

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 12/22/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure a resident's environment remained as free of accident hazards as possible for 5 of 8 residents (R3, R7, R9, R10, and R11) by failing to have a system in place for monitoring the surface temperature of baseboard heaters to prevent burns. R3 is a resident with impaired mobility and cognition. On 10/29/25, R3 fell out of bed onto the baseboard heater. R3 was stuck between the wall and the bed. R3 sustained partial thickness (2nd Degree) burns. R7 is a resident with impaired mobility, who was observed by Surveyors to have her bed next to the baseboard heater, with the foot of the bed touching the baseboard heater, and the head of the bed less than 6 inches away from the baseboard heater. R7's base board heater temperature was 130.6. R7 has had a prior fall out of bed. The facility's failure to have a system in place for monitoring the surface temperature of baseboard heaters to prevent burns created a reasonable likelihood for serious harm or injury, thus resulting in a finding of Immediate Jeopardy that began on 10/29/25. Surveyor notified NHA A (Nursing Home Administrator) and RCD D (Regional Clinical Director) of the Immediate Jeopardy on 12/10/25 at 4:00 PM. The immediate jeopardy was removed on 12/10/25; however, the deficient practice continues at a severity/scope level of E (potential for harm/isolated) as the facility implements its action plan, and due to the following examples: R9 is a resident with cognitive impairment who is at risk for falls. Surveyors observed R9's bed touching the baseboard heater. On 12/10/25, the temperature of R9's baseboard heater was 127.2 F. R10 is a resident with impaired mobility who is at risk for falls. Surveyors observed R10's bed to be an estimated six inches from the baseboard heater. On 12/10/25, the temperature of R10's baseboard heater was 156 F. R11 is a resident with impaired mobility who is at risk for falls. Surveyors observed R11's bed to be touching the baseboard heater. On 12/10/25, the temperature of R11's baseboard heater was 169.1 F. Findings include: The facility provided Surveyor with the Owner's Guide and additional technical documentation from the manufacturer relating to the facility's baseboard heaters. In the Owner's Guide, there is a section titled, High-temperature safety shutoff that states, All baseboard heaters come with a built-in high-temperature safety shutoff that stops electricity flowing to the heater if it gets too hot inside. This automatically resets after cooling. (Of note: The specific temperature in which shut-off occurs is not listed.) The additional documentation contains a section titled, Technical Information that states, in part: Baseboard heaters work best when placed under a window and at least 12 inches away from furniture or other objects. Keep at least 12 inches minimum from objects hanging above (i.e. drapes) . The section titled, Important Instructions states . 4. This Linear Convactor Baseboard is hot when in use. To avoid burns, do not let bare skin touch hot surfaces. Keep combustible material such as: furniture, pillows, bedding, papers, clothes and curtains away from Linear Convactor Baseboard. 5. To prevent a possible fire, do not block air intakes or exhaust in any manner. The section titled Installation Instructions with subsection Placement of the Linear Convactor Baseboard states in part: .Due to the higher outlet temperature, the wall surface can reach temperatures of 160 F (71 C) or above, and some materials may discolor or deform at these temperatures, e.g. vinyl or plastic. According to the State of Michigan, Department of Licensing and Regulatory Affairs, . Based on research by our Health Facilities Engineering Section, it has been determined that a temperature of 125 degrees Fahrenheit is normally acceptable on the surface of a heating unit in a nursing home or long-term care facility. This memo continues by noting, This temperature was determined from information found in ASTM International Standard C1055-03, titled Standard Guide for Heated System Surface Conditions that Produce Contact Burn Injuries. American Society for Testing and Materials (ASTM) Standard C 1055 -03 is largely based on the work of [NAME] and [NAME]. This maximum acceptable temperature is based on a maximum acceptable injury level of a first-degree burn, which is reversible, and causes no permanent tissue damage, and a maximum contact time with the heated surface of 60 seconds, to reflect the slower reaction times of the elderly or the infirm (not physically or mentally strong, especially through age or illness). At this temperature, one must recognize that there is some risk. While those who can react should have sufficient time to remove themselves from contact with the heated surface without sustaining permanent damage, it is incumbent upon the facilities to identify those residents who may be unable to recognize the danger or pull away from the heat source and provide extra protective measures for those residents as needed.(Source: https://www.michigan.gov/L-media/Project/Websites/INAME/brhs/Folder2/RHS_NHM_Heating_Unit_Temperature1</p>		