

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2026
NAME OF PROVIDER OR SUPPLIER Odd Fellow Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1229 S Jackson St Green Bay, WI 54301	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not provide pharmaceutical services to ensure the accurate administration of medication for 1 resident (R) (R1) of 4 sampled residents. R1 was prescribed Eliquis (blood thinning medication) 2.5 milligrams (mg) twice daily for one week following surgery. The dose was to be increased to 5 mg twice daily on 12/26/25. The dose was not increased until 12/27/25 which resulted in R1 receiving two incorrect doses of the medication. The facility's Administering Medications policy, revised 12/10/25, indicates: Medications should be administered in accordance with prescriber's orders. On 2/2/26, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including post-hip arthroplasty, osteoarthritis, atrial fibrillation, and panic disorder. R1's most recent Minimum Data Set (MDS) assessment, dated 12/25/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 had intact cognition. On 2/2/26, Surveyor reviewed R1's hospital discharge paperwork and admission orders, dated 12/19/25. R1's discharge paperwork contained an order for Eliquis 5 mg tablet - take 1 tablet (5 mg total) by mouth two times daily (BID) for deep vein thrombosis (blood clot) prevention. Give 2.5 mg BID for the first week (7 days) post-op. Surveyor reviewed a physician communication, dated 12/23/25, where nursing staff requested clarification for R1's Eliquis order. Physician Assistant (PA)-C indicated R1 should receive 2.5 mg BID through 12/25/25 and 5 mg BID starting on 12/26/25. A nursing note, dated 12/23/25, indicated R1's Eliquis order was changed to 2.5 mg BID for 1 week (ending on 12/25/25) and 5 mg BID starting on 12/26/25. R1's family was updated. Surveyor reviewed R1's December 2025 Medication Administration Record (MAR) and noted R1 received Eliquis 2.5 mg BID from 12/19/25 through 12/26/25 (a total of 8 days). R1 began receiving Eliquis 5 mg BID on 12/27/25. On 2/2/26 at 1:34 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified R1's order indicated Eliquis should have been increased on 12/26/25 instead of 12/27/25. NHA-A indicated there may have been a transcription error when the order was entered.		

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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