

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018730	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/19/2024
NAME OF PROVIDER OR SUPPLIER OUR TOWN TOMAH		STREET ADDRESS, CITY, STATE, ZIP CODE 1330 N SUPERIOR AVE TOMAH, WI 54660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 09/19/2024, Surveyor conducted a complaint investigation at Our Town Tomah. The complaint was substantiated. One deficiency was identified. Census: 24	N 000		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all rooms were free from odors. There was a strong smell of urine near the dining room of the facility. Findings include: On 09/17/2024, the department received a complaint that Resident 1's room was filthy and smelled strongly of urine. On 09/19/2024 at approximately 10:00 AM, Surveyor toured the facility. OBSERVATIONS: There was a strong smell of urine and body odor outside Resident 1's room, located just outside the dining room. The smell was noticeable and penetrated the closed door of the room. At approximately 10:15 AM, Surveyor entered the room with Licensee A. Upon entering the room Surveyor and Licensee A encountered a strong	N 489		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 489	Continued From page 1 smell of urine. There was what appeared to be dried urine on the floor that was sticky. Underneath Resident 1's wheelchair was a puddle of urine. The room was filthy and cluttered. INTERVIEWS On 09/19/2024 at approximately 10:30 AM, Licensee A asked two caregivers about the last time they checked on Resident 1. Both replied about a half hour ago. Surveyor asked Licensee A why the caregivers would not have cleaned up the urine. Licensee A stated the caregivers probably did not enter the room due to the strong smell of urine and probably called out to Resident 1 from the doorway, therefore not noticing the urine on the floor. Licensee A stated Resident 1's room was cleaned once a week. Licensee A also stated Resident 1 had behavior issues and did not allow the housekeeper to enter his/her room, and often refused to have his/her room cleaned. Licensee A also stated Resident 1 did not want anyone touching his/her belongings. Licensee A stated s/he knew of the situation and usually was the one who cleaned Resident 1's room. Licensee A stated s/he would have the room cleaned twice a day as necessary to keep the room clean.	N 489		