Department of Veterans Affairs State Veterans Home Survey Report

This survey report and the information contained herein, resulted from the State Veterans Home (SVH) Survey as a Summary Statement of Deficiencies. (Each Deficiency Must be Preceded by Full Regulatory or applicable Life Safety Code Identifying Information.) Title 38 Code of Federal Regulations Part 51 is applied for SVHs applicable by level of care.

General Information:

Facility Name: Illinois Veterans' Home – Anna

Location: 792 N. Main St, Anna, IL 62906

Onsite / Virtual: Onsite

Dates of Survey: 8/28/25 – 8/29/25

NH / DOM / ADHC: DOM

Survey Class: Annual

Total Available Beds: 12

Census on First Day of Survey: 5

VA Regulation Deficiency	Findings
	Initial Comments: A VA Annual Survey was conducted from August 28, 2025, through August 29, 2025, at the Illinois Veterans' Home - Anna. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§ 51.210 (d) Percentage of Veterans. The percent of the facility residents eligible for VA nursing home care must be at least 75 percent veterans except that the veteran percentage need only be more than 50 percent if the facility was constructed or renovated solely with State funds. All non-veteran residents must be spouses of veterans, or parents any of whose children died while serving in the Armed Forces. **Level of Harm** – No Actual Harm, with potential for minimal harm **Residents Affected** – Many	Based on observation, record review, and interviews, the facility failed to ensure the percentage of Veterans was maintained at a minimum of 75%. The facility had a total census of five (5) residents, three (3) of whom were Veterans. The findings include: A review of the facility's census revealed there were only three (3) eligible veterans who lived in the Domiciliary, which made the percentage of Veterans 60%. During an interview, on 8/29/25, at 12:00 p.m., Administrative Staff A stated that they were not sure if the Domiciliary was constructed with State funding. They stated that the facility was built first, and then purchased by the State of Illinois; they stated that they would request documents to show if the facility was constructed with or without State funding.

	Later during the interview, Administrative Staff A revealed: "There was no evidence available to show if the domiciliary was constructed solely with State funding."
§ 51.300 (e) Notice of bed-hold policy and readmission – notice before transfer. The State home must have a written bed-hold policy, including criteria for return to the facility. The facility management must provide written information to the resident about the State home bed-hold policy upon enrollment, annually thereafter, and before a State home transfers a resident to a hospital. A Resident has the right to decide whether to have the State home notify his or her legal representative or interested family member of transfers. **Level of Harm** – No Actual Harm, with potential for minimal harm **Residents Affected** – Many	Based on interviews, record review, and policy review, the facility did not provide the written Bed Hold Notification to the residents for two (2) of two (2) residents sampled (Resident #1 and Resident #2). The findings include: Review of the policy titled, "Bed Hold Policy Notification," undated, did not address providing resident written bed hold information on admission or annually. Review of Resident #1's clinical record revealed the resident was provided with a written Bed Hold Policy on admission, dated [DATE]. Review of Resident #1's clinical record found that it lacked evidence that the facility provided a written Bed Hold Policy annually. Review of Resident #2's clinical record revealed a progress note, written by Licensed Nurse A, on [DATE], at 1:30 p.m., which indicated that Resident #2 was transferred to the hospital and the Power of Attorney was notified of the Bed Hold Policy. During an interview, on 8/29/25, at 11:30 a.m., with Licensed Nurse A, they stated that they had provided verbal information to Resident #2 related to the Bed Hold Policy, but never a written copy of the policy. They stated that when residents were transferred to hospital, the resident or the resident's representative was verbally provided the information related to the facility Bed Hold Policy. They had never provided written notice, nor had they observed written notice being provided upon transfer. During an interview, on 8/29/25, at 11:07 a.m., with Administrative Nurse A, they stated that nursing staff were not responsible for bed hold education annually. Administrative Nurse A stated social services was responsible for review of the Bed Hold Policy with residents. During an interview, on 8/29/25, at 11:11 a.m., with Administrative Staff B, they stated the facility only provided residents with the written Bed Hold Policy on admission and upon transfer out of the facility. Administrative Staff B stated they were not aware that the regulations for Bed Holds required written notice annually.

	Review of Resident #2's clinical record lacked evidence that the facility provided a written Bed Hold Policy annually, or upon transfer to the hospital.