

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145649	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Odin Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Green Street 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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0697 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide narcotic pain medication per physician orders for 2 of 3 (R1 and R3) residents reviewed for pain management in a sample of 3. This failure resulted in R1 and R3 experiencing unrelieved pain and having to be sent to the local hospital for treatment of pain. This past noncompliance occurred from [DATE] to [DATE]. The findings include: 1. R1's admission Record dated [DATE], documents an admission date of [DATE] with diagnoses in part of displaced comminuted fracture of shaft of humerus to right arm, multiple fractures ribs right side, unspecified fracture of unspecified lumbar vertebra, chronic migraine, and other chronic pain. R1's MDS (Minimum Data Set) dated [DATE], documents in Section C a BIMS (Brief Interview for Mental Status) score of 15 which indicates R1 is cognitively intact. R1's Care Plan with a date initiated of [DATE] has a focus area of R1 (Resident) has potential for pain from trauma/injuries received prior to admission. Interventions listed are administer medication per physician order(s) and monitor for side effects and effectiveness. Notify the physician /NP (Nurse Practitioner)/ PA (Physician Assistant) if current pain medication is ineffective or if the resident is experiencing side effects, determine what the resident's optimal pain level is for the day to day function and quality of life, and encourage the resident to request pain medication before the pain becomes too intense or prior to activities that the resident knows there is potential for increased pain (e.g. therapy). R1's Order Summary report with a print date of [DATE] documents an order for oxycodone HCL (hydrochloride) oral tablet 10mg (Milligrams) give 1 tablet by mouth every 4 hours as needed for pain with an order date of [DATE] and no end date. R1's July MAR (Medication Administration Record) documented on [DATE], R1 received Oxycodone 10mg 1 tablet at 10:17PM with a pain level of 6. No other documentation for oxycodone 10mg on [DATE]. R1's progress note dated [DATE] at 1:03PM documents in part Resident c/o (complained of) extreme swelling and increased pain to R (right) arm. Offered p/t (patient) prn (as needed) Tylenol and Excedrin. p/t refused Tylenol yet accepted Excedrin. Called Pharmacy to gain access code to prn narcotics in pixus (Emergency medication storage) how pixus didn't have prn narcotic was told by pharmacy that prn narcotic would be in tonight's delivery. P/T demanded to be sent to ER (Emergency Room). Called (Name of Primary Physician), orders obtained to be sent to (Name of Local Hospital) ER. Gave report to (Name of Local Hospital) ER and (Name of Local Ambulance) (Didn't call 911). Called (R1's) emergency contact to inform. P/t pleased with nurse seeking emergency T/x (treatment). R1's progress note dated [DATE] at 4:12 PM documents, received report from local hospital. R1 was given a lidocaine patch to the right arm, 2 Tylenol, and Oxycodone 10 mg. Caller stated R1 was very happy now. The nurse asked about the swelling to the right arm and shoulder and was told there was no imaging done and that the swelling was part of healing. R1's local hospital records from [DATE] documents today's visit diagnoses as other closed displaced fracture of proximal end of right humerus with routine healing subsequent encounter, closed fracture of lumbar vertebra with routine healing unspecified fracture morphology, and closed fracture of multiple ribs of right side with routine healing. On [DATE] at 1:57PM, R1 stated that they have ran out of his prn pain medication oxycodone 2 times. R1 said the first time was when he was first admitted to the facility, and it took a day for them to get the medication in. R1 said that he was in pain then but was able to tolerate it some then. He said that they ran out of it again on [DATE]. R1 said that he was hurting so bad that day he couldn't tolerate it and he had them send him out to local hospital emergency room to see if they could give him something for the pain since they were out of his oxycodone at the facility. R1 said that the emergency room did give him an oxycodone and put a pain patch on him. R1 said even after the hospital gave him the oxycodone and the pain patch that the pain was still there and didn't help until later. 2. R3's admission Record dated [DATE], documents an admission date of [DATE] with diagnoses in part of systemic lupus and chronic pain syndrome. R3's MDS dated [DATE], document in Section C a BIMS score of 15 which indicates R3 is cognitively intact. R3's Care Plan with a revision date of [DATE] documents a focus area of, R3 has chronic pain r/t (related to) lupus, CKD (Chronic Kidney Disease), hernia, chronic pain syndrome, sciatica, osteoarthritis, neuropathy, IBS (Irritable Bowel Syndrome), Gerd (Gastrointestinal reflux disease), depression Intervention include in part anticipate the resident's need for pain relief and respond immediately to any complaint of pain and monitor/record/report to nurse resident complaints of pain or request for pain treatment. Another focus area Pain/Opioid Therapy: (Moderate) pain experience(s) related