |
| 10/21/21 | Don't see Nursing around - I wait too long for the bathroom and my call light doesn't get answered fast.  | Yes | Please express your concerns to the Nursing Supervisor; Admin will also ensure that the DON and ADON are made aware.  |
| 10/21/21 | I don't receive my mail on time.  | Yes | To ensure mail is delivered to the units daily, Admin will deliver the mail to the units themselves if it has not been picked up from the mailboxes by 2pm.   |
| 11/1/21  | Wants to know if Dietary pays attention to notes that she makes on her menu.  | Yes | Dietary staff has been reminded that if there is any writing on the tickets that they need to be turned into the office so they can be taken care of. We do a quality inspection of all of our produce; unfortunately we have no idea what the inside of a potato looks like. If anything like that happens again, please call dietary immediately so it can be addressed appropriately. All of our food is cooked to a minimum internal temperature. We will try our best to not over cook anything. |
| 11/1/21  | Would like to have a local library card so that she can borrow books online.  | Yes | Librarian contacted the local library and they are looking to see what they can do, and will get back to the Librarian.   |



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| 11/1/21  | <ol style="list-style-type: none"> <li>1) Would like to be more informed and have a say in the decisions made about quarantine;</li> <li>2) why are you not hiring more staff;</li> <li>3) fix lifts;</li> <li>4) more Catholic services;</li> <li>5) more variety from Dietary;</li> <li>6) Nursing needs more staff; and</li> <li>7) would like Administration to have Employee of the Month for the staff.</li> </ol>  | Yes | <ol style="list-style-type: none"> <li>1) Residents re-educated about quarantine.</li> <li>2) HR is actively hiring staff.</li> <li>3) Engineering Work Orders are completed on equipment.</li> <li>4) We are more than happy to have more services. Unfortunately the priest is unable to accommodate this due to the other areas that he serves.</li> <li>5) There is a choice everyday on the menu. This member has a few dislikes in place so that limits his choices. If there is a certain meal that he doesn't like, let us know ahead of time so we can sub it out.</li> <li>6) HR is actively hiring staff.</li> <li>7) Ideas to recognize exceptional staff are being discussed amongst the Leadership team.</li> </ol> |
| 11/2/21  | <ol style="list-style-type: none"> <li>1) Concerned about the number of Activities staff assigned to Unit 2;</li> <li>2) Chaplain is too loud - hard to understand;</li> <li>3) Dietary concerns include excessive use of pepper and parsley in the meals, orders are messed up, vegetables are not separated on trays - juices flow into the food;</li> <li>4) Nurse scheduling needs to be monitored closer.</li> </ol> | Yes | <ol style="list-style-type: none"> <li>1) Waiting on activity position to be awarded.</li> <li>2) The Chaplain has to speak loud for everyone to hear. The Chaplain will adjust the microphone.</li> <li>3) We use very little seasonings; however, if there is a specific meal that has too much seasonings on it, please call dietary immediately so we can fix it. If anything is wrong or missing from a tray, call us so we can address the problem.</li> <li>4) Nursing has addressed schedule concerns.</li> </ol>   |
| 11/17/21 | <ol style="list-style-type: none"> <li>1) Closet missing shelves; restroom overflows.</li> <li>2) Needs pictures hung and blinds repaired.</li> <li>3) Waits too long to get in powerchair.</li> </ol>  | Yes | <ol style="list-style-type: none"> <li>1) and 2) Concern has been addressed by Engineering.</li> <li>3) Concern addressed with nursing staff.</li> </ol>  |
| 11/17/21 | <ol style="list-style-type: none"> <li>1) Room and unit is too hot for his preference.</li> <li>2) Would like keys for his safe in his closet.</li> </ol>   | Yes | Both concerns have been addressed by Engineering.   |

