| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145649 | A. Building<br>B. Wing | 10/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Odin Health and Rehab Center | 300 Green Street<br>Odin, IL 62870 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Provide and implement an infection prevention and control program.<br><br>49663<br><br>Based on interview and record review the facility failed to implement a surveillance plan for tracking, monitoring, and reporting communicable diseases and outbreaks. This has the potential to affect all 71 residents residing in the facility.<br><br>Findings include:<br><br>1. On 10/1/2024 at 8:53 AM, V3 (Local Health Department) stated she was notified by the local hospital on 8/14/2024 about R5 who had tested positive for coronavirus (Covid) and resided at the facility. V3 stated, she sent an email to V4 (Director of Nursing/DON) and V23 (Assistant Director of Nursing/ADON) inquiring about R5's outbreak status and requirements for reporting. V3 stated, she did not receive any response back from V4 or V23. V3 stated, on 8/30/2024 she sent a follow up email to V4 and V23 and an email to the CEO email box. V3 stated, she then received a response from V4 via email on 8/30/2024 that the facility was out of their covid outbreak on 8/28/2024 with their last positive test on 8/2/2024. V3 stated, she then responded back to V4 via email to notify her of the facility's requirements on reporting to the local health department and requested an updated list of covid positive residents, employees, first and last day of positive results, actions taken by the facility, hospitalization s and deaths. V3 stated, as of today, she still had not received a response from the facility with required information.<br><br>On 10/2/2024 at 8:49 AM, V4 stated the facility did have a covid outbreak that started with V13 (Minimum Data Set/MDS Director) testing covid positive on 7/8/2024. V4 stated the facilities last positive test result was 8/14/2024 from V22 (Dietary Aide) , and last day of the outbreak was 8/28/2024. V4 stated she did receive an email from the health department on 8/30/2024 inquiring about a covid positive result and an outbreak in the facility. V4 stated she does not have any documentation that she reported the required information requested from the local health department. V4 stated she does not know what the National Healthcare Safety Network (NHSN) is and did not report any covid positive information to them. V4 stated it is her understanding that administration is the person who would report positive covid cases to the NHSN.<br><br>On 10/2/2024 at 8:51 AM, V13 stated she did test positive for covid on 7/8/2024. V13 stated, the facility did go into an outbreak status during that time.<br><br>On 10/2/2024 at 9:09 AM, V12 (Certified Nurses Assistant/CNA Supervisor) stated he did test positive for covid on 7/9/2024. V12 stated, he was one of the first to test positive. V12 stated, the facility did go into an outbreak status at this time.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145649 | A. Building<br>B. Wing | 10/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Odin Health and Rehab Center | 300 Green Street<br>Odin, IL 62870 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | On 10/2/2024 at 9:14 AM, V16 (Dietary Manager/DM) stated she did test positive for covid on 7/29/2024. V16 stated, the facility was in an outbreak status during this time.<br><br>On 10/2/2024 at 10:03 AM, R6 who was alert to person, place and time stated he did have a positive covid test result on 7/19/24.<br><br>On 10/2/2024 at 10:40 AM, R2 who was alert to person, place and time stated he did have a positive covid test result on 7/30/24.<br><br>On 10/02/2024 at 11:00 AM, V1 (Administrator) stated his understanding of the requirements for the long-term care facility is to report all positive covid results and/or symptoms to the local health department and NHSN. V1 stated, the facility did not have any documentation of reporting to the local health department for the July 2024-August 2024 outbreak status or for V11 (CNA), who tested positive on September 7th, 2024. V1 stated, it is his expectation that the administrator or director of nursing report all cases to the local health department.<br><br>On 10/2/2024 at 12:14 PM, V24 (Interim Administrator) stated, she started in the interim administration role on 7/30/24, through 9/23/24. V24 stated, she found out on her first day at the facility, the facility was in a covid outbreak status. V24 stated, she did not report to the local health department about the current outbreak status because she assumed it was already reported. V24 stated, the facility was released from the outbreak on 8/28/2024.<br><br>R1's facility document titled Progress Notes dated 7/31/2024 at 2:26 PM documented a late entry with a new diagnosis of covid positive on 7/26/2024.<br><br>R2's facility document titled Progress Notes dated 7/30/2024 at 7:04 PM documented a positive test result with symptoms.<br><br>The facility document titled Covid + July 8 '24 Start of Round documented ten employees V12 (CNA Supervisor), V13 (MDS Director), V15 (CNA), V16 (DM), V17 (CNA), V18 (LPN/Licensed Practical Nurse), V19 (CNA), V20 (CNA), V21 (Dietary Aide), V22 (Dietary Aide) and four residents (R1, R2, R5, R6) with covid positive test results with dates ranging from 7/8/2024 through 8/14/2024.<br><br>Document titled Health Department Communication dated 10/1/2024 at 5:04 PM documents communication starting on 8/14/2024 from V3 to V4, V23, and V24, inquiring on an outbreak status.<br><br>2. On 9/30/2024 at 10:55 AM, V11 (Certified Nurse Assistant/CNA) stated, she did have a covid positive test result on Saturday, 9/7/24. V11 stated, her last day of work was on Thursday, 9/5/24, where she worked 6:00 AM- 2:00 PM. V11 stated, she started having cold like symptoms the morning of 9/7/2024 so she decided to do an at home covid test. V11 stated, she sent V12 (CNA Supervisor), V13 (Minimum Data Set/MDS Director) and V14 (Licensed Practical Nurse/LPN) a picture via text message of her positive covid test results on 9/7/2024. V11 stated, she did not notify the local health department of her positive test result.