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

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

Onsite / Virtual: Onsite

Dates of Survey: 5/5/25 – 5/8/25

NH / DOM / ADHC: NH

Survey Class: Annual

Total Available Beds: 386

Census on First Day of Survey: 248

VA Regulation Deficiency	Findings
	Initial Comments: A VA Annual Survey was conducted from May 5, 2025, through May 8, 2025, at the Illinois Veterans Home. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§ 51.41 (c) (2) Payments under State home care agreements. (2) The State home shall not charge any individual, insurer, or entity (other than VA) for the nursing home care paid for by VA under a State home care agreement. Also, as a condition of receiving payments under paragraph (c), the State home must agree not to accept drugs and medicines from VA provided under 38 U.S.C. 1712(d) on behalf of veterans covered by this section and corresponding VA regulations (payment under this paragraph (c) includes payment for drugs and medicines). **Level of Harm** – No Actual Harm, with potential for minimal harm	The facility was unable to demonstrate that no individual, insurer, or entity was charged for the nursing home care paid for by VA under a VA State home provider agreement for dental services. The findings include: Based on communications and record reviews, it was identified that Veterans for whom the facility receives the prevailing rate receive services at various local dental offices. The facility leadership could not provide evidence to demonstrate that the facility had paid the costs for Prevailing Rate Veterans in receipt of dental services.

Residents Affected – Many	
§ 51.100 (a) Dignity. (a) Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Some	Based on observation, interview, record review, and facility policy review, the facility failed to promote treatment of residents with respect and dignity while assisting them with eating their lunch meals. Specifically, the facility failed to ensure staff assisted residents without standing over them while providing eating assistance for eight (8) of thirteen (13) residents observed in the [LOCATION]. The findings include: Record review of the facility policy titled, "Resident Rights-Dignity (8.1-R)," with a revised date of 06/24, reflected the following: "The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility must protect and promote the rights of each resident. Resident Rights will be posted in all units. Procedure: #11- All staff must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect." Observation of the [LOCATION], on 5/5/25, during the lunch meal service between 12:50 p.m., through 1:45 p.m., revealed eight (8) residents sitting in the middle of the [LOCATION] side by side around a rectangular table. Certified Nurse Aide A and Certified Nurse Aide B, and agency Certified Nurse Aide C and Certified Nurse Aide D were feeding the residents their meals. All Certified Nurse Aides was observed simultaneously feeding the residents and standing above them throughout the duration of the dining process. Agency Certified Nurse Aide C and Certified Nurse Aide D were observed standing in between two (2) residents and cross-feeding at the same time. Agency Certified Nurse Aide C and Certified Nurse Aide D would feed one resident with their utensil and feed the other resident with their utensil. In an interview, on 5/5/25, at 1:55 p.m., Administrative Nurse B stated the following that two (2) out four (4) Certified Nurse Aides were agency, and they reminded them to sit down; however, the other two (2) were employees of the facility with over 10 years' experience. They stated that they were pulled from another unit because the unit nurse assigned called in sick. Administrative Nurse B also stated that the assigned nurse was Administrative Staff B, and they should be at the facility the next day. They stated that all Certified Nurse Aides should be sitting next to the resident at eye level, they should not be cross-feeding as this was important for a resident's comfort/communication with staff.

	In an interview, on 5/6/25, at 1:10 p.m., Administrative Staff B, for [LOCATION], stated that sometimes staff lose sight of sitting down, and staff should be feeding residents at eye-level. Administrative Staff B stated that staff might have felt uncomfortable, and they have since been re-educated. In an interview, on 5/6/25, at 1:26 p.m., Certified Nurse Aide A stated that they had been employed for 10 years with [LOCATION], and staff normally sat side-by-side with residents while feeding them; however, they were concentrating on hand-washing, so they failed to sit down. Certified Nurse Aide A also stated that they were always up and running around; noting that independence for the residents was always pushed, and that cuing was a big thing for residents. They were also re-educated to sit side by side and not to cross-feed. In an interview, on 5/6/25, at 1:32 p.m., Certified Nurse Aide B stated it was not standard practice to stand over a resident while assisting with meals. Certified Nurse Aide B also stated that they did not want to appear lazy while sitting. They stated that they were educated last night and this morning to sit down at eye-level, and to have conversation with the resident because it would create a better feeling, and sitting down would help the residents feel less awkward than having someone standing over them. In an interview, on 5/6/25, at 1:42 p.m., Certified Nurse Aide E stated that they were re-educated on standing over residents and to not cross feed. They stated that staff should be more involved, as this was a resident's home. The Surveyor asked Certified Nurse Aide E if they would stand over residents without a cognition deficit, and they stated "no," they would not because it would make the residents feel uncomfortable. On 5/7/25, at 9:15 a.m., Administrative Nurse A stated they "do not have a specific policy related to meal assistance in dining in the [LOCATION]." On 5/7/25, at 10:05 a.m., Administrative Nurse A stated that they "found a policy but it's not specific to standing over residents." Administrative Nurse A stated that they would revise it and send it over to the policy committee for review.
§ 51.200 (a) Life safety from fire. (a) Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.	**<u>Electrical Systems</u>** 1. Based on record review, observation, and interview, the facility failed to maintain electrical receptacles in patient care areas. The deficient practice affected three (3) of three (3) smoke compartments in the [LOCATION], seven (7) of seven (7) smoke compartments in the [LOCATION], three