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|----------|---|-----|---|
| 11/17/21 | <ol style="list-style-type: none"> <li>1) Would like keys for his safe in his closet.</li> <li>2) Personal food in unit fridge keeps disappearing.</li> <li>3) Food service is horrible.</li> <li>4) Missing his Military and Chicago Bears fleece blankets.</li> </ol> | Yes | <ol style="list-style-type: none"> <li>1) Concern has been addressed by Engineering.</li> <li>2) Residents have been asked to only eat food with their names or to request items from Activities or Nursing.</li> <li>3) Contract for new Dietary vendor is being pursued.</li> <li>4) Nursing staff have been looking in Laundry for missing items.</li> </ol> |
| 11/17/21 | Feels that leadership needs to develop better "people" skills.  | Yes | Concern has been addressed by Nursing.  |
| 11/18/21 | Breakfast juices are coming frozen, and not drinkable.  | Yes | 2 of the 3 juices that are served come in warm; the other juice comes in frozen, but staff have been reminded to wait a minimum of 3 days to thaw before they serve it.   |
| 11/18/21 | Food is cold when it gets to him.   | Yes | Dietary staff take temperature on the food right before it is served. It has to meet the guidelines before it can be served. If there is ever a problem in the future, please call so we can address it immediately.  |
| 11/24/21 | Would like to go on an outing with his best friend.   | Yes | At this time, resident outings are by building due to COVID infection prevention measures.  |
| 11/24/21 | Happy to have the Barber back - would like a hair cut scheduled soon.   | Yes | The barber is scheduled to cut members hair by unit. Nursing staff and Volunteers are making this happen. Issue resolved by Nursing.  |
| 11/25/21 | Dietary is terrible - need new vendor.  | Yes | Contract for new Dietary vendor is being pursued.   |

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|----------|--|-----|--|
| 11/27/21 | <ol style="list-style-type: none"> <li>1) Quarantine should be for the individual and not to punish the entire unit.</li> <li>2) Speakers are too high in the Chapel and it's difficult understanding Chaplain's words.</li> <li>3) Would like more bacon &amp; eggs; portions are too large for lunch and supper; more sandwiches and less gravy.</li> <li>4) Hostility when asking for something from nurses.</li> </ol> | Yes | <ol style="list-style-type: none"> <li>1) Nursing re-educated resident on quarantine.</li> <li>2) The Chaplain will adjust the microphone.</li> <li>3) More eggs can be added to every breakfast if a Dr orders it; as far as the bacon is concerned, Dietary can send extra on the day it is served. We have to follow the guidelines on how much of every food group that we serve - there are a few things added to your tray at every meal, so not sure if that is what's too much or not? Dietary will add to your ticket for the gravy to be on the side and you can add it if you choose to. Finally, sandwiches are on the menu.</li> <li>4) Nursing has addressed this concern with staff.</li> </ol> |
| 12/15/21 | Open up the Commissary again.  | Yes | We miss the Commissary also, and are hoping that once visitation restrictions are relaxed, we will be able to open the Commissary back up.   |
| 12/15/21 | <ol style="list-style-type: none"> <li>1) Would like to have a bird feeder for his window.</li> <li>2) Would like a lamp placed in his room.</li> </ol>  | Yes | Activities department will assist member with a bird feeder. The activity department is also looking into the lamp situation.  |
| 12/15/21 | <ol style="list-style-type: none"> <li>1) Would like to have Catholic mass more often.</li> <li>2) Misses the food from Commissary.</li> </ol>   | Yes | <ol style="list-style-type: none"> <li>1) We are more than happy to have more services; unfortunately, the priest is unable to accommodate this due to the other areas that he serves.</li> <li>2) We miss the Commissary also, and are hoping that once visitation restrictions are relaxed, we will be able to open the Commissary back up.</li> </ol>   |
| 12/15/21 | <ol style="list-style-type: none"> <li>1) Food is terrible.</li> <li>2) Would like the barber to come more often.</li> </ol>   | Yes | <ol style="list-style-type: none"> <li>1) Dietary will speak to member about his likes and dislikes and will get them subbed out. Additionally, a contract for a new dietary vendor is being pursued.</li> <li>2) The barber is scheduled to work M-F from 9:00am-12:00noon</li> </ol>   |

