STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014120	B. WING		05/0	1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ILLINOIS	VETERANS HOME -	ANNA 792 NORT ANNA, IL				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	urvey				
S9999	Final Observations		S9999			
	Statement of Licensure Violations (1 of 3):					
	340.1305b)					
	Section 340.1305 R History Record Info	Request for Resident Criminal rmation				
	b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.					
	The requirement haby:	as not been met as evidenced				
	failed to check the I Corrections (IDOC) admission for 7 of 7 R11, R12 and R13)	view and interview the facility Illinois Department of website within 24 hours of residents (R5, R7, R9, R10, that were reviewed for ds in the sample of 13.				
	The findings include	e:				
	documenting the ne to 04/30/24, docum R12 of 04/18/24. The the IDOC (Illinois D	ent titled, "Action Summary" ew admissions dated 01/01/23 ents an admission date for here was no documentation for epartment of Corrections) in R12's records, indicating the not checked.				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6014120	B. WING		05/0	1/2024
	PROVIDER OR SUPPLIER VETERANS HOME -	792 NORT	H MAIN	STATE, ZIP CODE	-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	documenting the net to 04/30/24, documenting the IDOC (Illinois Disackground check IDOC website was The facility documedocumenting the net to 04/30/24, documenting	ent titled, "Action Summary" ew admissions dated 01/01/23 ents an admission date for here was no documentation for epartment of Corrections) in R11's records, indicating the not checked. ent titled, "Action Summary" ew admissions dated 01/01/23 ents an admission date for R7 was no documentation for the rtment of Corrections) in R7's records, indicating the not checked. ent titled, "Action Summary" ew admissions dated 01/01/23 ents an admission date for R5 was no documentation for the rtment of Corrections) in R5's records, indicating the not checked. ent titled, "Action Summary" ew admissions dated 01/01/23 ents an admission date for nere was no documentation for epartment of Corrections) in R10's records, indicating the not checked. ent titled, "Action Summary" ew admissions dated 01/01/23 ents an admission date for nere was no documentation for epartment of Corrections) in R10's records, indicating the not checked. ent titled, "Action Summary" ew admissions dated 01/01/23 ents an admission date for R9 was no documentation for the rtment of Corrections) in R9's records, indicating the in R9's records, indicating the	S9999			

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Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6014120	B. WING		05/01/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ILLINOIS	VETERANS HOME -	ANNA 792 NORT ANNA, IL				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	The facility docume documenting the net to 04/30/24, docume R13 of 07/11/23. The IDOC (Illinois Disackground check IDOC website was On 04/29/24 at 2:17 stated, they do not Department of Corresponded for the residents, the supposed to do the (C) Statement of Licenses 340.1320c)1)2)3) Section 340.1320 E c) Fire drills shall be each shift of facility other than fire shall each shift of facility under varied condit 1) Ensure that all pertained to perform a 2) Ensure that all perfamiliar with the use in the facility; and 3) Evaluate the effect and procedures. The requirement has by:	ent titled, "Action Summary" ew admissions dated 01/01/23 ents an admission date for here was no documentation for lepartment of Corrections) in R13's records, indicating the not checked. 7 PM V1 (Administrator) do the IDOC (Illinois rections) background checks ley were unaware they were m. Sure Violations (2 of 3): Disaster Preparedness le held at least quarterly for personnel. Disaster drills for be held twice annually for personnel. Drills shall be held ions to: lersonnel on all shifts are leasigned tasks; lersonnel on all shifts are les of the fire-fighting equipment lectiveness of disaster plans as not been met as evidenced	\$9999			
		and record review the facility e drills quarterly for all				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6014120	B. WING		05/0	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	, ,	STATE, ZIP CODE		
ILLINOIS	S VETERANS HOME -	ANNA ANNA, IL				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