to: (Lupus, chronic pain, sciatica). Interventions for this focus area include administer pain medication as indicated/prescribed. R3's Order Summary with a print date of [DATE]</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to obtain a new prescription for a controlled substance in a timely manner for 2 of 3 residents (R1 and R3) reviewed for pharmacy services in the sample of 3. This past noncompliance occurred from [DATE] to [DATE]. The findings include: 1. R1's admission Record dated [DATE], documents an admission date of [DATE] with diagnoses in part of displaced comminuted fracture of shaft of humerus to right arm, multiple fractures ribs right side, unspecified fracture of unspecified lumbar vertebra, chronic migraine, and other chronic pain. R1's MDS (Minimum Data Set) dated [DATE], documents in Section C a BIMS (Brief Interview for Mental Status) score of 15 which indicates R1 is cognitively intact. R1's Care Plan with a date initiated of [DATE] has a focus area of R1 (Resident) has potential for pain from trauma/injuries received prior to admission. Interventions listed are administer medication per physician order(s) and monitor for side effects and effectiveness. Notify the physician /NP (Nurse Practitioner)/ PA (Physician Assistant) if current pain medication is ineffective or if the resident is experiencing side effects, determine what the resident's optimal pain level is for the day to day function and quality of life, and encourage the resident to request pain medication before the pain becomes too intense or prior to activities that the resident knows there is potential for increased pain (e.g. therapy). R1's Order Summary report with a print date of [DATE] documents an order for oxycodone HCl (hydrochloride) oral tablet 10mg (Milligrams) give 1 tablet by mouth every 4 hours as needed for pain with an order date of [DATE] and no end date. R1's July MAR (Medication Administration Record) documented on [DATE], R1 received Oxycodone 10mg 1 tablet at 10:17PM with a pain level of 6. No other documentation for oxycodone 10mg on [DATE]. R1's progress note dated [DATE] at 1:03PM documents in part Resident c/o (complained of) extreme swelling and increased pain to R (right) arm. Offered p/t (patient) prn (as needed) Tylenol and Excedrin. p/t refused Tylenol yet accepted Excedrin. Called Pharmacy to gain access code to prn narcotics in pixus (Emergency medication storage) how pixus didn't have prn narcotic was told by pharmacy that prn narcotic would be in tonight's delivery. P/T demanded to be sent to ER (Emergency Room). Called (Name of Primary Physician), orders obtained to be sent to (Name of Local Hospital) ER. Gave report to (Name of Local Hospital) ER and (Name of Local Ambulance) (Didn't call 911). Called (R1's) emergency contact to inform. P/t pleased with nurse seeking emergency T/x (treatment). On [DATE] at 1:57PM, R1 stated that they have ran out of his prn pain medication oxycodone 2 times. R1 said the first time was when he was first admitted to the facility, and it took a day for them to get the medication in. R1 said that he was in pain then but was able to tolerate it some then. He said that they ran out of it again on [DATE]. R1 said that he was hurting so bad that day he couldn't tolerate it and he had them send him out to local hospital emergency room to see if they could give him something for the pain since they were out of his oxycodone at the facility. R1 said that the emergency room did give him an oxycodone and put a pain patch on him. R1 said even after the hospital gave him the oxycodone and the pain patch that the pain was still there and didn't help until later. 2. R3's admission Record dated [DATE], documents an admission date of [DATE] with diagnoses in part of systemic lupus and chronic pain syndrome. R3's MDS dated [DATE], document in Section C a BIMS score of 15 which indicates R3 is cognitively intact. R3's Care Plan with a revision date of [DATE] documents a focus area of, R3 has chronic pain r/t (related to) lupus, CKD (Chronic Kidney Disease), hernia, chronic pain syndrome, sciatica, osteoarthritis, neuropathy, IBS (Irritable Bowel Syndrome), Gerd (Gastrointestinal reflux disease), depression Intervention include in part anticipate the resident's need for pain relief and respond immediately to any complaint of pain and monitor/record/report to nurse resident complaints of pain or request for pain treatment. Another focus area Pain/Opioid Therapy: (Moderate) pain experience(s) related to: (Lupus, chronic pain, sciatica). Interventions for this focus area include administer pain medication as indicated/prescribed. R3's Order Summary with a print date of [DATE] documents an order for Oxycodone-Acetaminophen tablet 5-325mg give 1 tablet by mouth every 4 hours as needed for pain do not exceed 3GM (Grams) daily. R3's June MAR documented no oxycodone-acetaminophen 5-325mg was administered on [DATE] or 06/0925. On [DATE] at 10:18PM oxycodone-acetaminophen 5-325mg was administered with a pain level of 8. R3's Progress note dated [DATE] at 1:53PM documents This resident out of oxycodone. Called the facilities on call to ask how they would like for me to handle the situation because the resident is in pain, and I have no access to the pixus. He said I need to call them after hours for the pharmacy and have them do an emergency drop off. The pharmacy said they can't do a drop off because his</p>		