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|----------|--|-----|--|
| 12/15/21 | <p>1) Would like to attend more outings outside the facility.</p> <p>2) Food is awful, no flavor, needs new "chef".</p>  | Yes | <p>1) We are open to members attending outings. We schedule them as organizations contact us.</p> <p>2) Dietary will speak to member and find out what his dislikes are and sub them out. Additionally, a contract for a new dietary vendor is being pursued.</p>  |
| 12/15/21 | Would like to have more shopping trips to Meijer.  | Yes | We currently have 2 shopping trips scheduled per month.  |
| 12/15/21 | <p>1) Would like to go on more facility outings.</p> <p>2) Uses way too much gravy on food - would like to have the gravy in a separate dish.</p> <p>3) Would like new staff to introduce themselves when working on the unit.</p> <p>4) Open up Commissary.</p> | Yes | <p>1) We are open to members attending outings. We schedule them as organizations contact us.</p> <p>2) Starting on Friday, 12/17, Dietary changed member's tickets to indicate gravy on the side. If there are any other items he doesn't like, they can sub those out as well.</p> <p>3) Nursing has resolved this concern by re-educating staff.</p> <p>4) We miss the Commissary also, and are hoping that once visitation restrictions are relaxed, we will be able to open the Commissary back up.</p> |
| 12/15/21 | <p>1) More outings outside the facility.</p> <p>2) Food has no flavor or poor flavor.</p> <p>3) Wants the Commissary to open again.</p>  | Yes | <p>1) we are open to members attending outings. We schedule them as organizations contact us.</p> <p>2) Dietary does not use many spices in the kitchen due to some members' not being able to tolerate the spices. Dietary can sub out any dislikes the member has.</p> <p>3) We miss the Commissary also, and are hoping that once visitation restrictions are relaxed, we will be able to open the Commissary back up.</p>  |

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|----------|---|-----|---|
| 12/15/21 | <ol style="list-style-type: none"> <li>1) Would like to go on another shopping trip.</li> <li>2) New Chef - food is terrible, cold, no flavor.</li> <li>3) Would like to have Commissary open for breakfast.</li> </ol>   | Yes | <ol style="list-style-type: none"> <li>1) Currently unit 3 is scheduled for 2 shopping trips a month. In addition to activity staff doing personal shopping every other week.</li> <li>2) Dietary uses little spice. They take the temp on the food after cooking and before serving. If something is not right, please let Dietary know as soon as possible, as they can sub out any dislikes. Additionally, a contract for a new dietary vendor is being pursued.</li> <li>3) We miss the Commissary also, and are hoping that once visitation restrictions are relaxed, we will be able to open the Commissary back up. It is unknown at this time, however, if breakfast will be served at Commissary.</li> </ol> |
| 12/15/21 | <ol style="list-style-type: none"> <li>1) Would like to have the horse come back and visit when it is able.</li> <li>2) Would like the barber come to his room for a haircut - member's electronic wheelchair is down and he cannot get to the barber shop.</li> <li>3) Waiting to get his electric wheelchair fixed so he can be more mobile.</li> </ol> | Yes | <ol style="list-style-type: none"> <li>1) The horses will return for visits during the spring/summer time.</li> <li>2) Nursing working with Barber to resolve this issue.</li> <li>3) Engineering Work Order completed - awaiting parts.</li> </ol>   |

\*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.

Attachment #1 - July - Dec 2021

Resident Grievance Log - Illinois Veterans Home - Quincy\*

| DATE    | ISSUE   | RESOLVED<br>(yes/no) | COMMENTS   |
|---------|---|----------------------|--|
| 1/26/21 | Fifer resident is report of lack of adequate staffing for resident care to address needs in an appropriate amount of time due to having to pull other staff from other halls to assist. Reports concern is during 3-11 shift on weekends. | No                   | Administrator met with resident. The weekend referenced had a staffing ratio of 3.5 hrs of care for every resident on the resident's hall. This far exceeds the federal and state statute for staffing a SNU. Plan: Cross train all nursing staff that commonly work A/B hall on any special care practices or interventions specifically for the claimant to in case his comfort level w/ all staff assigned to his care.     |
| 4/14/21 | New resident complaint regarding lack of options for activities for the residents; and lack of communication options to make suggestions.   | Yes                  | Resident was educated on existing protocols and advised of his options to make recommendations or suggestions. Resident was also encouraged to attend monthly community meetings to participate in such resident empowerment opportunities to improve their community living experiences. No further complaints regarding this matter after resolution implemented.  |
| 4/15/21 | Resident complaint regarding his catheter change. This resident is internally allergic to latex; and requires a silicone catheter. The use of silicone only catheters is indicated on the MAR for this resident as an allergy alert.      | Yes                  | Nursing Supervisor and Social Worker met regarding this matter. Nurse was consulted. The box had been incorrectly labeled for this resident. Boxes of catheters for this specific resident are labeled; but this one was incorrectly placed with the silicone DME. Allergy is also being added to PCC in addition to MAR as an extra precaution. No further incidents regarding this issue since implementation of resolution. |

