STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006878	A. BUILDING: _____ B. WING _____	C 03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODIN HEALTH AND REHAB CENTER	300 GREEN STREET ODIN, IL 62870

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2552395/IL188436	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210d)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006878	A. BUILDING: _____ B. WING _____	C 03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODIN HEALTH AND REHAB CENTER	300 GREEN STREET ODIN, IL 62870

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

These regulations were not met as evidenced by:

Based on interview, and record review, the facility failed to provide narcotic pain medications per physicians orders and failed to assess the effectiveness of non narcotic pain medication for 2 of 2 residents (R1, R3) reviewed for pain

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006878	A. BUILDING: _____ B. WING _____	C 03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODIN HEALTH AND REHAB CENTER	300 GREEN STREET ODIN, IL 62870

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

management in the sample of 14. This failure lead to R1 and R3 experiencing unrelieved pain up to 9 and 10 on a scale of zero to ten.

Findings include:

1. R1's Face Sheet documented an Admission Date of 9/20/23 and listed Diagnoses including Bipolar Disorder, Chronic Obstructive Pulmonary Disease, and Morbid Obesity with a Body Mass Index of Greater than 70. A Minimum Data Set dated 3/4/25 documented that R1 has minimal deficits in cognition.

R1's Care Plan dated 3/17/25 documented a problem area, "The resident displays manipulative behavior related to a psychiatric disorder," with corresponding intervention,"Educate resident on appropriate means of requesting help for self or others." The Care Plan also documented a problem area, " The resident is on pain medication therapy," with corresponding intervention, "Administer analgesic medications as ordered by physician. Monitor/document side effects and effectiveness every shift."

R1's March Physicians Order Sheet (POS) documented orders for lidocaine 4 percent patch apply to bilateral knees topically in the morning, and norco 7.5-325 mg (milligrams). one tablet every 6 hours for pain.

R1's March 2025 Medication Administration Record (MAR) documented that R1 did not receive the lidocaine patch on 3/11/25, 3/12/25 and 3/13/25 as it was not available. The same MAR documented that R1 did not receive the norco as it was unavailable from 3/17/25 at 2am until 3/19/25 at 2am, with the exception of one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006878	A. BUILDING: _____ B. WING _____	C 03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODIN HEALTH AND REHAB CENTER	300 GREEN STREET ODIN, IL 62870

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

dose given at 2am on 3/18/25. This MAR documented that R1's pain in that time period ranged from 0 to 6, and Tylenol ER 650mg. one tablet every six hours was administered, with no documentation as to the effectiveness.

Nurses Notes documented the following:
3/17/25 at 1:53pm: "Script for Norco have been faxed to Physicians office to be signed, returned so that they can be forwarded to the pharmacy."
3/17/25 at 2:03pm: "Call placed to the pharmacy. There still is not a script for the medication. Waiting on a script."
There was no documentation in the Nurses Notes regarding pain levels or effectiveness of the tylenol.

On 3/21/25 at 1:25pm, R1 was alert and oriented to person, place, and time. R1 stated earlier in the month she went without narcotic pain medication for two days due to an issue with the pharmacy not delivering it. R1 stated staff gave her tylenol but it was ineffective and her pain was ten on a ten scale during that time. R1 stated in this month there was also a problem with the facility not having received her topical lidocaine patches, which she went without for about 3 days.

2. R3's Face Sheet documented an Admission Date of 2/8/24 and listed Diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Left Non-Dominant Side, Diabetes Type 2 and Bipolar Disorder. A Minimum Data Set dated 2/20/25 documented that R3 has no deficits in cognition.

R3's Care Plan dated 3/17/25 documented a problem area, "The resident is on pain medication therapy related to chronic pain,"with corresponding intervention, "Administer analgesic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006878	A. BUILDING: _____ B. WING _____	C 03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODIN HEALTH AND REHAB CENTER	300 GREEN STREET ODIN, IL 62870

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

medications as ordered by physician. Monitor/document side effects and effectiveness every shift."

R3's March 2025 POS documented orders for tylenol oral tablet 325 mg. give 1 tablet by mouth every 8 hours as needed for pain, and hydrcodone acetaminophen oral tablet 5-325 mg. give 1 tablet by mouth every 6 hours as needed for chronic pain.

R3's March 2025 MAR documented that R3 did not receive the hydrocodone on 3/3/25 at 12am and 6am nor on 3/4/25 at 12pm and 6pm, as the medication was unavailable. The same MAR documented that R3's pain in that period ranged from 3 to 9, that tylenol given on 3/4/25 for a pain level of 9 at 11:08am was ineffective, and that tylenol given on 3/4/25 at 6:02pm for a pain level of 9 was effective.

Nurses Notes documented the following:
2/28/25 at 3:40pm: "Message sent to pharmacy regarding Norco. To be sent with next delivery in morning."
2/28/25 at 6:33pm: "Per pharmacy, 3 tablets remaining on script to be sent. Call made to Physician to notify of new script needed. Stated to have pharmacy call. Pharmacy notified and received spoke with Physician per pharmacy message. Message received that Physician has been contacted."

On 3/22/25 at 6:15am, R3 was alert and oriented to person, place, and time. R3 stated sometimes his narcotic pain medication is not available because the nurses haven't ordered it. R3 stated he can't recall the level of his pain on a ten scale, but, "Its gotten pretty bad. They gave me tylenol, but that didn't really cut it."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006878	A. BUILDING: _____ B. WING _____	C 03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODIN HEALTH AND REHAB CENTER	300 GREEN STREET ODIN, IL 62870

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 On 3/27/25 at 10am, V2, Director of Nurses, stated the nurse responsible for passing medication is responsible for reordering the medications when needed. V2 stated if medications are missing, it might be a problem with agency nurses not following through with their responsibilities. V2 stated narcotic pain medications are generally available in the facility's emergency medication kit. V2 stated nursing staff probably accessed some of the doses of R1 and R3's pain medication from the emergency kit although it was not available in the medication cart. A Management of Pain Policy dated 5/16/22 documented, "Our mission is to facilitate resident independence, promote resident comfort and preserve resident dignity. The purpose of this policy is to accomplish that mission through an effective pain management program, providing our residents the means to receive necessary comfort, exercise greater independence, and enhance dignity and life involvement. We will achieve these goals through:Using pain medication judiciously to balance the resident's desired level of pain relief with the avoidance of unacceptable adverse consequences." (B)	S9999		