

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Tomah Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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>16692</p> <p>Based on interview and record review, 1 of 3 sampled residents' (R1) care and treatment to heal stasis ulcers was not provided in accordance with professional standards.</p> <p>R1's treatments of venous stasis ulcers were not completed as ordered by the physician.</p> <p>This is evidenced by</p> <p>The facility policy and procedure entitled Skin Care dated last reviewed 01/25 states in part Initiate treatment in accordance with facility protocols, standing orders, or physician orders.</p> <p>R1 was admitted to the facility in January 2025 with diagnoses including chronic venous hypertension with ulcer of bilateral lower extremity, myocardial infarction, and type 2 diabetes mellitus.</p> <p>R1 has physician ordered treatments to right and left lower leg venous ulcers. Cleanse with NS (Normal Saline) pat dry. Apply skin prep to peri wounds. Apply Medihoney to wound beds, followed by Calcium Alginate. Place a double layer of ABD pads over wounds and secure with 2 kerlix gauze roll and secure with tape. Ensure that kerlix is going from toe to just below the knee and then wrap ACE on top of the kerlix to hold bandage in place and contain drainage for therapy purposes. Change daily and prn.</p> <p>Review of R1's February Treatment Administration Record (TAR) revealed that the dressing change was not signed off as completed on 02/20/25 and 02/25/25.</p> <p>Review of R1's March TAR revealed that the dressing change was not signed off as completed on 03/01/25, 03/14/25, 03/17/25, 03/21/25, and 03/30/25.</p> <p>On 04/09/25 at 8:30 AM, Surveyor interviewed Licensed Practical Nurse (LPN) C who completes wound rounds with the wound doctor when he comes to the facility. LPN C is also in training to become a wound care certified nurse. When asked if she is aware of dressing changes not being completed, LPN C stated that at times she has seen that dressing changes were not completed. LPN C stated that dressings get dated so you can tell if it was changed or not.</p> <p>On 04/10/25 at 9:30 AM, Surveyor interviewed LPN D who when asked, stated that at times she is aware that dressing changes don't always happen as they should. LPN D stated that at times she feels staffing makes it difficult to get it all done and that is one of the things that gets missed.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/10/25 at 2:00 PM, Surveyor interviewed Director of Nursing (DON) B who revealed that when the dressing changes are not signed off, it indicates they have not been completed. DON B stated she would check the schedule for the days in question and see if there was any further information.</p> <p>On 04/10/25 at 3:46 PM, Surveyor interviewed DON B who stated that she came in and completed R1's dressing change on 03/21/25. When asked about the other dates, DON B stated she wasn't aware of any further information.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>16692</p> <p>Based on interview and record review, 1 of 3 sampled residents (R) care and treatment of pressure ulcers was not provided in accordance with professional standards (R1).</p> <p>R1's pressure ulcer treatments were not completed as ordered.</p> <p>This is evidenced by:</p> <p>The facility policy and procedure titled Pressure Injury Prevention and Care, dated last reviewed 01/25, states in part: Initiate treatment in accordance with facility protocols, standing orders, or physician orders.</p> <p>R1 was admitted to the facility in January 2025 with diagnoses including pressure ulcer left heel, stage 3, chronic venous hypertension with ulcer of bilateral lower extremity, myocardial infarction, and type 2 diabetes mellitus.</p> <p>R1 has physician ordered treatments to Skin treatment to left heel, Cleanse wound with NS (Normal Saline), pat dry. Apply skin prep to peri-wound. Apply Medihoney to wound bed. Cover with ABD pad and secure with Kerlix gauze and tape. Then wrap from toes to knee with ACE wrap to hold dressing in place and prevent drainage from coming through for therapy purposes. Change daily and prn.</p> <p>Review of R1's February Treatment Administration Record (TAR) revealed the dressing change was not signed off as completed on 02/20/25.</p> <p>Review of R1's March TAR revealed the dressing change was not signed off as completed on 03/01/25, 03/14/25, 03/17/25, 03/21/25, and 03/30/25.</p> <p>R1's Wound Management Detailed Report revealed the following information in relation to R1's pressure ulcer</p> <p>02/19/25 Length -head to toe in centimeters: 6.2, Width -side to side in centimeters: 5.6 Depth - measured deepest of visible wound (centimeters) 0.1</p> <p>02/26/25 Length -head to toe in centimeters: 5.4, Width -side to side in centimeters: 4.3 Depth - measured deepest of visible wound (centimeters) 0.3</p> <p>03/05/25 Length -head to toe in centimeters: 5.9, Width -side to side in centimeters: 5.4 Can Depth be measured: no</p> <p>03/12/25 Length -head to toe in centimeters: 5, Width -side to side in centimeters: 5.7 Can Depth be measured: no</p> <p>03/19/25 Length -head to toe in centimeters: 4, Width -side to side in centimeters: 4.8 Can Depth be measured: no</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>03/29/25 Length -head to toe in centimeters: 5.5, Width -side to side in centimeters: 5.5 Depth - measured deepest of visible wound (centimeters) 0.1</p> <p>04/02/25 Length -head to toe in centimeters: 5, Width -side to side in centimeters: 4.5 Depth - measured deepest of visible wound (centimeters) 0.1</p> <p>04/10/25 Length -head to toe in centimeters: 4.2, Width -side to side in centimeters: 5.8 Depth - measured deepest of visible wound (centimeters) 0.1</p> <p>On 04/09/25 at 8:30 AM, Surveyor interviewed Licensed Practical Nurse (LPN) C who completes wound rounds with the wound doctor when he comes to the facility. LPN C is also in training to become a wound care certified nurse. When asked if she is aware of dressing changes not being completed, LPN C stated that at times she has seen that dressing changes were not completed. LPN C stated that dressings get dated so you can tell if it was changed or not.</p> <p>On 04/10/25 at 9:30 AM, Surveyor interviewed LPN D who when asked stated that at times she is aware that dressing changes don't always happen as they should. LPN D stated that at times she feels staffing makes it difficult to get it all done and that is one of the things that gets missed.</p> <p>On 04/10/25 at 2:00 PM, Surveyor interviewed Director of Nursing (DON) B who revealed that when the dressing changes are not signed off it indicates they have not been completed. DON B stated she would double check the schedule for the days in question and see if there was any further information.</p> <p>On 04/10/25 at 3:46 PM, Surveyor interviewed DON B who stated that she came in and completed R1's dressing change on 03/21/25. When asked about the other dates, DON B stated she wasn't aware of any further information.</p>