



ILLINOIS DEPARTMENT OF VETERANS AFFAIRS

833 SOUTH SPRING STREET, SPRINGFIELD, IL 62704

July 31, 2025

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, 2025, through June 30, 2025, each of the homes performed as follows:

- Illinois Veterans' Home at Anna employed 110 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Chicago employed 157 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 197 direct care staff and was in compliance with the USDVA staffing standards.
- Illinois Veterans' Home at Quincy employed 187 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.

Enclosed are documents which provide the requested information for the Illinois State Veterans' Homes for the reporting period of January 1, 2025, through June 30, 2025.

- 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 you have any questions or concerns, please contact our Senior Homes Administrator, Angie Simmons at (618) 697-8128.

Sincerely,

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

Terry Prince
IDVA Director

IVH Direct Care Hours and Staffing Report

	Date	Census	RN	LPN	VNAC	Total Hours	HC Hours	Total Staff			
Anna	3/5/2025	41	6.5	4.5	19.0	236.8	5.70	30.0			
	3/26/2025	42	5.5	4.0	18.0	217.3	5.20	27.5			
	6/6/2025	41	7.0	3.0	16.5	208.5	5.10	26.5	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2025	42	5.5	3.0	18.0	209.3	4.98	26.5	5.24	28	110.5
Chicago	3/5/2025	57	14.0	2.0	22.5	341.0	5.98	38.5			
	3/26/2025	58	13.0	1.0	28.0	367.0	6.33	42.0			
	6/6/2025	55	11.0	0.0	25.0	708.0	12.87	36.0	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2025	58	13.0	1.0	27.0	359.5	6.20	41.0	7.85	39.4	157.5
Manteno	3/5/2025	208	25.0	10.0	76.0	832.5	4.00	111.0			
	3/26/2025	206	25.5	8.0	81.0	858.8	4.17	114.5			
	6/6/2025	219	33.0	7.5	76.0	877.5	4.01	116.5	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2025	218	34.0	7.5	76.0	992.0	4.55	117.5	4.18	115	197.0
Quincy	3/5/2025	248	38.5	14.0	111.5	1113.3	4.81	164.0			
	3/26/2025	249	36.0	14.5	122.5	1218.5	5.06	173.0			
	6/6/2025	249	28.0	17.0	96.0	987.0	4.32	141.0	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2025	247	35.0	14.0	104.0	1071.0	4.67	153.0	4.71	156	187.0
LaSalle	3/5/2025	82	14.5	2	39.0	385.0	4.70	55.0			
	3/26/2025	79	13.0	2	40.5	385	4.90	55			
	6/6/2025	81	15	1	37.3	366.1	4.50	52.0	Avg Hours	Avg Staff	Total # RN/LPN/VNAC
	6/27/2025	80	11.5	1	33.5	322	4.00	46	4.53	52	107.0

Resident Grievance Log - Anna

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
31-Jan	none		
28-Feb	none		
31-Mar	none		
30-Apr	none		
31-May	none		
30-Jun	none		

Resident Grievance Log - LaSalle

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
27-Jan	JC of E wing said he met a woman online and she is coming to visit him.	yes	Resident was educated on the dangers of talking to people online and meeting them in person.
3-Feb	MT of NW wing complained that on the weekends he is left on the toilet for a long time. This past weekend he was left there so long his bottom hurts and he asked a staff member to put lotion on it for him.	yes	Communication was left about answering call lights in a timely manner.
7-Mar	DS of NW has been shouting and swearing at staff members when they are trying to complete his cares.	Yes	The social worker spoke with DS
11-Mar	BB From E was yelling at another resident that he cannot have a Pepsi and questioned him on if he was hiding the bottle.	Yes	Nursing staff and the Social Worker explained to BB that this was none of his business and that he should not be yelling at other residents.
30-Apr	none		
31-May	none		
30-Jun	none		

