

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 06/28/2024
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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49714</p> <p>Based on observation, interview, and record review, the facility failed to ensure the MDS (Minimum Data Set) were accurately coded for 1 of 3 resident (R57) in the sample of 46.</p> <p>The Findings Include:</p> <p>Review of R57's Admission Record documented R57 as a [AGE] year old female with an Initial admitted to the facility as 03/02/2023. Diagnoses listed on this document are: unspecified dementia, Bipolar Disorder, hypotension, edema, anxiety, and venous insufficiency.</p> <p>R57's Preadmission Screening and Resident Review (PASRR) dated 06/28/2023 documented Level 1 outcome: Refer for Level II onsite. R57's Notice of PASRR level II Outcome dated 06/30/2023 documented a PASRR determination of Approved without Specialized Services. R57's Illinois PASRR Summary of Findings under PASRR Determination Explanation of You have a Level II PASRR condition of Bipolar Disorder which needs routine follow up with a mental health professional and a medication regimen including Abilify.</p> <p>R57's MDS annual assessment with an Assessment Reference Date of 03/01/2024, documents in Section A (A1500), Identification Information, documents Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition? with a documented response of no. Section I, Active Diagnoses, of the same MDS under Psychiatric/Mood Disorders, Anxiety Disorder, Bipolar Disorder, and Psychotic Disorder (other than schizophrenia) is marked.</p> <p>On 06/27/2024 at 11:24 A.M. V4 (Registered Nurse/Minimum Data Set Nurse) stated that the MDS dated [DATE] was done by a corporate nurse. V4 stated she is unsure why Section A1500 is coded no. V4 stated A1500 is not documented correctly. V4 stated she will reach out to the corporate nurse and see why it was coded the way it was.</p> <p>On 06/27/2024 at 12:25 P.M. V4 stated the corporate nurse explained to V4 that it was an oversight and coded the wrong way. V4 stated she will do a modification of the annual MDS to reflect the correct documentation regarding R57's Level II PASRR.</p> <p>On 06/28/2024 at 9:00 A.M. V1 (Administrator) stated the facility does not have a policy on Minimum Data Set policy but the facility uses the RAI (Resident Assessment Instrument) manual for guidance.</p>

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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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49663</p> <p>Based on observation, interview, and record review the facility failed to ensure medications were properly stored at appropriate temperatures and in locked compartments. This failure has the potential to affect all 68 residents residing in the facility.</p> <p>Findings Include:</p> <p>On 06/26/24 at 09:00 AM, No temperature logs in the medication storage room for the medication and insulin refrigerators.</p> <p>On 06/26/24 at 09:00 AM, V2 (Director of Nursing/DON) stated, there were temperature logs for the medication and insulin refrigerators but is not sure where they are at. V2 stated she would need to ask V4 (Minimum Data Set Coordinator/MDS) if she knows where the temperature logs are.</p> <p>On 6/26/24 at 12:53 PM, V2 stated she is still unable to locate the medication refrigerator logs.</p> <p>On 6/26/2024 at 9:10 AM, V4 (MDS Coordinator) stated the night shift nurse documents the temperature on the logs, and she will call the staff member to ask where the documentation is.</p> <p>On 6/27/2024 at 9:20 AM, V1 (Administrator) stated there is not a specific policy for logging temperatures on the medication refrigerators, but she would expect them to be monitoring temperatures.</p> <p>On 6/27/2024 at 11:40 AM, V4 stated she was not able to get a hold of the night nurse from last night to see where the medication fridge temperature logs were, so she put up a new log starting yesterday (6/26/2024).</p> <p>On 06/26/24 at 09:00 AM, there were no temperature logs in the medication storage room for the medication and insulin refrigerators.</p> <p>The Medication Refrigeration Temperatures log dated June 2024 documents on the first line dated 6/26/2024 with a time of 3:00 PM .temperature 33 degrees.</p> <p>The Insulin Refrigeration Temperatures log dated June 2024 documents on the first line dated 6/26/2024 with a time of 3:00 PM temperature 34 degrees.