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| 5/21/2021 | Resident complaint regarding condition of the sidewalks in areas which restricts his mobility or causes him to "have to break the rules and drive in the road area".  | No  | Several conversations have taken place with Administration and Engineering regarding issues with the sidewalks. Resident is encouraged to utilize areas that are safe until such time that a viable resolution is achieved.  |
| 6/28/2021 | Resident complaint regarding staffing issues. Resident reports one nurse's aide working Fifer B wing 3-7PM 6/26/21. Not enough staff available for resident care needs to be addressed in an appropriate amount of time. Resident reports this has continued to occur since last grievance dated 1/26/21. This resident requires 2 staff for care, total lift for transfer, total/extensive assist. | No  | Pending evaluation and resolution. Please see the response to original grievance noted in first listed grievance on staffing. There have been several interventions implemented to fill open positions such as improved recruiting efforts, expanded agency contracts, and increased contract rates. Again our hours of care have not decended below 3.0 which is still well above the Federal VA standard. Internal efforts to ensure we are meeting the residents needs are frequently thwarted by the resident. |
| 7/16/2021 | Resident reported that evening/night shift staff were not bringing him his electric wheelchair and telling him he did not need it, even though he enjoys getting in his chair and ambulating/wheeling up and down the hall at different hours.  | Yes | Social Services staff met with Resident and Nursing Supervisor. Staff were educated, and resident has not reported any issues since this corrective action.  |

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|-----------|---|-----|--|
| 7/30/2021 | Resident reported issue with a nurse regarding his going outside without signing out. Nurse had checked up on the resident; resident felt the nurse was "overstepping" and being "intrusive".   | Yes | Social Worker and Nursing Supervisor met with the resident as well as staff education was provided to remind both of importance of respecting the resident's right to leave the unit; and resident was educated on importance of signing out and precautionary safety protocols.   |
| 8/2/2021  | Resident has new complaint regarding the swimming pool not being open and available for therapy services and personal use. Member came to VHQ specifically for the potential of the pool for restorative therapy and exercise to regain mobility and quality of life. | No  | Staff and Administration have worked to gain the financial and executive support to resume the maintenance, repairs, and reopening of the pool for use by the veteran's of VHQ for both exercise, restorative therapies, and quality of life enhancement. Efforts are currently ongoing.   |
| 8/5/2021  | Member was restricted from his power wheelchair due to possible cognitive decline/confusion. Resident protested this action at MDS interview.   | Yes | Social Worker drafted progress note and email to nursing supervisor and Social Services supervisor. Supervisors worked to investigate matters, gain cognitive clearance, and member's power wheelchair privileges were restored as staff had removed it during a period of confusion when resident had UTI; but had forgotten to restore those privileges when he returned to baseline. No further issues. |



