

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Tomahawk Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 720 E Kings Rd Tomahawk, WI 54487	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46693</p> <p>Based on observation, interview and record review, the facility did not promote and facilitate resident self-determination through support of resident choice and preferences for 1 of 12 residents (R) reviewed. (R1).</p> <p>R1 was not given the right to choose to receive meal textures that R1 requested and prefers. This is significant to R1.</p> <p>This is evidenced by:</p> <p>According to Wisconsin State Statute GUIDANCE S483.60(d)(1)-(2) includes, in part, Providing palatable, attractive, and appetizing food and drink to residents can help to encourage residents to increase the amount they eat and drink. Improved nutrition and hydration status can help prevent, or aid in the recovery from, illness or injury.</p> <p>R1 was admitted to the facility on [DATE] for rehabilitation after falling and fracturing the right knee. Diagnosis included right knee fracture, protein-calorie malnutrition, type 2 diabetes mellitus, and adult failure to thrive.</p> <p>R1's Minimum Data Set (MDS) assessment, completed on 12/03/24, confirmed R1 scored 15/15 during Brief Interview for Mental Status (BIMS), indicating intact cognition.</p> <p>The updated facility matrix identified that R1 had an excessive unplanned weight loss; therefore, Surveyor was monitoring R1 during dining.</p> <p>R1's physician orders dated 11/08/24 includes a diet order for consistent carbohydrate cardiac diet with level 2 mechanically altered texture and regular thin liquids.</p> <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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/14/25 at 7:45 AM, Surveyor observed R1 up in wheelchair in the dining room for breakfast. R1 received two 8oz cups of tomato juice, 8oz apple juice, 4oz strawberry health shake, pureed pancakes, ground sausage with gravy, and oatmeal. R1 was picking at the food and only ate a few bites. At 8:02 AM, Surveyor interviewed R1 and asked about the food that is provided. R1 stated, I have been eating this food since I came in. I mean look at it. It is like baby food. I had some teeth that were loose after I fell but it was only for a couple days and now the teeth are tight, and I have been asking for a regular diet for five weeks now and I keep getting told that the person that changes that is on vacation.</p> <p>On 01/14/25 at 8:07 AM, [NAME] F approached R1 and Surveyor in the dining room and stated, I keep asking the nurses to follow up on [R1's] meals because [R1] has been asking for weeks now for the regular meal and I cannot serve anything without the order changing.</p> <p>Review of R1's progress notes indicated that on 12/19/2024 at 10:42 AM, Registered Nurse (RN) H documented, Dietary came to writer after speaking with resident regarding concerns with diet. Resident does not like the mush she gets. Writer placed a speech eval as diet has been the same since admission.</p> <p>On 01/14/25 at 10:11 AM, Surveyor interviewed RN H who stated, I only know of the one time she complained and documented it and referred her to ST (Speech Therapy). I have not received any therapy updates yet. Surveyor asked for any follow up. RN H looked through R1's records and stated she did not see any follow up for R1's preference to not have the altered diet.</p> <p>On 01/14/25 at 10:15 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of Nursing (DON) B who verified that in R1's case, a referral was sent to ST. Level 2 diet was ordered on admission. R1 is her own person, does not like to bother others, and they can see according to progress notes, there were no other complaints, but also no other follow up notes either.</p> <p>DON B provided ST notes. ST evaluation and plan of treatment notes for the period between 11/15/24-12/14/24 noted R1's oral exam was within normal function. There were no ST notes after 12/14/24. DON B informed Surveyor that she offered R1 to wait for the ST eval or sign risk vs benefit. R1 chose to sign the form so R1 could have a regular lunch today.</p>		

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<p>F 0571</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Limit the charges against residents' personal funds for items or services for which payment is made under Medicare or Medicaid.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863</p> <p>Based on interview and record review, the facility charged a resident for a service covered under Medicaid. This effected 1 of 5 sampled residents (R41).</p> <p>-The facility charged R41 for transportation services to a medical appointment, which is a covered service under Medicaid.</p> <p>-The facility charged R41 for transportation services which were not specifically requested by R41.</p> <p>-The facility did not inform R41, orally and in writing, of a charge for a service and what that charge would be.</p> <p>Findings:</p> <p>R41 was admitted to the facility on [DATE], with diagnoses including anemia, atrial fibrillation, and multiple myeloma. R41 scored 12/14 during Brief Interview for Mental Status (BIMS), indicating intact cognition. R41's daughter assists R41 with her personal funds.