STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525442	A. Building B. Wing	11/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tomah Nursing and Rehab	1505 Butts Ave Tomah, WI 54660

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793 Based on interview and record review, the facility did not ensure new care planned fall interventions were implemented post falls to prevent accidents for 1 of 3 residents (R) R3, reviewed for falls. R3 was at risk for falls and had a fall on 09/16/24. Facility did not implement the new interventions put into place post fall. Findings include: Example 1: R3 was admitted to the facility on [DATE], then readmitted on [DATE], with diagnoses including multiple myeloma, gastroparesis, osteoporosis, dysphagia, weakness, collapsed vertebra, and fibromyalgia. R3's minimum data set (MDS) assessment, completed on 10/02/24, confirmed R3 scored 15 out of 15 during a brief interview for mental status (BIMS), indicating intact cognition. R3 was at risk for falls. R3 requires substantial maximal assistance from staff for toileting, sit to stand, transferring, dressing lower body, and putting on/taking off footwear. Surveyor reviewed R3's progress note dated late entry 09/18/24, which stated in part: .IDT note from fall on 09/16/24, [R3] had rolled out of bed, denies hitting head, left foot had heal boot on and slid down the bed, new interventions include bed in low position and fall mat . R3's care plan was initiated on 03/28/24, and included the following interventions: FALL care plan: -Fall mat next to bed initiated on 09/16/24. -Bed in low position initiated on 09/17/24. On 11/11/24 at 11:05 AM, Surveyor observed R3 lying in bed with bed high and fall mat across room laid up against the spare bed in R3's room. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525442	A. Building B. Wing	11/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tomah Nursing and Rehab	1505 Butts Ave Tomah, WI 54660

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/11/24 at 1:15 PM, Surveyor observed R3 lying in bed with bed high and fall mat across room laid up against the spare bed in R3's room. On 11/11/24 at 1:57 PM, Surveyor interviewed Certified Nursing Assistant (CNA) D and asked what the expectation is for utilizing a fall mat in a resident's room who is a fall risk or has fallen. CNA D indicated that fall mats are to be placed on the floor next to residents' beds when the resident is in the bed. Surveyor asked CNA D if CNA D knew that R3's bed was up high while R3 was in bed and fall mat not on floor next to bed. CNA D indicated that CNA D did not realize that R3's bed was up high and that the fall mat was across the room and not on the floor near R3's bed. CNA D indicated expectation would be that R3's fall mat is on floor next to bed in low position. On 11/11/24 at 2:29 PM, Surveyor interviewed CNA E and asked what the expectation is for utilizing a fall mat in R3's room who has fallen. CNA E indicated that fall mats are to be placed on the floor next to R3's bed when R3 is in the bed. On 11/11/24 at 2:37 PM, Surveyor interviewed Director of Nursing (DON) B and asked what the expectation is for fall interventions that are initiated on the care plan such as R3's bed in low position and fall mat in place when in bed. DON B indicated once fall interventions are initiated then the expectation is that staff are following these interventions and implementing them safely. Surveyor explained to DON B the observations of R3's bed being up high and no fall mat in place. DON B indicated that fall mat should not be across the room but on the floor while R3 is lying in bed. DON B indicated that R3's bed should be in low position as well.