</p> <p>32619</p> <p>2. On 06/26/24 at 07:36 AM, V12 (Licensed Practical Nurse) was observed passing medications on B Hall. V12 prepared medications for R62. V12 then went into R62's room, leaving the medication cart unlocked and out of her visual control. There were no observations of anyone approaching the cart.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/27/24 at 12:23 PM, the Surveyor arrived on B Hall to find the medication cart parked in the middle of the hallway by the desk. The cart was unlocked and the keys were on top. There were no staff members present. There were no observations of anyone approaching the cart.</p> <p>On 06/27/24 at 12:26pm, V12 came from room [ROOM NUMBER] at end of the hall, took the keys and pushed the cart down the other end of the hall to pass medications.</p> <p>On 6/28/24 at 12:08PM, The facility provided a, List of Confused Wandering Residents living on B Hall: that included R17, R8, R9, R1, R60, R64, R45, and R7.</p> <p>The facility policy titled Medication Storage with a revision date of 08/23/2022, documents under policy that the facility stores all drugs and biologicals in a safe, secure, and orderly manner and in accordance with state and federal regulations. Under Policy Interpretation and Implementation documents 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications may have access to locked medications .7. Compartments (including, but not limited to, drawers, cabinets, room, refrigerators, carts, and boxes), containing drugs and biologicals shall be locked when not in use. Unlocked medication carts are not left unattended.</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid form provided by the facility on 6/25/2024 documents the facility has 68 residents' residing here at this time.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>49663</p> <p>Based on observation, interview, and record review the facility failed to provide meal preferences for 2 of 2 residents (R14, R69) reviewed for meal preferences in the sample of 46 .</p> <p>The findings include:</p> <p>1. R14's Admission Record documented an initial admitted to the facility as 10/25/19. The same document lists diagnoses for R14 including but not limited to scoliosis, unspecified, history of transient ischemic attack and cerebral infarction without residual deficits, dehydration, and chronic kidney disease.</p> <p>R14's Minimum Data Set (MDS) assessment reference dated 4/15/2024 documents a Brief Interview for Mental Status (BIMS) score of 15, indicating R14 is cognitively intact.</p> <p>On 6/25/2024 at 9:53 AM, R14 stated he would like toast and fried eggs for breakfast. R14 stated he would like the toast so he can put his own jelly on it. R14 states he has asked multiple times on different days and he does not receive toast.</p> <p>On 6/25/2024 at 12:10 PM, V3 (Dietary Manager) stated the facility just received a toaster on the previous Friday and can now offer toast to residents and R14 would get toast and eggs for breakfast.</p> <p>On 6/26/2024 at 1:05 PM, R14 stated he did not get any toast or eggs this morning with his breakfast.</p> <p>On 6/26/2024 at 1:00 PM, V3 stated she is not sure if R14 got his toast at breakfast. V3 stated she did not serve breakfast this morning. V3 stated he probably did not get his toast because the card was already printed prior to the meal card getting updated to reflect preferences. V3 stated R14 will get his toast tomorrow morning.</p> <p>On 6/26/2024 at 1:37 PM, V8 (Dietary Cook) stated she cannot recall if R14 got his toast this morning or not. V8 stated she was busy this morning in the kitchen and could not remember.</p> <p>On 6/27/2024 at 8:30 AM, R14's breakfast tray had 2 pieces of toast and double protein. There were no eggs observed on R14's tray.</p> <p>On 6/28/2024 at 10:08 AM, V3 stated R14 does not have eggs as a preference on his meal card at this time. However, R14 is listed on the preference list that the dietary staff is working off of until she can add preferences to the meal card.</p> <p>R14's meal card dated 6/25/2024 documents regular diet with regular texture and double protein. Under notes it documents nutritional shake all meals; double protein.</p> <p>R14's meal card dated 6/27/2024 documents regular diet with regular texture and double protein. Under notes it documents toast-2, nutritional shake all meals; double protein.