\$9999	personnel on every drills per year. This affect all 44 resident Findings include: The facility docume Form" documents foo 1/21/24 at 10:00 A present, on 02/20/2 staff not previously AM 3rd shift with 11 documenting 31 statuarter. The facility docume Form" documents four quarter: on 04/17/2 staff present, on 05 with 5 staff not previously AM 3rd shift with 130 AM 3rd shift with 3 trained, documenting second quarter. The facility docume Form" documents fon 07/11/23 at 9:00 present, on 08/31/2 staff not previously AM 3rd shift with 7 documenting 35 statuarter. The facility docume Form" documents fon 11/07/23 at 10:0 present and on 12/2 present and on 12/2	shift and perform two disaster failure has the potential to tts residing at the facility. Int titled, "Fire Drill Evaluation ire drills for the first quarter: on M 1st shift with 12 staff 4 at 5:00 PM 2nd shift with 8 trained, on 03/19/24 at 6:45 not trained staff present, aff total trained for the first Int titled, "Fire Drill Evaluation ire drills for the second 4 at 8:00 AM 1st shift with 10 /17/23 at 7:00 PM 2nd shift riously trained, on 06/21/23 at ith 5 staff not previously ing 20 staff total trained for the int titled, "Fire Drill Evaluation ire drills for the third quarter: AM 1st shift with 19 staff 3 at 8:30 PM 2nd shift with 9 trained, on 09/09/23 at 6:00 staff not previously trained, aff total trained for the third int titled, "Fire Drill Evaluation ire drills for the fourth quarter: 0 AM 1st shift with 12 staff 20/23 at 1:00 PM 1st shift with ly trained, documenting 14	S9999			

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Illinois Department of Public Health STATE FORM

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6014120	B. WING		05/01/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
ILLINOIS	VETERANS HOME -	ANNA 792 NORT				
0(0.15	CLIMMA DV CTA	ANNA, IL		DROVIDERIS DI AN OF CORRECTI	ONI	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	There was no documentation of any disaster drills being performed for the past year.					
	stated, that they did the fourth quarter. In not completed for s stated that no disast the last year. V1 st 77 staff members w does not appear all the drills. The facility document facility. The facility policy tit and Evacuation da Training A. There w each shift. B. Each	5 PM V1 (Administrator) I not complete all fire drills for /1 stated that fire drills were econd or third shift. V1 also ster drills were performed for ated they have approximately vorking at the facility, so it staff were incorporated into ent dated 04/28/24 titled, "Daily is 44 residents residing at the sled, "Emergency Response ted 06/12/14 documents: 5. fill be quarterly fire drills for year, there will be six "other" asters other than fire. 1. Total				
	of 18 training session (C) Statement of License	ons per year. sure Violations (3 of 3):				
	340.1640a) 340.1640b) 340.1640c) 340.1640d)					
	Section 340.1640 V	accinations				
	for a vaccination agresident, in accorda	nnually administer or arrange gainst influenza to each ance with the of the Advisory Committee on				

Illinois Department of Public Health

STATE FORM 6899 DUTD11 If continuation sheet 5 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IL6014120		B. WING		05/	01/2024
	PROVIDER OR SUPPLIER S VETERANS HOME -	ANNA	STREET AD 792 NORT ANNA, IL	TH MAIN	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
\$9999	Continued From particles of the Centers for Description, who has a control and recent to the time of the control of the Centers for Description, who has a control of the Centers for Description, who has a control of the Centers for Description of t	cices of the Center of Prevention that of Vaccination, unlically contraindicated the vaccine. In residents age 65 by November 30 icable if vaccine is November 1. Rember 30, during ebruary 1 shall, are an influenza vacon or as soon as period not available at the resident has influented that it is the resident has influented in the resident and annual vaccing in the resident in the res	are most ess the ted, or the fluenza and over of each year supplies are esidents the flu s medically ccination prior practicable if the time of medically refused the sident's nation against or medically ne Act) for accination to in ons of the n Practices nd	S9999	DEFICIENC	; Y)	
	immunization prior facility unless the re vaccination, or the contraindicated. (Se	to or upon admis esident refuses th vaccination is me	sion to the e offer for dically				
	d) A facility shall do medical record that pneumococcal pne administered, refus contraindicated. (So	a vaccination ag umonia was offer ed, or medically	ainst ed and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6014120	B. WING		05/	01/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ILLINOIS	S VETERANS HOME -	ΑΝΝΑ	TH MAIN			
	OU 10 40 40 FOX OTA	ANNA, IL		DD0//DEDI0 DI AN 05 00	ADDECTION .	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	The requirement haby:	as not been met as evidenced				
	failed to provide imi	and record review the facility munizations for 5 of 5 R7, R8, R9) reviewed for e sample of 13.				