</p> <p>R41's physician orders included an order for apixaban, a medication to prevent blood clots.</p> <p>On 01/13/25 at 12:47 PM, Surveyor interviewed R41. R41 stated, Last week I had an appointment, and their van driver was not available. They called my son-in-law, but he did not feel comfortable taking me. They called a van to take me, but the van driver wouldn't take me until I paid up front, so my son-in-law brought the money here and gave it to the nurse. When I got to my appointment, they told me that I didn't even have an appointment. They called the van driver to come back and get me to bring me back. When I got back here, the nurse told the van driver she had the money my son-in-law brought and paid the van driver.</p> <p>On 01/13/25, Surveyor reviewed the facility's admission packet, which read in part . Attachment A contains a description of the Basic Care and Additional Services, as well as the general coverage description based on payor source. The charges for items and services provided by the Center and included in the Basic Services daily rate, and those Additional Available Services not included, as well as the items and services and the charges for those items and services not covered by your third-party payor, Medicaid or Medicare are provided to you as part of the admission process. This Schedule of Charges may be amended by the Center from time to time, but Resident will be provided at least sixty (60) days advance written notice will be given for any changes made in these charges.</p> <p>Surveyor reviewed Attachment A and noted transportation services was not listed in the attachment. Surveyor requested the facility's policy for transportation services. The facility did not have a policy related to transportation services, but did provide Surveyor with a document titled, '2025 Schedule of Charges.' This document included transportation and indicated, Cost of Transport/See Business Office Manager.</p> <p>(continued on next page)</p>		

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<p>F 0571</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R41's record and noted the following:</p> <p>-On 01/08/25, R41 was scheduled to have a blood transfusion related to low hemoglobin. Progress notes indicated the facility's van driver was not available on 01/08/25. R41's provider was updated, and the appointment was re-scheduled for 01/09/25. The facility arranged transportation with a transportation provider for 01/09/25.</p> <p>-On 01/09/25, R41 was transported to her medical appointment and back to the facility by an outside transportation service, by Transportation Driver (TD) C. The total miles roundtrip was 4.2 miles.</p> <p>-On 01/09/25, a progress note confirmed the facility received a telephone call from the medical provider indicating they did not receive the orders for R41's blood transfusion and it could not be completed.</p> <p>On 01/14/25 at 7:20 AM, Surveyor interviewed Nursing Home Administrator (NHA) A. NHA A stated for residents receiving Medicaid services and needing transportation to medical appointments, the facility uses their personal van most of the time. If the van is not available, the facility uses outside transportation services. NHA A reported if outside transportation services are used the facility bills the charges for the service to Medicaid.</p> <p>On 01/14/25 at 11:43 AM, Surveyor interviewed TD C. TD C reported she does not bill Medicare/Medicaid for her services but charges the facility. TD C stated, I did contract with the facility, but I had to cut them off because they were behind on their bill. They called me to take [R41] to her appointment and I would have charged \$50, but there was no return time, they were not sure when she would be done with her appointment, so I told them I would take her for \$100, but I needed to be paid on that day. TD C confirmed she was paid \$100 cash on 01/09/25.</p> <p>On 01/14/25 at 12:15 PM, Surveyor interviewed Business Office Manager (BOM) D. BOM D confirmed transportation is included in the daily rate for residents receiving Medicaid services. BOM D stated, The transportation service that took [R41] to her appointment won't do business with us due to outstanding bills and will only do private pay. Our driver was not available, and this transportation service was the only transportation provider able to take her. We talked with the resident about it, and she agreed to pay. The alternative would have been to reschedule her appointment through our driver. Surveyor asked BOM D if R41 signed anything agreeing to the charge, or if there was documentation to support R41 was aware of or agreed to the charge. BOM D reported there was no documentation of this.</p> <p>On 01/14/25 at 12:26 PM, Surveyor interviewed NHA A. NHA A stated, If we can't provide transportation we go through a transportation agency. This transportation agency will only provide transportation for private pay, and we wanted her to go to that appointment. [R41] paid privately for the transportation. We have to work on that on our end. She was offered the transportation service; she was ok with that. I feel like she should be reimbursed.