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R14's meal card dated 6/28/2024 under notes documents toast every day, nutritional shake all meals, double protein.</p> <p>R14's Diet Communication Form dated 5/6/24 documents under supplements it documents double protein.</p> <p>2. Review of R69's Admission Record documented R69's initial admitted to the facility as 05/13/24. The same document lists diagnoses for R69 including but not limited to adult failure to thrive, cystic kidney disease, unspecified, delirium due to known physiological condition, and heart failure.</p> <p>On 6/25/2024 at 12:40 PM, was served a regular diet with regular diet texture of marinated pork chops, loaded mashed potatoes, tossed salad/dressing (ranch), frosted cake, with dinner roll/margarine. Review of R69's meal card documents under notes: nutritional shake- vanilla only; Give hamburger anytime we have pork chops or chicken breast.</p> <p>On 6/25/2024 at 12:48 AM, V5 (Activity Director) stated she was not sure why R69 is supposed to get a hamburger in substitution for pork chop and chicken breast. V5 stated she did serve R69 a pork chop for lunch and did not substitute it for a hamburger.</p> <p>On 6/26/2024 at 10:44 AM, V3 (Dietary Manager) stated R69 should receive a hamburger in replace of pork chops or chicken breast as requested by family. V3 stated she normally gives the pork chop or chicken breast to see if R69 will eat it and then they will offer the hamburger if she doesn't eat the pork chop or chicken breast. V3 stated she did not have time yesterday to check on R69's tray because she was busy in the kitchen.</p> <p>On 6/26/2024 at 1:15 PM, V7 (Family) stated the family does prefer R69 to eat a hamburger when pork chops or chicken breast is served. V7 stated R69 doesn't like pork chops or chicken breast.</p> <p>R69's Care plan dated 5/23/2024 documents a focus of altered nutrition and hydration risk with goals and interventions including honor food/fluid preferences.</p> <p>The facility policy titled Food and Nutrition Services Meal Frequency and Preferences dated 09/01/2021 documents under Standard heading Residents are served in an efficient manner that emphasizes customer service. Under the heading Dietary Staff, Unit Food Carts step 1 documents tray cards updated and correct with residents diet including likes and dislikes.</p>

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>49663</p> <p>Based on observation, interview, and record review the facility failed to provide therapeutic diets as ordered for 1 of 3 residents (R42) reviewed for diets in the sample of 46.</p> <p>Findings Include:</p> <p>1. Review of R42's Admission Record documented R42's initial admitted to the facility as 06/17/21. The same document lists diagnoses for R42 including but not limited to unspecified dementia, unspecified severity, simple chronic bronchitis, and protein-calorie malnutrition.</p> <p>R42's Minimum Data Set (MDS) assessment reference dated 4/2/2024 documents a BIMS score of 0, indicating R42 has severe cognitive impairment.</p> <p>R42's Order Summary documents an order dated 5/24/2024 health shake 4 oz. (ounces) with meals.</p> <p>R42's Care Plan dated 5/7/2024 documents a focus of altered nutrition and hydration related to dementia, malnutrition, hypothyroidism, dysphagia with appropriate goals in place and interventions including diet as ordered and snacks and supplements as ordered.</p> <p>On 6/28/2024 at 1:45 PM, V3 (Dietary Manager) stated she was not aware that R42 was supposed to get health shakes at meals. V3 stated after reviewing R42's electronic health record, that she will be adding health shakes at meals to her meal card.</p> <p>On 06/28/24 at 7:45 AM, R42 was observed in the dining room being fed by V17 (Certified Nurse Assistant/CNA). R42 has a divided plate, cup with lid and very small yellow plastic spoon with a puree meal. There is no health shake on the tray, and none is specified on the diet card. V17 stated, R42 has a puree meal of eggs, muffin, cream of wheat with brown sugar, which she states is super cereal, and milk.</p> <p>On 6/28/2024 at 12:40 PM, R42 was observed in the dining room being fed by V16 (CNA). R42 has a divided plate, cup with lid and a very small pink spoon with a puree meal. There is no health shake on the tray, and none is specified on R42's diet card. V16 stated that R42 has a pureed meal of fish, power potatoes, cheese grits, green beans, and fruit crisp. V16 stated she is not aware that R42 is to have a health shake with her meals.