	Findings Include:					
	1. R4's Face Sheet documents an admission date of 09/15/2022 and a date of birth (DOB) indicating R4 is 80 years of age. R4's Face Sheet documents diagnoses including venous insufficiency (chronic) (peripheral), vascular dementia, unspecified severity, with agitation, chronic obstructive pulmonary disease, and essential primary hypertension.					
	R4's Facility immunization report dated April 30, 2024, documents the PCV15 (15-valent Pneumococcal Conjugate Vaccine) was administered on 06/08/2020 and the PCV13 (13-valent Pneumococcal Conjugate Vaccine) was administered on 11/17/2020.					
	Public Health Patiel Report" obtained fro Automated Immunia (I-CARE) website d	tled "Illinois Department of nt Immunization History om the Illinois Comprehensive zation Registry Exchange ated 04/30/2024 documents pecified Pneumococcal 2/2009.				
	Immunization Sche "age 65 or older wh of PCV15 or PCV20	sease Control (CDC) dule documents for adults o have: Received prior doses), but no prior doses of the occal polysaccharide vaccine				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6014120	B. WING		05/01/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ILLINOIS	VETERANS HOME -	ANNA 792 NORT ANNA, IL				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	should be given one dose of the PPSV23 to complete their pneumococcal vaccinations."					
	There is no documentation in R4's medical record that the PPSV23 vaccination was offered and administered, refused, or medically contraindicated.					
	2. R5's Face Sheet documents an admission date of 12/12/2023 and a DOB indicating R5 is 96 years of age. R5's Face Sheet documents diagnoses including chronic kidney disease, stage 2, paroxysmal atrial fibrillation, hypothyroidism, essential primary hypertension, personal history of tuberculosis, and cardiac murmur.					
	R5's Facility immunization report dated April 30, 2024, documents the Pneumococcal polysaccharide vaccine (PPSV23) was administered on 01/17/2019. Last documented Influenza vaccination was 11/04/2020 and last COVID-19 vaccination was received on 02/17/2021.					
	Public Health Patiel Report" obtained from 04/30/2024 documents Pneumococcal 13-1 (PCV13) on 12/12/2 polysaccharide vacult documents the sa	tled "Illinois Department of nt Immunization History om the I-CARE website dated ents R5 received the valent conjugate vaccine 2017 and the Pneumococcal cine (PPSV23) on 01/07/2019. ame dates of recent oth Influenza and COVID-19				
	Immunization Sche	sease Control (CDC) dule v/vaccines/schedules/hcp/imz/				

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PRINTED: 07/11/2024 FORM APPROVED

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6014120	B. WING		05/	01/2024
	PROVIDER OR SUPPLIER VETERANS HOME -	792 NOR	DDRESS, CITY, S' TH MAIN - 62906	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
\$9999	"age 65 or older whoth PCV13 and PI received at age 65 shared clinical deciat least 5 years after vaccine dose." The CDC website (https://www.cdc.gostates "Flu vaccine because flu viruses Also, immunity wan vaccination helps to protection against fimportant for people they are at higher ricomplications. Three preferentially recommend older over othe older should get at vaccine." The CDC updated COVID-19 Moderna, or Novavillness from COVID and older who rece 2023-2024 COVID-Moderna or Novavadose of an updated months after the protection of the provided contraindicated. 3. R7's Face Sheet of 02/29/2024 and 19 contraindicated.	eumo) documents for adults to have: Previously received PSV23, AND PPSV23 was years or older: Based on sion-making, 1 dose of PCV20 or the last pneumococcal ov/flu/highrisk/65over.htm) are updated each season are constantly changing. The sover time. Annual of ensure the best possible lu. Flu vaccination is especially e 65 years and older because isk of developing serious flu see specific flu vaccines are mended for people 65 years or flu vaccines. People 65 and higher dose or adjuvanted flu recommends the 2023-2024 vaccines: "Pfizer-BioNTech, ax, to protect against serious 19. People aged 65 years ived 1 dose of any updated 19 vaccine (Pfizer-BioNTech, ax) should receive 1 additional COVID-19 vaccine at least 4 evious updated dose."				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		IL6014120	B. WING		05/01/2024	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