Level of Harm – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	(3) of three (3) smoke compartments in the [LOCATION], nine (9) of nine (9) smoke compartments in the [LOCATION], staff, and all residents. The facility had the capacity for 386 beds with a census of 248 on the first day of the survey. The findings include: A. Record review, on 5/5/25, at 12:40 p.m., revealed the facility failed to document which receptacles met, or failed to meet performance requirements of annual, non-hospital grade receptacle testing and inspections, as required by section 6.3.4.2.1.1 of NFPA 99 Health Care Facilities Code. An interview, on 5/5/25, at 12:45 p.m., with Maintenance Staff B revealed the facility staff was aware of the requirement to document annual testing of non-hospital grade receptacles, but was unaware of the requirement to document which items met, or failed to meet, performance requirements. B. Record review, on 5/5/25, at 1:00 p.m., revealed the facility failed to verify continuity of grounding or confirm the correct polarity of each receptacle as required by sections 6.3.3.2.2 and 6.3.3.2.3 of NFPA 99 Health Care Facilities Code. An interview, on 5/5/25, at 1:00 p.m., with Maintenance Staff B revealed that the facility had only performed physical integrity inspections and retention testing during the annual testing. The interview went on to reveal that the facility staff was unaware of the requirements to verify continuity or confirm the correct polarity of each non-hospital grade receptacle. Observation during the facility tour, on 5/6/25, at 11:00 a.m., revealed both hospital and non-hospital grade receptacles located in patient bed locations throughout all campus buildings. The census of 248 was verified by Administrative Staff A on 5/5/25, at 9:15 a.m. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff Aat the LSC exit interview on 5/6/25, at 3:30 p.m. **Actual NFPA Standard NFPA 99, Health Care Facilities Code (2012)** **6.3.3.2 Receptacle Testing in Patient Care Rooms** **6.3.3.2.1** The physical integrity of each receptacle shall be confirmed by visual inspection. **6.3.3.2.2** The continuity of the grounding circuit in each electrical receptacle shall be verified. **6.3.3.2.3** Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed. **6.3.3.2.4** The retention force of the grounding blade of each

	electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz). **6.3.4.1 Maintenance and Testing of Electrical System.** **6.3.4.1.1** Where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device. **6.3.4.1.2** Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data. **6.3.4.1.3** Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. **6.3.4.1.4** The LIM circuit shall be tested at intervals of not more than 1 month by actuating the LIM test switch (see 6.3.2.6.3.6). For a LIM circuit with automated self-test and self-calibration capabilities, this test shall be performed at intervals of not more than 12 months. Actuation of the test switch shall activate both visual and audible alarm indicators. **6.3.4.1.5** After any repair or renovation to an electrical distribution system, the LIM circuit shall be tested in accordance with 6.3.3.3.2. **6.3.4.2 Record Keeping.** **6.3.4.2.1*** General. **6.3.4.2.1.1** A record shall be maintained of the tests required by this chapter and associated repairs or modification. **6.3.4.2.1.2** At a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter.
§51.200 (b) Emergency power. (1) An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination. (2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. (3) When electrical life support devices are used, an emergency electrical power system must also be provided for	Based on record review, observation, and interview, the facility failed to properly inspect and test all components of the emergency generator as required by the code. The deficient practice affected three (3) of three (3) smoke compartments in the [LOCATION], seven (7) of seven (7) smoke compartments in the [LOCATION], three (3) of three (3) smoke compartments in the [LOCATION], nine (9) of nine (9) smoke compartments in the [LOCATION], staff, and all residents. The facility had the capacity for 386 beds with a census of 248 on the first day of the survey. The findings include: Record review, on 5/5/25, at 11:01 a.m., of the inspection and testing documentation for the emergency generator dating back 12 months prior to the survey revealed the facility failed to perform annual fuel quality testing as required by section 8.3.8 of NFPA 110, Standard for Emergency and Standby Power Systems.

devices in accordance with NFPA 99, Health Care Facilities Code. (4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	An interview, on 5/5/25, at 11:05 a.m., with Maintenance Staff A revealed the facility was unaware of the requirement to have an annual fuel quality test performed on the emergency generator. The census of 248 was verified by Administrative Staff A on 5/5/25, at 9:15 a.m. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff A at the LSC exit interview on 5/6/25, at 3:30 p.m. **Actual NFPA Standard: NFPA 101, Life Safety Code (2012)** **19.5 Building Services.** **18.5.1 Utilities.** **18.5.1.1** Utilities shall comply with the provisions of Section 9.1. **9.1.3 Emergency Generators and Standby Power Systems.** Where required for compliance with this Code, emergency generators and standby power systems shall comply with 9.1.3.1 and 9.1.3.2. **9.1.3.1** Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. **Actual NFPA Standard: NFPA 110, Standard for Emergency and Standby Power Systems** **(2010)** **8.3.4** A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. **8.3.4.1** The permanent record shall include the following: **(1)** The date of the maintenance report **(2)** Identification of the servicing personnel **(3)** Notation of any unsatisfactory condition and the corrective action taken, including parts replaced **(4)** Testing of any repair for the time as recommended by the manufacturer **8.3.7.1** Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. or the manufacturer's recommendations **8.3.8** A fuel quality test shall be performed at least annually using tests approved by ASTM standards.
§ 51.210 (h) Use of outside resources. (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	Based on record review and interviews, the facility's management failed to obtain a written agreement for routine and emergency dental services to meet the needs of all residents. The facility had a census of 248 on the first day of the survey. The findings include:

facility under a written agreement described in paragraph (h)(2) of this section. (2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for— (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and (ii) The timeliness of the services. (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 **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	During a review of the facility's professional contracts, it was determined the facility did not have a written agreement with a dental provider. During an interview with Administrative Staff C, on 5/8/25, at 10:00 a.m., it was revealed that the facility did not have a written agreement with a dental provider. Administrative Staff C stated that although they had made several attempts to obtain a dental contract with local dentists, none committed to a binding contract. Further, during the interview, Administrative Staff C stated that the residents were provided with a list of local dentists for dental services, and the facility provided transportation to and from the dental appointments.