Resident Grievance Log - Manteno

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
28-Jan	Member would like a casino outing.	Yes	Activity Aide explained that a casino trip will be scheduled every other month, so the next casino outing will be in March.
1-Feb	Member expressed that there was an event on the facility calendar not featured on the unit calendar that Activity Aide had passed out during meeting.	Yes	Activity Aide realized the mistake, and expressed apologies to the members in meeting. Notified them of the outing, and that the Activity Aide would be passing around a revised calendar & facility calendar, as well as asking members (during the task of putting the calendars in members' rooms) who would be interested in attending. Activity Aide apologized again, and explained that the calendar had been sent for errors to be checked, but that was missed.
3-Mar	States the meal tickets don't match what is on the plate sometimes.	Yes	Nursing Supervisor explained that Dietary is working on a new system and it is a work in progress.
4-Mar	Member asked why the St. Patrick's Day party is on March 28th, and will paczkis be served?	Yes	Activity Aide explained that this was the only time available to hold the party, and that she will find out what food will be served.
5-Mar	Member wants his meds explained to him; and he also wants closet and safe keys.		Unit RNs informed the need to explain member's meds to him; Nursing Supervisor submitted a Key Request to Security.

1-Apr	Member wants to know when the smoking room is going to be taken away, as he utilizes it often.	Yes	Nursing Supervisor explained to the member that the smoking room on his unit will remain until some time this summer. The new smoking areas need to be marked off, and that has yet to be completed. The members will be notified when the new smoking areas are ready for use, at which time the unit smoking room will no longer be available for use.
30-Apr	May 2025 Town Hall Meeting held early; Member reported that his toilet is too low and it hurts his knees.	Yes	Engineering Work Order submitted on 5/2/25, and the toilet riser was raised to a higher level on 5/2/25.
30-Apr	May 2025 Town Hall Meeting held early; Member reported that his Air Force blanket was missing.	Yes	Supply Request form sent to the Volunteers Office on 5/2/25, and a replacement Air Force blanket was located and sent to the Marking Room on 5/2/25. <i>(Left voicemail for Nursing Supervisor on 5/8/25 for follow up).</i> 7/11/25 Update: Per Nursing Supervisor, member received an Air Force blanket.
30-Apr	May 2025 Town Hall Meeting held early; Member reported that he has been missing his Harley blanket for two years.	Yes	Supply Request form sent to the Volunteers Office on 5/2/25; they do not have any Harley blankets, but an Army blanket was found and will be offered to the member. <i>(Left voicemail for Nursing Supervisor on 5/8/25 for follow up).</i> 7/11/25 Update: Per Nursing Supervisor, member did not want the Army blanket when offered.
30-Apr	May 2025 Town Hall Meeting held early; Member stated he is missing \$30 he had won at Bingo, and also stated that he is missing his silver belt buckle and belt.	Yes	Member's wife (POA) contacted and she stated that she is in possession of her husband's money and belt/belt buckle.

Resident Grievance Log - Chicago

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
13-Jan	S. Smith reported missing items	Yes	Inventory log reviewed, item was not located
27-Jan	B. Hanna reported missing items	Yes	Missing items found
27-Feb	Clay reported clinical concerns	Yes	clinical concerns addressed
5-Mar	B. Zinn reported clinical concerns	Yes	clinical concerns addressed
16-Mar	S. Kurzawa dietary concerns	Yes	dietary concerns addressed
14-Mar	R. Traglia reported dietary concerns	Yes	dietary concerns addressed
24-Mar	T. Sucher reported clinical concern - med pass	Yes	Med pass concerns
26-Mar	G. Houston reported dietary concern	Yes	dietary concerns addressed
26-Mar	L. Peters complimented food	Yes	compliment - Food
17-Mar	S. Kurzawa reported dietary concern	Yes	dietary concerns addressed
10-Mar	T. Harris reported clinical concern	Yes	clinical concerns addressed
30-May	T. Collins / Spouse complimented service	Yes	compliment - care and service