|            |  |     |  |
|------------|--|-----|--|
| 9/2/2021   | Complaint filed regarding resident with dementia and OCD tendencies who will only wear hospital gowns to bed at night that tie behind his neck rather than gowns that snap. Resident would frequently request multiple gowns throughout the night due to discomfort which was impacting his sleep and his mood.                  | Yes | Social services worked with nursing and family to purchase tie gowns for resident from Amazon. Staff worked with facility laundry services to label and ensure these gowns were specifically for this particular resident and a rotation to prevent resident from having to utilize snapping gowns.  |
| 10/16/2021 | Resident complaint that unable to get packaged Rice Krispie treats at all times. Resident firmly believes that these assist with his regular bowel movements and believes them to be "medicinal". Resident's funds are frequently low and he is not always able to purchase them when not available from the dietary department. | Yes | Staff worked with dietary to ensure that resident has boxes of pre-packaged Rice Krispie treats. Social services retains at least 2 boxes in their office to keep on hand for this resident. Both nursing and SS staff have access to this supply to ensure the resident is able to get them.  |
| 10/21/2021 | Resident and wife (who visits daily) constantly complaining about 96 y/o veteran who would periodically wander into their room and try to go in their bathroom. In spite of 96 y/o veteran's advanced dementia, the couple insist that resident does this action deliberately.   | Yes | Staff worked to place signs to remind the veteran and would escort resident to and from meal and exercise/activities. After repeated attempts to educate the couple and provide viable intervention, the veteran was relocated to a different part of the wing and time was spent acclimating him to his new space. Both the couple and the veteran seemed pleased with this alternative and the demented resident functions better in the new area. |

|            |   |     |  |
|------------|---|-----|--|
| 11/15/2021 | Complaint regarding bathroom which was shared by two residents each with B/B issues requiring frequent and urgent use. One resident would frequently lock the door from the inside which prohibited the other from gaining access quickly to the bathroom.  | Yes | Social Services and nursing staff were able to secure another room with a larger bathroom that did not need to be shared. Both residents benefits and were pleased with this remedy. No further issues with or by either resident. |
| 12/15/2021 | Resident experiencing mood decline and adjustment issues with admission to skilled care from independent living setting due to seizure activity. Family upset that even though accommodations were attempted; resident reluctant to utilize "bike shop" due to no television access in that area which was critical to resident's prior level of functioning (having tv in area while he "tinkered" with bike, bike, and projects.) | Yes | Social Services and nursing staff worked with staff Electricians and Carpenters who were able to run a cable and wall mount a tv for resident to use while working. No further issues related to this matter.                      |

\*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- July - December 2021

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 Chicago home (no veterans) nor 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             | July | Aug. | Sept. | Oct. | Nov. | Dec. 27 |
|---------|------------------|------|------|-------|------|------|---------|
| Anna    | Pneumonia        | 1    | 1    | 1     | 0    | 0    | 0       |
|         | Bloodstream      | 0    | 0    | 0     | 0    | 0    | 0       |
|         | Skin             | 4    | 6    | 1     | 0    | 1    | 4       |
|         | Gastrointestinal | 0    | 0    | 0     | 0    | 0    | 1       |
|         | Respiratory      | 3    | 1    | 0     | 4    | 2    | 1       |
|         | Ear/Nose/Throat  | 0    | 2    | 1     | 1    | 1    | 0       |
|         | Fungal           | 0    | 0    | 3     | 1    | 0    | 1       |
|         | MRSA/VRSA/ESBL   | 0    | 0    | 1     | 0    | 0    | 0       |
|         | Bone             | 0    | 0    | 0     | 0    | 0    | 0       |
| LaSalle | Pneumonia        | 1    | 1    | 2     | 1    | 0    | 1       |
|         | Bloodstream      | 0    | 0    | 0     | 0    | 0    | 0       |
|         | Skin             | 0    | 0    | 3     | 4    | 0    | 1       |
|         | Gastrointestinal | 0    | 0    | 1     | 0    | 0    | 0       |
|         | Respiratory      | 0    | 1    | 5     | 5    | 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    | 0    | 0       |
|         | Bone             | 0    | 0    | 0     | 0    | 0    | 0       |
| Manteno | Pneumonia        | 0    | 0    | 0     | 1    | 2    | 1       |
|         | Bloodstream      | 1    | 1    | 0     | 0    | 0    | 0       |
|         | Skin             | 6    | 11   | 6     | 7    | 3    | 1       |
|         | Gastrointestinal | 2    | 0    | 0     | 0    | 0    | 0       |
|         | Respiratory      | 3    | 3    | 0     | 1    | 1    | 2       |
|         | Ear/Nose/Throat  | 0    | 1    | 0     | 0    | 0    | 1       |
|         | Fungal           | 1    | 1    | 0     | 0    | 0    | 1       |
|         | MRSA/VRSA/ESBL   | 1    | 1    | 0     | 1    | 0    | 0       |
|         | Bone             | 0    | 0    | 3     | 0    | 0    | 1       |
| Quincy  | Pneumonia        | 3    | 3    | 5     | 4    | 2    | 4       |
|         | Bloodstream      | 0    | 0    | 0     | 0    | 1    | 0       |
|         | Skin             | 7    | 4    | 6     | 6    | 8    | 2       |
|         | Gastrointestinal | 0    | 1    | 1     | 1    | 0    | 0       |
|         | Respiratory      | 1    | 2    | 0     | 3    | 0    | 2       |
|         | Ear/Nose/Throat  | 0    | 0    | 1     | 0    | 0    | 0       |
|         | Fungal           | 2    | 2    | 1     | 0    | 0    | 2       |
|         | MRSA/VRE/ESBL    | 4    | 1    | 2     | 3    | 5    | 0       |
|         | Bone             | 0    | 0    | 0     | 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)