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled Food and Nutrition Services dated 9/1/2021 documents under Guidelines that a Therapeutic diet is defined as a diet ordered by a physician, or delegated registered or licensed dietitian, as part of the treatment for a disease or clinical condition. The purpose of a therapeutic diet is to eliminate or decrease specific nutrients in the diet (e.g. sodium), or to increase specific nutrients in the diet (e.g. potassium), or to provide food that a resident is able to eat (e.g. mechanically altered diet.). The guidelines document the following steps: 1. The Licensed Nurse accepts the diet order from the authorized prescriber. 2. The Licensed Nurse completes and signs the Diet Requisition Form, including the full diet order, food allergies, and specific food preference requests. 3. Diets are prepared in accordance with the guidelines in the approved Diet Manual and the individualized plan of care.</p>

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32619</p> <p>Based on observation, interview, and record review, the facility failed to provide adaptive utensils for 1 of 1 residents (R32) reviewed for assistive devices in the sample of 46.</p> <p>Findings include:</p> <p>R32's Face Sheet documented an admitted [DATE] and listed diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Involving The Left Non-dominant Side and Unspecified Protein-Calorie Malnutrition.</p> <p>R32's June 2024 Physicians Orders documented an order for, Regular diet, puree consistency, pudding thick liquids dated 5/8/24 and resident is to use a divided plate and foam built up utensils for meals to facilitate self-feeding dated 5/2/24.</p> <p>On 06/26/24 at 12:32 PM during lunch in the dining room, R32 was alert to self only. R32 was observed self-feeding with regular utensils from a divided plate. V5, Activity Director/Certified Nursing Assistant, confirmed R32 was to have foam built up utensils, and went to the kitchen and retrieved them.</p> <p>On 06/27/24 at 7:28 AM during breakfast service, R32 was observed self-feeding from individual bowls with regular utensils.</p> <p>On 06/28/24 at 7:36 AM during breakfast service, R32 was observed self-feeding from a divided plate with regular utensils.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49714</p> <p>Based on observation, interview and record review the facility failed to follow policy and procedure for enhanced barrier precautions for 10 of 13 residents (R1, R5, R14, R18, R42, R60, R62, R65, R67, and R68) reviewed for infection control in the sample of 46.</p> <p>The Findings Include:</p> <p>On the initial tour of the facility on 06/25/2024 beginning at 9:30 AM, there were no resident rooms observed in the facility with signage on the doors indicating residents were on isolation or enhanced barrier precautions.</p> <p>On 06/25/2024 a Matrix for Providers (Form CMS 802) was provided by the facility with no residents marked for transmission-based precautions.</p> <p>On 06/25/24 at 11:36 A.M., V13 (Certified Nurse Assistant-CNA) was noted to be exiting the room of R67 and R68 from providing care. V13 stated she is not for sure who is on isolation. V13 stated she is not sure because today is her first day in the facility.</p> <p>On 06/25/2024 at 11:40 A.M., V14 (Licensed Practical Nurse-LPN) stated good question when asked if the facility utilized enhanced barrier precautions. V14 stated the staff should just utilize gloves when caring for a resident who has a catheter. V14 stated she thought that isolation was only for MRSA (Methicillin-resistant Staphylococcus aureus) and other related infections.</p> <p>On 06/25/24 a 11:46 A.M., V2 (Director of Nursing-DON) stated we wear gloves for residents who have indwelling catheters. V2 stated she is unsure what enhanced barrier precautions are and will have to talk her regional nurse to see if they have enhanced barrier precautions.</p> <p>On 06/26/2024 at 10:44 A.M., V12 (LPN) stated enhanced barrier precautions are new. V12 further stated that enhanced barrier precautions are for any resident who has an indwelling catheter, wounds, or a line for antibiotics.</p> <p>On 06/26/2024 at 10:49 A.M. V2 stated she has completed education with staff and the residents who require enhanced barrier precautions and now have them in place.