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| 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 06/11/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment are reported immediately to the administrator of the facility and to other officials, including the State Survey Agency, in accordance with State law through established procedures for 1 of 3 sampled residents (R) R8, reviewed for abuse.</p> <p>Facility did not report an allegation reported by R8 that Certified Nursing Assistant (CNA) I is always so rough and is giving R8 bruises to state survey agency or law enforcement.</p> <p>Evidenced by:</p> <p>The facility's Abuse Prevention 7 Components, Reviewed 01/2025, includes, in part, the following: VII. Reporting/Response: All alleged or suspected violations are to be reported immediately to the Administrator or Director of Nursing, which are responsible to notify required officials, including to the State Survey Agency, Adult Protective Services, Local Public Safety, Licensure Boards, Regional Director of Operations or Regional Clinical Directors (representative of governing board and any other agencies in accordance with State law through established procedures. All alleged violations, involving abuse, neglect, exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury. Not later than 254 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>Example 1</p> <p>On 6/11/25, Surveyor reviewed facility grievance/complaint Forms. Grievance/complaint form, dated 3/1/25, includes, in part, the following: Summary of Grievance/complaint: . [R8] said she is always so rough, she is giving me bruises. This is not the first time she is always mean. I asked which CNA (Certified Nursing Assistant) (description concluded it is [CNA I]). [R8] also said [CNA I] told her it would not be so bad if she was not so fat .</p> <p>On 6/11/25 at 1:42 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. Surveyor asked NHA A if she was aware of the allegations made by R8 of CNA I being rough and causing bruising. NHA A stated she was made aware of the allegations. Surveyor asked NHA A if the allegation was reported to state survey agency or law enforcement. NHA A stated no, the allegation was not reported but should have been reported to both agencies.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility did not have evidence that all alleged violations of abuse were thoroughly investigated for 2 of 3 residents (R) R1 and R8 reviewed for abuse.</p> <p>Facility did not fully investigate an allegation that Certified Nursing Assistant (CNA) I flipped R1 off when leaving R1's room and R1 does not feel safe with CNA I in his room.</p> <p>Facility did not fully investigate an allegation that CNA I was rough with R8 and left bruises.</p> <p>Evidenced by:</p> <p>The facility's Abuse Prevention Program 7 Component, Reviewed 01/2025, includes, in part, the following: V. Investigation. 1. The Administrator and or Director of Nursing are to initiate and coordinate completion of a thorough investigation. Investigations must be initiated immediately and concluded as soon as possible not to exceed (5) days. Forms are available to assist the investigator and may utilized. The investigation must include but not limited to: Identify alleged perpetrator, remove from resident care area immediately, suspended pending investigation conclusion, obtain state, ., Identify and begin investigating different types of alleged violations, Identify and interview (witness statements) all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s) such as roommate, Interviews with co-workers or other supervisors in regards to the alleged perpetrator's work performance, Review of alleged perpetrator's employee file to confirm background checks, reference checks and to review any possible past performance issues, Determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause, Body assessment and psychosocial status of the resident, Signs of catastrophic reaction, Methods of treatment and interventions, Providing complete/thorough documentations of the investigation findings summary or conclusion, Follow-up actions to correct and prevent potential reoccurrence, State and local agencies notified facility reportable incident.</p> <p>Example 1</p> <p>The facility's Misconduct Incident Report, dated 5/23/25, includes, in part, the following: [R1] stated that an employee [CNA I] flipped him off when leaving the room and he does not feel safe with her in his room.</p> <p>On 6/11/25 at 1:42 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. Surveyor asked NHA A if the allegation that CNA I flipped R1 off was fully investigated. NHA A stated no, other staff who worked with CNA I should have been investigated and all staff should have been educated regarding abuse and mistreatment.</p> <p>Example 2</p> <p>The facility's grievance/complaint form, dated 3/1/25, includes, in part, the following: [R8] said she is always so rough, she is giving me bruises. This is not the first time she is always so mean. I asked which CNA (description concluded it is [CNA I]. [R8] also said [CNA I] told her it would not be so bad if she was not so fat.