

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014948</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ILLINOIS VETERANS HOME AT MANTENO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>ONE VETERANS DRIVE</b> <b>MANTENO, IL 60950</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	<p>Complaint Investigation 2477615/IL178314</p> <p>S9999 Final Observations</p> <p>Statement of Licensure Violations</p> <p>340.1335a)</p> <p>Section 340.1335 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>The REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that staff were tested for Covid 19 at least once per week during a Covid 19 outbreak at the facility. This applies to the 23 residents (R1-R2, R6-R26) residing on the unit experiencing the outbreak.</p> <p>The findings include:</p> <p>Based on the facility's Covid-19 Positive Employee 9/9/24 log, the facility has had 14 staff members to test positive since 9/9/24 (the start of the outbreak). The last staff member tested positive on 9/22/2024. Based on the facility's</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Covid-19 Positive Member (resident) log as of 9/9/2024, the facility has had 19 residents to test positive and all were from the one affected unit. The last resident tested positive on 9/25/2024.</p> <p>On 9/25/2024 at 12:22 PM, V2 (Infection Preventionist) stated that the facility's first Covid positive resident tested positive on 9/9/2024. V2 stated that they are using a broad-based approach to Covid 19 testing and testing all the staff that work on and residents that live on the affected unit every 3-7 days. V2 stated staff should be logging the Covid test before they start working and the nurse should oversee the testing. V2 stated the supervisors should be monitoring the Covid testing to ensure all staff is being tested. V2 stated that all the testing of the staff and residents, along with the date and results should be documented on a log.</p> <p>Review of the facility's Covid 19 testing logs for the first week of the outbreak (9/9/2024-9/17/2024 of the affected unit staff that was working from 9/7/2024 - 9/11/2024), found some staff on the unit were not being tested at least once per week during the outbreak, including: V7's (VNAC (Certified Nursing Assistant)) first documented Covid test was 9/25/24. V17 (VNAC) had no document Covid tests. V8's (VNAC) first documented Covid test was 9/20/2024 where she tested positive. V9 (VNAC) had no documented Covid tests. V10 (VNAC) had no documented Covid tests. V11 (VNAC) first documented test was 9/20/2024 where she tested positive. V12 (RN) had no documented Covid tests. V13's (VNAC) first documented Covid test was on 9/18/2024. V14's (VNAC) first test was on 9/20/2024. V15 (VNAC) had no documented Covid tests, and V16's (VNAC) first documented Covid test was on</p>	S9999		

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S9999	Continued From page 2  9/22/2024.  The facility's Covid 19 Testing Plan dated September 20, 2023 showed the following: Required testing: While a facility is in outbreak: 1. From the start of the outbreak until 14 days (one incubation period) after the date of the last positive test, test all residents and staff who have not tested positive in the past 30 days at least every three to seven days. Twice weekly is preferable to once weekly if testing resources allow.  (B)	S9999		