July - December 2021 - Illinois Department of Veterans Affairs Veterans Homes

|      | 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   |
|------|-------------------------------------|---|------------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|---|
| ANNA |                                     |   |                                    |                                      |                                       |                                   |   |
| JUL  | N/A                                 | N/A                                     | N/A                                | N/A                                  | 0                                     | 0                                 | N/A   |
| AUG  | N/A                                 | N/A                                     | 8/6/21, 8/5/21, & 8/12/21          | 8/6/21, 8/5/21, & 8/12/21            | 0                                     | 3                                 | ALL 3 POSITIVE STAFF WERE HANDLED PER IDVA PROTOCOL. WE MADE ALL APPROPRIATE ENTITIES AWARE OF THE POSITIVE STAFF CASES, WE UTILIZED CONTACT TRACING PROTOCOLS, AND WE HAD EACH STAFF MEMBER QUARANTINE FOR THE APPROPRIATE NUMBER OF DAYS, AND ALSO ENSURED THAT THEY WERE SYMPTOM-FREE FOR THE APPROPRIATE AMOUNT OF DAYS BEFORE RETURNING TO WORK.   |
| SEPT | N/A                                 | N/A                                     | 9/7/21, 9/7/21, 9/22/21, & 9/22/21 | 9/7/21, 9/7/21, 9/22/21, & 9/22/21   | 0                                     | 4                                 | ALL 4 POSITIVE STAFF WERE HANDLED PER IDVA PROTOCOL. WE MADE ALL APPROPRIATE ENTITIES AWARE OF THE POSITIVE STAFF CASES, WE UTILIZED CONTACT TRACING PROTOCOLS, AND WE HAD EACH STAFF MEMBER QUARANTINE FOR THE APPROPRIATE NUMBER OF DAYS, AND ALSO ENSURED THAT THEY WERE SYMPTOM-FREE FOR THE APPROPRIATE AMOUNT OF DAYS BEFORE RETURNING TO WORK.   |
| OCT  | 10/4/2021, 10/7/21, & 10/12/21      | 10/4/2021, 10/7/21, & 10/12/21          | 10/1/21 & 10/18/21                 | 10/3/21 & 10/18/21                   | 3                                     | 2                                 | EACH RESIDENT WAS MOVED OUT TO OUR SEPARATE COVID UNIT THE DATE THAT THEY BEGAN PRESENTING SYMPTOMS, WHICH HAPPENED TO BE THE SAME DATES THEY ALL TESTED POSITIVE. WE TREATED EACH APPROPRIATELY, AND THE SEQUENCE OF EACH OF THE THREE RESIDENTS COMING OFF COVID WERE: 10/17/21, 10/17/21, & 10/22/21. BOTH POSITIVE STAFF MEMBERS WERE HANDLED PER IDVA PROTOCOL. WE MADE ALL APPROPRIATE ENTITIES AWARE OF THE POSITIVE STAFF CASES, WE UTILIZED CONTACT TRACING PROTOCOLS, AND WE HAD EACH STAFF MEMBER QUARANTINE FOR THE APPROPRIATE NUMBER OF DAYS, AND ALSO ENSURED THAT THEY WERE SYMPTOM-FREE FOR THE APPROPRIATE AMOUNT OF DAYS BEFORE RETURNING TO WORK. |
| NOV  | N/A                                 | N/A                                     | N/A                                | N/A                                  | 0                                     | 0                                 | N/A   |
| DEC  |                                     |   |                                    |                                      |                                       |                                   | N/A   |