ILLINOIS	VETERANS HOME -	ANNA 792 NOR				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	62906 ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETE DATE
S9999	Continued From pa	ige 9	S9999			
	polyneuropathy, he transient ischemic	abetes Mellitus with diabetic art failure, person history of attack (TIA), cerebral infarction ficits, and essential primary				
	2024, documents n vaccination was red	nization report dated April 30, no pneumococcal or influenza ceived and that R7 received 2024 vaccination on				
	An undated Immunization Report from a previous Long Term Care facility R7 was admitted to and located in R7's current medical record documents an Influenza vaccine was offered on 03/28/2023 and was refused. It also records a Pneumococcal vaccine was completed on 09/24/2014, it does not specify which vaccine but indicates that this was dose one. There is a second unspecified Pneumococcal vaccine recorded on 09/28/2016, it indicates that this was dose 2.					
	Medical Record (EN administered an Inf 09/29/2023, the 20-Conjugate Vaccine	izations in R7's Electronic MR) documents that R7 was fluenza vaccination on evalent Pneumococcal (PCV 20) on 09/24/2014 and polysaccharide vaccine 116.				
	Public Health Patie Report" obtained fro 04/30/2024 docume on 09/28/2016, no ovaccinations are for Covid-19 vaccinations on 09/13/2022, indications	itled "Illinois Department of nt Immunization History om the I-CARE website dated ents R7 received the PPSV23 other pneumococcal und in this report. R7's last on documented was ing he had not yet received the according to this document.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6014120	B. WING		05/	01/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE. ZIP CODE		
		792 NOI	RTH MAIN	····-, -·· • • •		
ILLINOIS	S VETERANS HOME -	ANNA	L 62906			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 10	S9999			
	Food and Drug Adn 20 (PCV20) did not in adults over the a R7's immunization that R7 received the The Centers for Dis Immunization Sche "age 65 or older wh PPSV23 only, or co	ww.FDA.gov) documents: ninistration (FDA) the Prevnal receive FDA approval for use ge of 18 until June of 2021. record in the EMR documents e PCV20 on 9/24/14. sease Control (CDC) dule documents for adults o have previously received implete vaccination history is				
		f either PCV15 or PCV 20. CV15 or PCV20 at least one of PPSV23."				
	There is no documentation in R7's medical record that the PCV15 or PCV20 vaccination, Covid-19, or Influenza vaccines were offered and administered, refused, or medically contraindicated.					
	Nursing/DON) states in R7's electronic m found on the docum of Public Health Par Report" obtained fro Automated Immunic (I-CARE) website of from a previous faction other records, like Affairs). She denies Prevention Nurse) of R7 received the PC documentation was immunization section record, it was noted.	3:01 PM V2 (Director of ed if there were immunizations redical record that were not nent titled "Illinois Department tient Immunization History om the Illinois Comprehensive zation Registry Exchange r the immunization record ility they may have found therely from the VA (Veterans knowing why V11 (Infection would have documented that EV20 on 09/24/2014 if no other present. V2 accessed the on in R7's electronic medical at the bottom "just states c" on paperwork." V2 believes and CV20 in error.	n r			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6014120	B. WING		05/01/2024	
	PROVIDER OR SUPPLIER VETERANS HOME -	792 NORT	H MAIN	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 11	S9999			
	of 06/14/2023 and a years of age. R8's I diagnoses including diabetes mellitus, e and gastro-esophagesophagitis. R8's Facility immun 2024, documents the polysaccharide vac administered on 10 09/26/2018. R8's el documents the sami immunization repor of 13-valent Pneum	documents an admission date a DOB indicating R8 is 83 Face Sheet documents gerebral infarction, type II ssential primary hypertension, geal reflux disease without dization report dated April 30, ne Pneumococcal cine (PPSV23) was 1/01/2009 and again on ectronic medical record ne as above mentioned at and documents that a dose iococcal Conjugate Vaccine administered on 09/12/2017.				