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145649 | A. Building<br>B. Wing | 10/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Odin Health and Rehab Center | 300 Green Street<br>Odin, IL 62870 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | On 9/30/2024 at 10:13 AM, V4 (Director of Nursing/DON) stated, V11 (CNA) did have an at home positive test for the covid on 9/7/2024. V4 stated, V11's last day of work prior to testing positive was 9/5/2024 and she reported no symptoms until 9/7/2024. V4 stated, there was no contact tracing or testing completed on residents or employees after V11 notified the facility of her positive test result. V4 stated, she did not report V11's positive result to the local health department.<br><br>On 9/30/2024 at 10:20 AM, V1 (Administrator) stated, per the facility policy and Illinois Department of Public Health guidelines, the facility should have started contact tracing or testing employees and residents that had been in contact with V11 (CNA) on 9/5/2024. V1 stated, it is his understanding the facility did not complete any contact tracing or testing on residents or employees after V11 notified V12, V13, V14 of her positive covid test results.<br><br>On 9/30/2024 at 11:05 AM, V12 (CNA Supervisor) stated, he received a positive covid picture via text message from V11 on 9/9/2024. V12 stated, all employees who test positive for covid outside of work, are to notify the on-call management. V12 stated, there was no contact tracing or routine testing in the facility after V11 tested positive for Covid.<br><br>On 9/30/2024 at 11:12 AM, V13 (Minimum Data Set Director/MDS) stated, she did receive a text message with a picture showing a positive Covid test result from V11 on 9/7/2024. V13 stated, she did not report V11's test results to the local health department. V13 stated, V4 would be the person who reports positive cases to the local health department. V13 stated, no contact tracing or testing occurred in the facility for residents or employees after V11's positive test result.<br><br>On 9/30/2024 at 11:17 AM, V14 (LPN) stated, she did receive a text message with a picture of a positive covid test from V11 on 9/7/2024. V14 stated, she does not know the policy on positive covid test results from an employee. V14 stated, she did forward the message to V13 and V4 to follow up with.<br><br>On 10/2/2024 at 12:14 PM, V24 (Interim Administrator) stated, she was not notified of V11 testing positive on 9/7/2024. V24 stated, if she had been aware of V11 testing positive for covid, the facility would have gone back in to outbreak status. V24 stated, the state and county guidelines require positive covid cases to be reported to the local health department. V24 stated, the administrator, director of nursing, and infection preventionist should be communicating and reporting covid positive cases to the local health department.<br><br>On 9/30/2024 at 12:58 PM, R1 who was alert to person, place and time stated, he does not have any current covid like symptoms and had not been tested or screened for symptoms this past month.<br><br>On 9/30/2024 at 1:03 PM, R2 who was alert to person, place and time stated, he has not had any covid like symptoms over the past month and he has not been tested for covid or screened for symptoms this past month.<br><br>On 9/30/2024 at 1:06 PM, R3 who was alert to person, place and time stated, he has not had any covid like symptoms over the past month and has not been tested for covid or screened for symptoms.<br><br>The Facility work schedule documented V11's work schedule from 9/5/2024 (worked) through 9/16/2024 (returned to work) and marked off in between those dates.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145649 | A. Building<br>B. Wing | 10/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Odin Health and Rehab Center | 300 Green Street<br>Odin, IL 62870 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | The facility document titled Midnight Census Reports dated 9/29/24 documents 71 residents reside in the facility.<br><br>The facility policy titled Managing Residents: Admissions/Readmissions, Infections, Exposures Policy and Procedure (revised 11/15/23) documents under Mandatory Investigation/Outbreak testing, bullet point five, If the positive case is an employee, they will be excluded from the workplace immediately after testing with assertive contact tracing completed. Bullet point eight, all notifications are made including the local health department, families, residents, staff and IDPH through the Event reporting process. This same document under Broad Base Exposure response, bullet point four, all residents and staff are tested immediately (24 hours post exposure), and isolation is set up for those residents who test positive. Those testing negative continue with testing protocol.<br><br>According to https://www.cdc.gov/covid/hcp/infection-control/?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, Section 3. Setting-specific considerations. Nursing Homes. Responding to a newly identified SARS-CoV-2-infected HCP or resident (updated June 24, 2024): When performing an outbreak response to a known case, facilities should always defer to the recommendations of the jurisdiction's public health authority. A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed. The approach to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based (e.g., unit, floor, or other specific area(s) of the facility) approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission. Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period. Stay connected with the healthcare-associated infection program in your state health department, as well as your local health department, and their notification requirements. Report SARS-CoV-2 infection data to National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module. See Centers for Medicare & Medicaid Services (CMS) COVID-19 reporting requirements. |