</p> <p>R1's Admission Record documented an Initial admitted [DATE]. R1's Admission Record documents the following diagnoses: dementia, chronic obstructive pulmonary disease, epilepsy, schizophrenia and major depressive disorder. R1's Order Summary Report documented a current treatment order to cleanse abrasion to left great toe daily, apply collagen hydrogel cover with calcium alginate and dry dressing every day shift.</p> <p>R5's Admission Record documented an Initial admitted [DATE]. R5's Admission Record documents the following diagnoses: type 2 diabetes, essential hypertension, peripheral vascular disease, hyperlipidemia, and arthropathy. R5's Order Summary Report documented a current treatment order to apply Triamcinolone external cream to right lower leg every shift.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R14's Admission Record documented an Initial admitted [DATE]. R14's Admission Record documented the following diagnoses: sepsis, methicillin resistant staphylococcus aureus, chronic osteomyelitis, type 2 diabetes mellitus, pressure ulcer of sacral region, stage 4, and neuromuscular dysfunction of the bladder. R14's Order Summary Report documented the following current treatment orders: cleanse left hip with wound cleanser, apply calcium alginate, cover with bordered gauze and cleanse sacrum with acetic acid, pack tunnels with iodoform packing, apply collagen, fill void with gauze, cover with ABD (Abdominal Pads).</p> <p>R18's Admission Record documented an Initial admitted [DATE]. R18's Admission Record documented the following diagnoses: hemiplegia, type 2 diabetes mellitus, peripheral vascular disease, anemia, chronic diastolic congestive heart failure, dependence on dialysis, mixed hyperlipidemia, and obstructive uropathy. R18's Order Summary Report documented the following current treatment order: cleanse right lateral foot with wound cleanser, apply collagen hydrogel, cover with calcium alginate and bordered gauze daily.</p> <p>R42's Admission Record documented an Initial admitted [DATE]. R42's Admission Record documented the following diagnoses: unspecified dementia, mild protein calorie malnutrition, and hypothyroidism. R42's Order Summary Report documented a current treatment order of cleanse coccyx with wound cleaner, pat dry, apply no sting sure prep to surrounding area of wound and apply hydrocolloid dressing.</p> <p>R60's Admission Record documented an Initial admitted [DATE]. R60's Admission Record documented the following diagnoses: unspecified dementia, pulmonary fibrosis, moderate protein calorie malnutrition, and chronic obstructive pulmonary disease. R60's Order Summary Report documented a current treatment order to cleanse left 4th toe with wound cleanser, apply collagen hydrogel, apply calcium alginate and cover with dry dressing and cleanse the left elbow with wound cleanser, apply xeroform wrap with gauze roll and secure with coban (self-adherent latex wrap).</p> <p>R62's Admission Record documented an Initial admitted [DATE]. R62's Admission Record documented the following diagnoses: sepsis, infection due to indwelling catheter, chronic kidney disease, disorders of adrenal gland, gout, and gastro-esophageal reflux disease. R62's Order Summary Report documented a current treatment order to cleanse right calf with wound cleanser, apply collagen hydrogel, cover with calcium alginate and border dressing.</p> <p>R65's Admission Record documented an Initial admitted [DATE]. R65's Admission Record documented the following diagnoses: hemiplegia, aphasia, essential hypertension, and disorder of the skin. R65's Order Summary Report documented a current treatment order to cleanse old surgical area behind left ear with wound cleanser, apply Dakin's soaked gauze, cover with dry gauze and use head wrap and cleanse right mid foot with wound cleanser, apply collagen hydrogel, cover with calcium alginate and bordered dressing.</p> <p>R67's Admission Record documented an Initial admitted [DATE]. R67's Admission Record documented the following diagnoses: type 2 diabetes mellitus, hyperlipidemia, depression, and bipolar disorder. Review of a document labeled Order Summary Report documented a treatment order to cleanse area to behind right ear with wound cleanser, pack with iodoform packing and cover with bordered gauze.</p> <p>(continued on next page)</p>		