|                | 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   |
|----------------|-------------------------------------|---|-------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|---|
| <b>Chicago</b> |                                     |   |                               |                                      |                                       |                                   |   |
| JUL            | NA                                  | NA                                      | NONE                          | NONE                                 | NONE                                  | NONE                              | COMPLETED TESTING EVERY MONTH SINCE WE STARTED PCRS.  |
| AUG            | NA                                  | NA                                      | NONE                          | NONE                                 | NONE                                  | NONE                              | 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,           |
| SEPT           | NA                                  | NA                                      | NONE                          | NONE                                 | NONE                                  | NONE                              | 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 |
| OCT            | NA                                  | NA                                      | NONE                          | NONE                                 | NONE                                  | NONE                              | PERFORMED TESTING ACCORDING TO IDVA POLICY  |
| NOV            | NA                                  | NA                                      | NONE                          | 11/24/21                             | NONE                                  | 1/1/09                            | CLEANED AND DISINFECT FREQUENTLY TOUCHED OBJECTS AND SURFACES   |
| DEC            | NA                                  | NA                                      | 12/10/21                      | 12/08, 12/17                         | NONE                                  |                                   | ALL STAFF WEARS N-95 MASKS AND SHIELD   |

| 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     | 7/13;<br>7/29; 7/31                 | 7/13; 7/29;<br>7/31                     |                               |  | 3                                     | 0                                 | Positive residents are moved into COVID unit with negative pressure and dedicated staffing. Staff rapid testing conducted daily per outbreak testing plan, with PCR testing twice weekly for staff and residents. Temp per shift for staff, vitals & temp Q shift for residents.  |
| AUG     | 0                                   |   |                               |  | 0                                     | 0                                 |   |
| SEPT    | 9/14                                | 9/14                                    |                               | 9/15; 9/22;<br>9/27  | 1                                     | 3                                 | Positive residents are moved into COVID unit with negative pressure and dedicated staffing. Positive staff sent home for quarantine. Staff rapid testing conducted daily per outbreak testing plan, with PCR testing twice weekly for staff and residents. Temp per shift for staff, vitals & temp Q shift for residents. |
| OCT     | 0                                   |   |                               | 10/14/21   | 0                                     | 1                                 | Positive staff sent home for quarantine. Staff rapid testing conducted daily per outbreak testing plan, with PCR testing twice weekly for staff and residents. Temp per shift for staff, vitals & temp Q shift for residents.   |
| NOV     | 11/4                                | 11/4                                    |                               | 11/1, 11/3<br>12/4, 12/6;<br>12/10;<br>12/13;<br>12/16;<br>12/17;<br>12/22 | 1                                     | 2                                 | Positive residents are moved into COVID unit with negative pressure and dedicated staffing. Positive staff sent home for quarantine. Staff rapid testing conducted daily per outbreak testing plan, with PCR testing twice weekly for staff and residents. Temp per shift for staff, vitals & temp Q shift for residents. |
| DEC     | no symp                             | 12/15;<br>2/16; 12/17                   | n/a                           |  | 4                                     | 10                                | Positive residents are moved into COVID unit with negative pressure and dedicated staffing. Positive staff sent home for quarantine. Staff rapid testing conducted daily per outbreak testing plan, with PCR testing twice weekly for staff and residents. Temp per shift for staff, vitals & temp Q shift for residents. |

