

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 – Quincy

Location: 1707 North 12th St., Quincy, IL 62301

Onsite / Virtual: Onsite

Dates of Survey: 5/9/24 – 5/10/24

NH / DOM / ADHC: DOM

Survey Class: Annual

Total Available Beds: 88

Census on First Day of Survey: 35

VA Regulation Deficiency	Findings
	<p>Initial Comments:</p> <p>A VA Annual Survey was conducted May 9, 2024 through May 10, 2024, at the Illinois Veterans Home – Quincy. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.</p>
<p>§ 51.210 (h) Use of outside resources.</p> <p>(1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h)(2) of this section.</p> <p>(2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for—</p> <p>(i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and</p>	<p>Based on record review and interview, the facility's management failed to obtain a provider for routine and emergency dental services to meet the needs of all residents.</p> <p>The findings include:</p> <p>On 5/10/24, during review of the facility's professional contracts, it was determined the facility did not have a contractual agreement with a dental provider. Further review revealed the facility staff provided a list of dental providers in the area for residents to choose from.</p> <p>On 5/10/24 at approximately 9:15 a.m., Administrative Staff A confirmed the facility did not have a dental provider; however, the facility did provide the residents with transportation to several local dentist providers in the area. Administrative Staff A further revealed, that to their knowledge, the facility had always done it that way and did not have a contract with any dentist.</p>

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<p>(ii) The timeliness of the services.</p> <p>(3) If a veteran requires health care that the State home is not required to provide under this part, the State home may assist the veteran in obtaining that care from sources outside the State home, including the Veterans Health Administration. If VA is contacted about providing such care, VA will determine the best option for obtaining the needed services and will notify the veteran or the authorized representative of the veteran.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm</p> <p>Residents Affected – Many</p>	
<p>§ 51.350 (c) Life safety from fire.</p> <p>The facility must meet the applicable requirements of the National Fire Protection Association's NFPA 101, Life Safety Code, as incorporated by reference in § 51.200.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm</p> <p>Residents Affected – Many</p>	<p>Based on record review and interview, the facility failed to conduct emergency egress and relocation drills, which included egressing of residents through all exits and means of escape as required by the code. The deficient practice affected three (3) of three (3) smoke compartments in [LOCATION] and three (3) of three (3) smoke compartments in [LOCATION], staff, and all residents. The facility had the capacity for 88 beds with a census of 35 on the day of survey.</p> <p>The findings include:</p> <p>Record review of Domiciliary (DOM) emergency egress and relocation drills for the year prior to the day of survey, on 5/10/24, at 11:33 a.m., revealed the facility did not have documentation of bi-monthly fire drills, including egressing of residents through all exits and means of escape to assembly point on the exterior of the building, as required by section 33.7.3.3 of NFPA 101, Life Safety Code.</p> <p>An interview with Maintenance Staff A and Consultant Staff A, on 5/10/24, at 10:28 a.m., revealed the DOM residents were only egressing to a central assembly point in the middle of the buildings on the first floor in the [LOCATION], and the egress and relocation drills did not include egressing of residents through all exits and means of escape to an assembly point on the exterior of the building. Additional interview with Maintenance Staff A and Consultant Staff A revealed the facility was not aware that egress and relocation drills needed to include egressing of residents through all exits and means of escape to an assembly point on the exterior of the building.</p>

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	<p>The census of 35 was verified by Administrative Staff A on 5/10/24, at 9:21 a.m. The finding was acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit interview on 5/10/25, at 12:00 p.m.</p> <p>Actual NFPA Standard: NFPA 101 (2012), Life Safety Code 33.7.3 Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted in accordance with 33.7.3.1 through 33.7.3.6.</p> <p>33.7.3.1 Emergency egress and relocation drills shall be conducted not less than six times per year on a bimonthly basis, with not less than two drills conducted during the night when residents are sleeping, as modified by 33.7.3.5 and 33.7.3.6.</p> <p>33.7.3.2 The emergency drills shall be permitted to be announced to the residents in advance.</p> <p>33.7.3.3 The drills shall involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide residents with experience in egressing through all exits and means of escape required by this <i>Code</i>.</p> <p>33.7.3.4 Exits and means of escape not used in any drill shall not be credited in meeting the requirements of this <i>Code</i> for board and care facilities.</p> <p>33.7.3.5 Actual exiting from windows shall not be required to comply with; opening the window and signaling for help shall be an acceptable alternative.</p> <p>33.7.3.6 If the board and care facility has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to actively participate in the drill.</p>
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