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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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R68's Admission Record documented an Initial admitted [DATE]. R68's Admission Record documented the following diagnoses: hemiplegia, secondary malignant neoplasm of the brain, mass left lower limb, neuromuscular dysfunction of the bladder and retention of urine. R68's Order Summary Report documented a current treatment order to cleanse left groin with wound cleaner, pack with Dakin's (hypochlorite solution) soaked gauze, cover with ABD pads and an order for an indwelling catheter 20 French with 10 milliliter balloon to gravity drainage.</p> <p>Th facility policy titled Enhanced Barrier Precautions with a revision date of 04/22/2024 documents Enhanced barrier precautions expand the use of PPE (Personal Protective Equipment) and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's (multidrug resistant organisms) to staff hands and clothing. MDRO's may be indirectly transferred from resident to resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are especially high risk of both acquisition of and colonization with MDRO's. The implementation of Personal Protective Equipment use in nursing homes to prevent the spread of MDRO's updated: examples of high-contact resident care activities requiring gown and glove use for enhanced barrier precaution include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assistance with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator. Wound Care: any skin opening requiring a dressing in general .</p> <p>32619</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32619</p> <p>Based on interview and record review, the facility failed to monitor culture and sensitivity results and prescribe appropriate antibiotic to treat a Urinary Tract Infection (UTI) for 1 of 1 residents (R71) reviewed for UTI's in the sample of 46.</p> <p>Findings include:</p> <p>R71's Face Sheet documented an admitted [DATE] and listed diagnoses including Peripheral Vascular Disease and Alzheimer's Disease.</p> <p>R71's Nursing Progress Notes document the following:</p> <p>6/19/24 at 3:35 PM: Spoke to MD (Medical Doctor) and POA (Power of Attorney) regarding resident's increased behaviors. New orders received from MD to obtain labs and POA agreed with plan.</p> <p>6/20/24 at 4:32 PM: UA (urinalysis) obtained by this nurse per dr. (MD) orders.</p> <p>R71's laboratory report for a urinalysis dated 6/20/24 documented that R71 tested positive for blood, protein, leukocytes. Red blood cells, white blood cells, bacteria, and mucous.</p> <p>R71's Nursing Note dated 6/21/24 4:13 PM documents UA and lab results faxed to (MD) C&S (Culture and Sensitivity) still pending.</p> <p>R71's Nursing Note dated 6/22/24 at 3:13 PM documents (MD) was in for rounds, gave new order for Cipro 500 milligrams (mg) BID (twice a day) x 10 days, POA notified.</p> <p>There were no further notes or lab results in the record addressing the R71's C&S.</p> <p>On 06/27/24 at 09:42 AM, V2, (Director of Nurses-DON), stated she was not sure what the status of the C&S is, nor if the results had been obtained, but she stated she would check. V2 stated she does not have a system to remind her or other staff to call about pending lab results.</p> <p>R71's laboratory report for a Culture, Urine documents a specimen collection date of 6/20/24, reported date of 6/23/24, and last reprint date of 6/27/24. The results document a growth of the organism Proteus Mirabilis (ESBL) Extended Spectrum Beta Lactamase. The Antibiotic Sensitivity documents R next to Ciprofloxacin (Cipro) indicating that the organism is resistant to this antibiotic.</p> <p>R71's Nursing Progress Note dated 6/28/24 at 8:59 AM documents in part Call placed to MD R/T (related to) UA results, new orders to contact pharmacy to dose correct medication for sensitivity results, pharmacy gave orders for gentamicin or tobramycin at 66mg Q8H (every 8 hours) x 10 days. MD agrees to gentamicin 66mg Q8H.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An Antibiotic Stewardship Policy with a revision date of 12/13/23 documents in section 4 Antibiotic Stewardship Actions, subsection B Actions step vii. Multi-drug resistant infections. The AST (Antibiotic Stewardship Team) will design and utilize systems to 1) identify residents with multidrug-resistant organisms (MDRO's) by review of microbiology culture results, 2) alert staff and providers, and 3) document in cases of inter-facility transfer. Implemented: September 1, 2019.</p>