</p> <p>(continued on next page)</p> | | |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 6/11/25 at 1:42 PM, Surveyor interviewed NHA A. Surveyor asked NHA A if the allegation that CNA I was rough, gave R1 bruises and was mean was fully investigated. MJA A stated no, other residents and staff should have been interviewed and further abuse and mistreatment education should have been provided to all staff.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review, the facility failed to ensure it maintained an infection prevention and control program designed to help prevent the development and transmission of communicable disease and infections such as COVID-19 and gastroenteritis. This had the potential to affect all 49 residents residing within the facility at the time of the outbreaks.</p> <p>As of 4/10/25 the facility was having a gastroenteritis outbreak with 3 staff with signs and symptoms.</p> <p>As of 4/20/25 the facility was having a COVID-19 outbreak with 4 residents positive for COVID-19.</p> <ul style="list-style-type: none"> - Facility line listings were not completed contemporaneously. - Facility failed to recognize or ensure they routinely screened all residents for signs and symptoms of COVID-19 daily and increase screening to every shift once the outbreak was identified. - Facility did not have dates residents were removed from isolation precautions following COVID-19 positive test. - Facility did not recognize the gastroenteritis outbreak. - Facility did not ensure staff who had signs and symptoms of gastroenteritis did not return to work too soon when not documenting the last symptom date for staff with signs and symptoms of gastroenteritis. <p>This is evidenced by:</p> <p>The facility policy titled, COVID-19 Prevention, Response and Reporting, last reviewed 1/2025, in part .</p> <p>Policy: It is the policy of this facility to ensure that appropriate interventions are implemented to prevent the spread of COVID-19 and promptly respond to any suspected or confirmed COVID-19 infections. COVID-19 information will be reported through the proper channels as per federal, stated and/or local health authority guidance.</p> <p>Policy Explanation and Compliance Guidelines: 21. Duration of Transmission-Based Precautions for Residents with SARS-CoV-2 Infection:</p> <p>c. Discontinuation of transmission-based precautions on SARS-CoV-2 infection is as follows:</p> <p>i. Symptom Based Strategy</p> <p>B. Residents who were asymptomatic throughout their infection and are not moderately to severely immunocompromised:</p> <p>a) At least 10 days have passed since date of their positive viral test.</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 - Many</p> | <p>The facility policy titled, Outbreak Identification and Management, last reviewed 1/2025, in part .</p> <p>Policy: This policy is intended to provide guidance in identifying an outbreak timely, measures to take in the event of an outbreak to reduce the spread of infection, when to notify the Medical Director/Resident Physician/Local Health Department, recording outbreak occurrences and completing a review of the occurrence with needed corrective action(s) related to the incidents of illness attributing to the outbreak.</p> <p>Procedure:</p> <p>- Respiratory symptoms and illness:</p> <p>If one laboratory-confirmed positive case of illness is identified along with other cases of similar acute illness in a unit of a long-term care facility, an outbreak might be occurring. Active surveillance for additional cases should be implemented as soon as possible once one case of laboratory-confirmed illness is identified in a facility. When 2 cases of laboratory-confirmed illness are identified within 72 hours of each other in residents on the same unit, outbreak control measures should be implemented as soon as possible.</p> <p>- Gastrointestinal symptoms and illness:</p> <p>A gastrointestinal outbreak (such as Norovirus) is defined as an occurrence of two or more similar illnesses from a common exposure that is either suspected or laboratory confirmed.</p> <p>Measure to take in the event of an Outbreak</p> <p>Once an outbreak has been identified the following actions should be taken in the facility to reduce the spread of illness. Actions taken should be documented with date and time completed.</p> <p>- Initiate a resident and employee log (line listing) of illness. Additions to the log should be completed at the time of onset of symptoms to ensure real-time tracking and trending.</p> <p>Example 1 - Facility line listings were not completed contemporaneously.</p> <p>On 6/11/25, Surveyor reviewed line listing from March to June. Surveyor noted a COVID-19 outbreak identified by the facility on 4/20/25 when 4 residents tested positive. The line lists indicate all residents were asymptomatic. Facility did not indicate why they facilitated testing when all residents were asymptomatic.