	A review of report titled "Illinois Department of Public Health Patient Immunization History Report" obtained from the I-CARE website dated 04/30/2024 documents R8 received the Pneumococcal polysaccharide vaccine (PPSV23) 10/01/2009 and again on 09/26/2018.					
	Immunization Sche https://www.cdc.govadult.html#note-pne "age 65 or older whboth PCV13 and Pfreceived at age 65 shared clinical deciat least 5 years after vaccine dose."	v/vaccines/schedules/hcp/imz/eumo) documents for adults o have: Previously received PSV23, AND PPSV23 was years or older: Based on sion-making, 1 dose of PCV20 or the last pneumococcal				
		entation in R8's medical record cination was offered and ed or medically				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED							
IL6014120 B. WING	05/01/2024							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ILLINOIS VETERANS HOME - ANNA 792 NORTH MAIN								
ANNA, IL 62906								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN O PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AC TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETE DITHE APPROPRIATE DATE							
Sepsible Continued From page 12 contraindicated. 5. R9's Face Sheet documents an admission date of 07/06/2023 and a DOB indicating R9 is 76 years of age. R9's Face Sheet documents diagnoses including cerebral infarction, unspecified combined systolic and diastolic (congestive) heart failure, chronic atrial fibrillation, and essential primary hypertension. R9's Facility immunization report in the Electronic Medical Record, does not document that resident was previously administered a pneumococcal vaccination. A review of the report titled "Illinois Department of Public Health Patient Immunization History Report" obtained from the I-CARE website dated 04/30/2024 documents R9 received an unspecified pneumococcal vaccination on 08/11/2012. A review of a faxed document from a previous provider titled "Progress Note" that was received on 05/16/2023 and is considered part of R9's medical record documents the 13-valent Pneumococcal Conjugate Vaccine (PCV13) was administered on 05/15/2015 and the Pneumococcal polysaccharide vaccine (PCV13) was administered on 05/15/2015 and the Pneumococcal polysaccharide vaccine (PPSV23) on 09/16/2016. The Centers for Disease Control (CDC) Immunization Schedule https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#note-pneumo) documents for adults "age 65 or older who have: Previously received both PCV13 and PPSV23, AND PPSV23 was received at age 65 years or older: Based on shared clinical decision-making, 1 dose of PCV20								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6014120	B. WING		05/01/2024			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ILLINOIS VETERANS HOME - ANNA 792 NORTH MAIN ANNA, IL 62906								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE				
S9999	9 Continued From page 13							
	vaccine dose."							
	There is no documentation in R9's medical record that the PCV20 vaccination was offered and administered, refused, or medically contraindicated.							
	stated information padministered prior a couple of different situation. V1 states	2:56pm, V1 (Administrator) certaining to vaccinations to admission can be obtained t ways depending on the they mostly use I-CARE, VA ds from previous facilities.						
	Nursing/DON) state immunization docu reports she didn't h	1:29AM, V2 (Director of ed she has given all the mentation they have. V2 ave any more refusals for any t information was requested						
	Veterans' Affairs Poreceived by the factoric policy states: "Resistander standing order pneumococcal disest Syncytial Virus (RS contingent on information the legal surrogate "Consent Process" in part: "For vaccing staff under standing	'Illinois Department of plicy HOM-028 Vaccinations" ility as their facility vaccination dents receive vaccinations ers against influenza, ease, COVID-19, Respiratory V) unless contraindicated, and med consent by the resident or decision maker." In section C. item 3, it states the following es administered to residents or g orders, the facility shall retain clination forms in the residents						

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Illinois Department of Public Health STATE FORM