|      | 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  |                                     |   |                                  |   | 0                                     | 0                                 | 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 facility wide PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. All other residents on the unit placed in quarantine and daily Binax(PoC) daily testing performed with PCR testing every 3-7 days. |
| AUG  | 8/16/21                             | 8/2/2021, 8/16/21                       | 8/15(1), 8/24(1)                 | 8/2(1), 8/17(1), 8/23(1), 8/24(1)         | 2                                     | 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 facility wide PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. All other residents on the unit placed in quarantine and daily Binax(PoC) daily testing performed with PCR testing every 3-7 days. |
| SEPT | 9/9/21                              | 9/9/21                                  | 9/1(2), 9/7(1), 9/14(2), 9/25(1) | 9/1(2), 9/7(1), 9/13(1), 9/14(2), 9/25(1) | 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 facility wide PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. All other residents on the unit placed in quarantine and daily Binax(PoC) daily testing performed with PCR testing every 3-7 days. |
| OCT  |                                     |   |                                  |   | 2                                     | 5                                 | 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 facility wide PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. All other residents on the unit placed in quarantine and daily Binax(PoC) daily testing performed with PCR testing every 3-7 days. |
| NOV  |                                     |   |                                  |   | 1                                     | 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 facility wide PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. All other residents on the unit placed in quarantine and daily Binax(PoC) daily testing performed with PCR testing every 3-7 days. |
| DEC  |                                     |   |                                  |   | 2                                     | 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 facility wide PCR and rapid testing. Positive residents moved to negative air pressure room on a designated Covid unit. All other residents on the unit placed in quarantine and daily Binax(PoC) daily testing performed with PCR testing every 3-7 days. |

| 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    | No s/sx                             | 7/14/21                                 | 5/30, 7/2, 7/2, 7/5, 7/5, 7/10, 7/10, 7/14, No s/sx, No s/sx, No s/sx, 7/19, No s/sx, 7/29 | 7/11, 7/12, 7/12, 7/5, 7/5, 7/10, 7/11, 7/14, 7/15, 7/13, 7/15, 7/19, 7/27, 7/29 | 1                                     | 9                                 | Follow guidelines on proper PPE. Quarantine residents showing s/sx of COVID. Follow testing  |
| AUG    | No s/sx, 8/26/21                    | 8/17/2021<br>8/26/2021                  | 8/2, 8/3, 8/4, No s/sx, 8/9, 8/13, No s/sx, 8/23, 8/25                                     | 8/2, 8/3, 8/4, 8/9, 8/10, 8/13, 8/23, 8/24, 8/25                                 | 2                                     | 9                                 | Guidelines per IDVA policy. Place ill staff off work pending test results or alternate dx.   |
| SEPT   | N/A                                 | N/A                                     | No s/sx, No s/sx   | 9/7/2021<br>9/13/2021  | 0                                     | 2                                 | Encourage all staff and residents to get vaccinated and provide education. Staff mandate.  |
| OCT    | 10/21, No s/sx, No s/sx             | 10/25, 10/27, 10/29                     | 10/11, 10/21, 10/22  | 10/18, 10/24, 10/25  | 3                                     | 3                                 | Prophylactically treat high risk exposed resident with antibody therapy.   |
| NOV    | N/A                                 | N/A                                     | 11/1, 11/8, No s/sx, 11/16, 11/16, 11/17, 11/17, 11/19, 11/23, 11/28                       | 11/5, 11/9, 11/16, 11/16, 11/17, 11/18, 11/19, 11/19, 11/24, 11/29               | 0                                     | 10                                | Follow guidelines on proper PPE. Quarantine residents showing s/sx of COVID. Follow testing guidelines per IDVA policy. Place ill staff off work pending test results or alternate dx. Encourage all staff and residents to get vaccinated and provide education. Staff mandate. Prophylactically treat high risk exposed residents with antibody therapy as well as positive residents. |
| DEC    | N/A                                 | N/A                                     | No s/sx  | 12/14/21   | 0                                     | 1                                 | Follow guidelines on proper PPE. Quarantine residents showing s/sx of COVID. Follow testing guidelines per IDVA policy. Place ill staff off work pending test results or alternate dx. Encourage all staff and residents to get vaccinated and provide education. Staff mandate. Prophylactically treat high risk exposed residents with antibody therapy as well as positive residents. |