

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER Odessa Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Golf Street Odessa, MO 64076	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review, the facility failed to notify the resident's responsible party after staff performed the Heimlich Maneuver (a first-aid procedure for dislodging an obstruction from a person's windpipe in which sudden strong pressure is applied on the abdomen, between the navel and the rib cage) on one sampled resident (Resident #3) who had choked on food and the physician had made some medication changes and ordered tests that were not relayed to the responsible party out of three sampled residents. The facility census was 54 residents.</p> <p>On 1/2/25 the Administrator was notified of the past noncompliance which occurred on 12/19/24. On 12/26/24 the facility administration was notified of the change of condition and notification not being completed. Facility staff were educated on change of condition and notification of responsible party. All changes of condition were monitored daily for notification. The deficiency was corrected on 12/31/24.</p> <p>Review of the facility policy Notification of Changes dated 2/2023 showed:</p> <ul style="list-style-type: none"> -Policy was to ensure the facility informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. -Example of change of condition was a accident resulting in injury or potential to require physician intervention, and new treatment. <p>1. Review of Resident #3's Annual Minimum Data Set (MDS - a federally mandated assessment tool required to be completed by facility staff for care planning) dated 12/5/24 showed the resident:</p> <ul style="list-style-type: none"> -Was cognitively intact. -Was independent with meals after set-up. -Did not have signs and symptoms of any swallowing issues. <p>Review of the resident's Nurses Notes dated 12/19/24 showed:</p> <ul style="list-style-type: none"> -He/She had a choking incident at supper. -Physician ordered a chest x-ray that showed bronchitis vs pneumonia. <p>(continued on next page)</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Physician ordered to double Torsemide (a medication that treats excess fluid in the body caused by various medical problems) from 20 milligrams (mg) to 40 mg x 3 days and azithromycin (an antibiotic to treat many bacterial infections, such as respiratory).</p> <p>-His/Her resident representative was not notified of the incident.</p> <p>Review of the resident's incident report dated 12/19/24 at 6:23 P.M., showed:</p> <p>-He/She appeared to be choking.</p> <p>-He/She was blue/purple in color and was unable to speak or move air.</p> <p>-Staff had performed the Heimlich Maneuver and back thrusts on the resident.</p> <p>-He/She had began to cough and speak and had returned to baseline skin color.</p> <p>-No injuries were observed.</p> <p>-No notifications of the resident representative were found.</p> <p>During an interview on 1/2/25 at 9:50 A.M. the resident's representative said he/she had found out about the incident when the resident had told his/her spouse and the spouse called to notify him/her.</p> <p>During an interview on 1/2/24 at 10:55 A.M. Licensed Practical Nurse (LPN) A said:</p> <p>-The charge nurses are responsible for contacting residents representatives for any resident change of condition including choking on food, medication changes, new labs and x-rays ordered by the doctor.</p> <p>-He/She was in-serviced on resident change of condition policy just last week sometime.</p> <p>During an interview on 1/2/25 at 11:30 A.M., the Director of Nursing (DON) said:</p> <p>-The charge nurse would be responsible for contacting the resident responsible party with change of conditions.</p> <p>-The nurse did not notify the responsible party of the resident's choking incident, x-ray or new medications that were ordered.</p> <p>-All staff had been in-serviced by him/her when administration was made aware and change of conditions continue to audited by him/her daily.</p> <p>MO 00247080</p>		