Resident Grievance Log - Quincy

DATE	ISSUE	RESOLVED (yes/no)	COMMENTS
25-Jan	None		

25-Feb	Hammond resident reported complaints of decline and access to restorative services d/t staff shortages since restorative aide retired in October 2024. Approximately 8 residents have complained about declines in ADLs since retirement of the aide in October 2024.	No	A 75-day contract has been requested for the previous retiree but the contract has not been fulfilled to date by HR. The position has not been posted for new hire.
25-Mar	No reported complaints/grievances		
25-Apr	Resident's wife was breaking boundaries on the Schapers unit. Taking pictures of other residents, trying to offer other resident's food that have altered diets.	Yes	She refused a CPT meeting but she has corrected her behaviors after a call with the unit social worker.
25-May	A1 security entrance door times out within 5 seconds at the DOMs. A resident's husband visits daily in a power w/c from a skilled care building. He is not able to enter as it times out too quickly.	Yes	Adjusted the timeout to 12 seconds. He is now able to enter the building with no issue.
25-Jun	1) Resident at MW1-family of resident complained resident's teeth are not being brushed daily. 2) Schapers family complained of the following-asked why pictures were not hung on the wall, door to bathroom was dysfunctional, resident let out with family member that were not approved. 3) wife and daughter complained about a bill they were being charged 4) Resident's wife is concerned about resident's psych medications on the locked unit. She requested an appointment with a neurologist.	Yes	1)Unit nursing supervisor educated 2) all resolved and resident was not taken out by family member not approved, the family member was on the approved list 3) bill submitted to billing to resolve. 4) an appointment with a neurologist has been requested.
*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.			

COMMUNICABLE DISEASES January - June 2025

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
Anna	Pneumonia	0	2	1	3	0	0
	Bloodstream	0	0	1	0	0	0
	Skin	3	2	0	0	0	0
	Gastrointestinal	0	0	0	0	0	0
	Respiratory	1	11	22	2	2	0
	Ear/Nose/Throat	0	0	0	0	1	0
	Fungal	0	0	0	1	2	0
	MRSA/VRSA/ESBL	0	0	3	1	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	0	0	0	0	0	0
Chicago	Pneumonia	2	0	0	0	0	1
	Bloodstream	0	0	0	0	0	0
	Skin	1	3	5	3	0	2
	Gastrointestinal	3	1	0	0	0	0
	Respiratory	1	0	0	0	0	1
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	0	0	0	0	0
	MRSA/VRSA/ESBL	0	1	0	0	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	2	3	0	0	0	0
LaSalle	Pneumonia	3	1	1	1	1	3
	Bloodstream	0	0	0	0	0	0
	Skin	7	3	4	7	3	1
	Gastrointestinal	1	0	0	0	0	0
	Respiratory	1	4	1	4	1	3
	Ear/Nose/Throat	0	0	0	0	0	0
	Fungal	0	0	0	1	1	1
	MRSA/VRSA/ESBL	1	0	1	0	0	0
	Bone	0	0	0	0	0	0
	Coronavirus Disease (COVID-19)	11	0	0	0	0	0
Manteno	Pneumonia	1	2	1	0	1	0
	Bloodstream	0	2	0	1	1	0
	Skin	8	9	10	10	8	4
	Gastrointestinal	6	2	0	0	0	0
	Respiratory	2	2	4	1	3	9
	Ear/Nose/Throat	2	2	0	0	0	0
	Fungal	1	0	1	1	1	0
	MRSA/VRSA/ESBL	4	2	1	2	0	1
	Bone	0	0	0	0	0	1
	Coronavirus Disease (COVID-19)	2	0	0	0	0	0
Quincy	Pneumonia	1	7	2	5	3	9
	Bloodstream	0	0	0	0	0	1
	Skin	0	0	3	1	7	3
	Gastrointestinal	0	1	0	0	0	0
	Respiratory	5	14	4	4	2	0
	Ear/Nose/Throat	0	3	0	0	0	0
	Fungal	0	0	0	1	0	1

MRSA/VRE/ESBL	1	1	1	1	1	0
Bone	0	0	0	0	1	1
Coronavirus Disease (COVID-19)	5	0	1	0	1	15

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.

