

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>11/28/2023</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 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  Complaint Investigation Survey 2379746/IL166982	S 000		
S9999	Final Observations  Statement of Licensure Violations  340.1335a)  Section 340.1335 Infection Control  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.  This REQUIREMENT was not met as evidenced by:  Based on observation, interview, and record review, the facility failed to have COVID-19 Contact/Droplet isolation signage on rooms of residents who were positive for COVID-19. This applies to 7 of 7 residents (R1-R7) reviewed for COVID-19 isolation precautions.  The findings include:  The facility's COVID-19 Positive Members Tracking as of 11/10/2023 showed R1-R7 tested	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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>positive for COVID-19.</p> <p>On 11/22/23, R1-R3 shared an isolation room related to their positive COVID-19 status. Both R2 and R3's November 2023 Physician Orders indicated Contact/Droplet isolation precautions for 10 days for COVID-19 positive status. The Order showed isolation was to be in place until 11/26/2023. The isolation sign posted on their door indicated "Enhanced Barrier Precaution."</p> <p>The facility's Tracking showed R4 tested COVID-19 positive on 11/21/23. R4's November 2023 Physician Orders showed an 11/21/23 order for Contact/Droplet isolation for 10 days with a start date of 11/21/2023 and an end date of 12/1/2023. On 11/22/23, no Contact/Droplet isolation precaution sign for COVID-19 was posted outside his room.</p> <p>R5 and R6 are COVID-19 positive and they shared an isolation room. The isolation sign outside their room showed Enhanced Barrier Precaution.</p> <p>R7 became COVID positive on 11/20/23, and there was no sign posted on his door to indicate R7 is on Contact/Droplet isolation.</p> <p>On 11/22/23 at 9:23 AM, V3 RN (Registered Nurse/Supervisor) stated that is not the proper isolation sign for COVID-19. On 11/22/23 at 9:56 AM, V4 (RN/Infection Control) stated whoever set up the isolation carts should have put up the correct isolation signs posted on each of the COVID-19 isolation rooms.</p> <p>Under the "Institute control and prevention measures" section of the facility's Outbreak Investigation policy (revised 9/20/23), it showed</p>	S9999		

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S9999	Continued From page 2  "3. Post signs as needed with instruction about control measures..."  <p style="text-align: right;">(B)</p>	S9999		