</p> <p>Of note: The facility keeps two line lists. One line list is a comprehensive line list of all infections and another which contains COVID-19 infections. These two lists do not contain the same information, such as residents, date of onset, and date removed from precautions and date of resolution.</p> <p>On 6/11/25 at 11:54 AM, Surveyor asked about the line list being completed contemporaneously. Director of Nursing (DON) B stated residents did not test positive till 5/20/25 but when interviewed, indicated symptoms began prior to that date so when they were placed on the COVID line listing DON B used the date the resident stated they had symptoms. Surveyor asked about the date on the comprehensive line list being different, DON B had no response.</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 - Many</p> | <p>Example 2 - Recognize or ensure they routinely screened all residents for signs and symptoms of COVID-19 daily and increase screening to every shift once the outbreak was identified.</p> <p>On 6/11/25, during review of facility line list for May COVID-19 outbreak Surveyor identified the only residents on the line list were those who tested positive for COVID-19. There was no tracking for residents with symptoms.</p> <p>On 6/11/25 at 12:10 PM, Surveyor interviewed DON B and Regional Clinical Director (RCD) H. Surveyor asked what surveillance was completed for residents during the COVID-19 outbreak. DON B stated vital signs were checked every shift for positive residents. RCD H stated if resident has signs and symptoms would assess vitals every shift and for all others would complete as needed.</p> <p>Example 3 - Facility did not have dates residents were removed from isolation precautions following COVID-19 positive test.</p> <p>On 6/11/25, during review of facility line list for the May COVID-19 outbreak, Surveyor noted there was no documentation of when residents were removed from isolation precautions following testing positive for COVID-19.</p> <p>On 6/11/25 at 12:14 PM, Surveyor interviewed DON B and RCD H. Surveyor asked when residents came off precautions. DON B indicated the date of resolution was date the residents were removed from precautions. RCD H stated we do not have residents come off precautions on the resolve date; they would come off precautions 24 to 72 hours after the resolve date.</p> <p>Example 4 - Facility did not recognize the gastroenteritis outbreak.</p> <p>On 6/11/25 while Surveyor was reviewing staff and resident line lists for the COVID-19 outbreak, Surveyor identified a gastroenteritis outbreak not identified by the facility.</p> <p>Of note: The facility had 4 staff with GI (gastrointestinal) signs and symptoms. One staff on 4/7/25, one staff on 4/9/25, two staff on 4/10/25 and one staff on 4/11/25 and did not identify the outbreak or put measures in place to prevent the spread.</p> <p>On 6/11/25 at 12:22 PM, Surveyor interviewed DON B and RCD H. Surveyor asked what the criteria was for GI outbreak. DON B stated, 2 staff within 72 hours. This should be an outbreak. Surveyor asked DON B if she identified this outbreak. DON B stated no.</p> <p>Example 5 - Facility did not include on their line listing last symptom date for staff with signs and symptoms of gastroenteritis</p> <p>Certified Nursing Assistant (CNA) G had an onset of GI signs and symptoms on 4/7/25 and returned to work on 4/10/25. The facility did not document CNA G's last symptoms ensuring she did not return to work too soon following her symptoms.</p> <p>Laundry C had onset of GI signs and symptoms on 4/10/25 with last symptoms not recorded and without return to work date listed.</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 - Many</p> | <p>CNA E had onset of GI signs and symptoms on 4/10/25 and returned to work on 4/12/25. The facility did not document CNA E's last symptom date to ensure she did not return to work too soon.</p> <p>Registered Nurse/Minimum Data Set (RN/MDS) F had onset of GI signs and symptoms on 4/11/25 and returned to work on 4/14/25. The facility does not have any documentation of RN/MDS F's last known symptoms to ensure she did not return to work too soon.</p> <p>CNA D had onset of GI signs and symptoms on 4/16/25 and a return to work date as 4/16/25.</p> <p>Of note: CNA D did not remain out of work the required 48 hours following symptom resolution.</p> <p>On 6/11/25 at 12:22 PM, Surveyor interviewed DON B and RCD H. Surveyor asked DON B how long staff are to remain off work following GI related signs and symptoms. RCD H stated they cannot return to work within 24 hours of their last GI sign or symptom. Surveyor reviewed line list with DON B and RCD H and asked if staff returned to work too soon or how return to work status was decided if no last sign or symptom recorded. Surveyor reviewed staff line list with DON B for April.</p> <p>The facility failed to complete routine screening of residents for signs and symptoms of COVID-19 daily during the outbreak, line listings included residents with symptoms and completed contemporaneously, and ensure staff who were having GI signs and symptoms did not return to work too soon.</p> | | |