January - June 2025 - Illinois Department of Veterans Affairs Veterans Homes

Anna	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
JAN					0	1	Positive staff was excluded from work for a minimum of 7 days with return pending a negative Covid test.
FEB					0	0	
MARCH					0	0	
APRIL					0	0	
MAY					0	0	
JUNE					0	0	
LaSalle	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
JAN	1/9, 1/11, 1/14, 1/15, 1/18, 1/19	1/9;1/11, 1/14, 1/15, 1/18, 1/19	1/12, , 1/14, 1/16, 1/18, 1/22, 1/25,	1/10, 1/14, 1/16, 1/18, 1/23, 1/27,	11	16	N95 respirators when entering the residents room. They also wore a gown, gloves, and protective eyewear. The doors were kept closed as able. Staff members were excluded from work for a minimum of 7 days with return pending a negative COVID test.
FEB			2/4, 2/8, 2/10, 2/14, 2/16, 2/17, 2/18,	2/8, 2/10, 2/14, 2/16, 2/17, 2/18,	0	4	Staff members were excluded from work for a minimum of 7 days with return pending a negative COVID test.

MARCH			3/3,3/4, 3/21, 3/31	3/3, 3/4, 3/24	0	1	Staff members were excluded from work for a minimum of 7 days with return pending a negative COVID test.
APRIL			4/1, 4/20	4/18/2025	0	0	Staff members were excluded from work for a minimum of 7 days with return pending a negative COVID test.
MAY					0	0	No cases
JUNE					0	0	No cases that were facility associated.

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	1/22/25	1/17, 1/22/25	1/2, 1/5, 1/7, 1/8, 1/15, 1/22, 1/28, 1/31/25	1/2, 1/6, 1/7, 1/8, 1/9, 1/15, 1/18, 1/29, 1/31/25	2	10	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 2024-2025 Covid Vaccine offered and given.
FEB			2/2, 2/7, 2/9/25	2/2, 2/8, 2/10/25	0	6	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 2024-2025 Covid Vaccine offered and given.
MARCH					0	0	No cases

APRIL					0	0	No cases
MAY					0	0	No cases
JUNE					0	0	No cases
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
JAN	1/2/25-1/18/25	1/2/25-1/18/25	1/2/25-1/25/25	1/2/25-1/25/25	5	11	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. 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 masking of residents in communal areas. Universal masking.
FEB	2/1/25	2/1/25	2/1/25-2/18/25	2/1/25-2/18/25	1	5	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. 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 masking of residents in communal areas. Universal masking.
MARCH	N/A	N/A	3/2/25	3/2/25	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. 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 masking of residents in communal areas. Universal masking.
APRIL	N/A	N/A	N/A	N/A	0	0	N/A
MAY	N/A	N/A	N/A	N/A	0	0	N/A

JUNE	6/25-6/30	6/25-6/30	6/25-6/30	6/25-6/30	15	10	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. 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 masking of residents in communal areas. Universal masking.
Chicago	Date(s) resident(s) showed symptoms	Date(s) of confirmed resident diagnosis	Date(s) staff showed symptoms	Date(s) of confirmed staff diagnosis	TTL # of positive residents for month	TTL # of positive staff for month	Action taken by Veterans Home to eradicate spread of COVID-19
JAN	1/6/25	1/6/25	1/8/25,1/15/25	1/8/25,1/15/25	2	2	Positive staff was excluded from work for a minimum of 7 days with return pending a negative Covid test. Positive residents were placed in droplet/contact precautions and remained in private room. PPE source control implemented. Outbreak testing initiated every 3-7 days until 14 days passed since the last positive case.
FEB	2/14-2/17/25	2/14-2/17/25	2/14-2/25/25	2/14-2/25/25	3	4	Positive staff was excluded from work for a minimum of 7 days with a negative test required prior to resuming work. Positive residents were placed in droplet/contact precautions and remained in a private room. PPE source control implemented. Outbreak testing initiated every 3-7 days until 14 days passed since the last positive case.
MARCH	NA	NA	NA	NA	NA	NA	NA
APRIL	NA	NA	NA	NA	NA	NA	NA
MAY	NA	NA	5/16/25	5/16/25	NA	1	The one positive staff was excluded from work for 7 days with a negative test result required prior to resuming work.
JUNE	NA	NA	NA	NA	NA	NA	NA