</p> <p>On 01/15/25, Surveyor reviewed the receipt provided by TD C. The receipt confirmed on 01/09/25, R41 received transportation from the facility to a medical provider located 2.1 miles away and then a return trip back to the facility. The receipt confirmed on 01/09/25, \$100 cash was paid in full for the transportation provided.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46693</p> <p>Based on interview and record review, the facility did not ensure residents received treatment and care in accordance with professional standards of practice for 1 of 12 sampled residents (R1).</p> <p>The facility did not follow hospital discharge orders to complete daily blood glucose testing to ensure safe blood sugar levels.</p> <p>Findings:</p> <p>R1 was admitted to the facility on [DATE] for rehabilitation after falling and fracturing the right knee. Diagnoses included right knee fracture, protein-calorie malnutrition, type 2 diabetes mellitus, and long-term use of oral hypoglycemic drugs.</p> <p>R1's Minimum Data Set (MDS) assessment, completed on 12/03/24, confirmed R1 scored 15/15 during Brief Interview for Mental Status (BIMS), indicating intact cognition.</p> <p>On 11/22/24, R1's history and physical note indicates R1 developed hypotension and was sent to the emergency room . R1 was admitted to the hospital from 11/22/24-11/27/24. The hospital discharge summary revealed R1's diagnoses included sepsis, UTI, acute kidney injury, and type 2 diabetes.</p> <p>Surveyor found no blood sugars were being taken since readmission to the facility.</p> <p>R1's care plan, dated 11/08/24, states R1 has diabetes with interventions that include to obtain glucometer readings and report abnormalities as ordered.</p> <p>The hospital discharge summary, dated 11/27/24, notes recommendation to check daily blood glucose. Surveyor then requested all blood glucose levels checked since R1 was readmitted on [DATE].</p> <p>On 01/14/25 at 12:43 PM, Surveyor interviewed Director of Nursing (DON) B who stated they have not been checking blood glucoses since R1 was readmitted . Surveyor showed DON B the order for daily testing in the discharge summary and DON B said, We totally missed that one.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>44863</p> <p>Based on observation, interview and record review, the facility did not follow the menu and did not notify residents of the menu change. This had the potential to affect all 43 residents in the facility.</p> <p>-The facility served a different meal than what was noted on the menu. The facility did notify residents of the menu change.</p> <p>-This resulted in residents complaining of the menu change.</p> <p>-This resulted in one resident (R28) requesting a bowl of cereal for lunch as he did not want what was posted on the menu. R28 was not notified of the menu change and was not given the option to receive the meal that was served.</p> <p>Findings:</p> <p>The facility's policy titled Menus, read in part, Menus will be planned in advance. Menus will be developed to meet the criteria through the use of an approved menu planning guide. Menus will be posted in the Dining Services department, dining rooms, and resident/patient care areas.</p> <p>On 01/13/25, Surveyor noted the lunch menu was Chinese Pork Chop Suey with egg rolls, fried rice, and diced pears.</p> <p>On 01/13/25 at 11:53 AM, Surveyor observed R41's meal tray and noted she received a hot dog, sauerkraut, parsley potatoes, a biscuit, and pudding with whipped topping. Surveyor read R41's meal ticket which read, Chinese Pork Chop Suey, egg roll, fried rice, and diced pears. R41 stated, Nothing on here is what was supposed to be served. R41 stated she often receives meals that are not consistent with what is posted on the menu. R41 reported she does not have a menu in her room and only knows what is being served if she looks at the menu posted by the dining room.</p> <p>On 01/13/25 at 11:55 AM, Surveyor observed R28 eating his lunch meal. Surveyor noted R28 was eating a bowl of Cheerios. R28 stated he did not want Chop Suey and had requested a bowl of cereal as an alternative. R28 reported he was not aware the menu changed, and Chop Suey was not being served for lunch. R28 reported he did not have a menu in his room but can ask staff what is being served.</p> <p>Surveyor noted all residents received the same food items as R41.</p> <p>Surveyor observed the menu posted near the dining room was covered with a piece of paper reading, Residents Meal of the Month, January 13-lunch, polish sausage, potatoes, sauerkraut, biscuit, and banana cream pie.</p> <p>On 01/13/25 at 12:09 PM, Surveyor interviewed Certified Nursing Assistant (CNA) E. CNA E bserved the menu posted near the dining room, indicating the Meal of the Month was being served. CNA E stated she was not sure when the menu changed.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/14/25 at 8:25 AM, Surveyor interviewed R20. R20 is the Resident Council president. R20 reported Resident Council has been choosing a Meal of the Month to be served each month. Members attending Resident Council choose a meal that is not usually served on the menu. R20 reported the dietary staff choose when the meal is served. R20 reported she was not aware the Meal of the Month was being served on 01/13/25.</p> <p>On 01/14/25 at 8:35 AM, Surveyor interviewed [NAME] F. [NAME] F confirmed dietary staff choose when the Meal of the Month is served. [NAME] F reported on the day Meal of the Month is served, the staff post it where the menus are posted. [NAME] F confirmed menus are not posted in resident rooms. [NAME] F stated Meal of the Month did not work for all residents, as there are only 3-4 residents that attend Resident Council, and these 3-4 residents were choosing a meal for all 40+ residents in the facility. [NAME] F reported sometimes the meal that is chosen is not consistent with all resident diets, and stated an example of a BLT sandwich, which is not adequate for residents receiving a pureed diet. [NAME] F stated she felt someone from the dietary department should attend Resident Council to ensure there was better communication about Meal of the Month.</p> <p>Cook F confirmed dietary staff need to change menu items throughout the four-week menu cycle as the approved menus are not always balanced meals. [NAME] F provided examples of two vegetables being served, with no starch, or two dessert items for one meal. [NAME] F stated she tries to make residents aware of changes, but she can't talk to all the residents. [NAME] F stated she has copies of the menus and has repeatedly asked staff to give copies to the residents. [NAME] F reported she was not sure who approved the menus.</p> <p>Surveyor noted menus were posted near each dining room. Surveyor observed the menus were posted high on the wall and may be difficult to see for residents utilizing wheelchairs.</p> <p>On 12/14/25 at 12:24 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. NHA A confirmed menus are created using a software system and are approved by a registered dietician (RD). A RD visits the facility monthly.</p> <p>On 12/14/25 at 2:48 PM, Surveyor interviewed Social Services Director (SSD) G. SSD G confirmed the facility's Resident Council has limited participation.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51095</p> <p>Based on observation, interview and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 out of 8 residents on Enhanced Barrier Precautions (R23), staff did not change gloves or perform hand hygiene during observation of wound care.</p> <p>This is evidenced by:</p> <p>Facility policy titled, Enhanced Barrier Precautions, with most recent revised date of 08/08/24, stated in part: Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high-contact resident care activities .high-contact resident care activities include: .wound care: any chronic skin opening requiring a dressing.</p> <p>R23 was admitted to the facility on [DATE] with pertinent diagnoses of Multiple Sclerosis (MS) and secondary diagnoses including, pressure ulcer (PU) of the sacral region, stage 3, pressure ulcer of the right hip, stage 3, pressure ulcer of the left buttock, stage 3.</p> <p>R23's most recent Minimum Data Set (MDS) assessment, dated 12/16/24, indicated that R23 had pressure ulcerations, including three stage 3 PU that required treatments and dressings.</p> <p>On 01/14/25 at 9:46 AM, Surveyor observed Nurse Practitioner (NP) J and Registered Nurse (RN) I provide R23's wound assessment, including measurements of multiple PUs, wound cleansing, removal and applying of dressings.</p> <p>During this observation, Surveyor observed RN I remove gloves after assisting with removal of soiled dressings. RN I did not use hand hygiene before donning new gloves and went into hallway touching door frame and her gown. RN I then went outside R23's room to grab a box of dressings off med cart. Without changing gloves or hand hygiene, RN I entered back into room, set box of dressings on bedside table. RN I proceeded to straighten R23's sock on her foot and assisted with repositioning of R23.</p> <p>RN I held R23's upper leg and buttocks, touching skin near open wounds before removing her gloves, sanitizing hands, or donning new gloves. RN I assisted NP J with applying dressings. RN I took gloves off, did not sanitize her hands or reapply gloves, touched the outside of her gown sleeves, and then with her bare hands held R23's right thigh and buttock above wound areas. RN I stated, If I don't touch the wound, it should be okay, referring to her bare hands touching R23. RN I was reminded that R23 is on EBP. RN I then sanitized hands prior to donning gloves and completed wound cares.</p> <p>Immediately following observation, Surveyor asked RN I about care provided. Surveyor discussed with RN I appropriate hand hygiene for EBP and wound care. RN I stated, I should have had on gloves and verbalized understanding of lack of hand hygiene with removing of gloves and importance of appropriate use of personal protective equipment (gloves and gowns) with wound care/direct contact to protect R23 from infection and who is on EBP.</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 - Few</p>	<p>On 01/15/25 at 10:21 AM, Surveyor interviewed Director of Nursing (DON) B. Surveyor discussed RN I's lack of appropriate infection control practices while observing wound care for R23. DON B voices agreement that she would expect for staff to practice appropriate hand hygiene. (i.e. change gloves after reentering R23's room, to wear gloves when touching R23's leg and buttock during positioning, and to sanitize hands before and after donning or doffing gloves).</p>		