STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018730	A. BUILDING: _____ B. WING _____	R-C 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR TOWN TOMAH	1330 N SUPERIOR AVE TOMAH, WI 54660

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{N 000}	Initial Comments On 02/05/2025, Surveyor completed a verification visit, complaint investigation, and licensure survey at Our Town Tomah. Data collected through 02/12/2025. The complaint was substantiated. Six deficiencies were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 22	{N 000}		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff (Caregiver B and Caregiver C) completed orientation training prior to assuming job responsibilities.	N 230		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 230	Continued From page 1 Findings include: On 02/05/2025, Surveyor reviewed employee records. Caregiver B was hired on 02/19/2024. Caregiver B's record indicated they had not completed 3 of the 6 required orientation topics prior to working with residents. Caregiver B did not complete training on abuse/neglect, emergency/disaster plan and evacuation procedures, or CBRF (community based residential facilities) policies and procedures. Caregiver C was hired on 07/18/2024. Caregiver C's record did not include evidence of orientation training. On 02/05/2025 at 1:09 PM, Administrator A stated that s/he acknowledged their training process had not been great and they were revising and coming up with a new training plan for new hires. On 02/05/2025 at approximately 2:25 PM, Administrator A stated s/he would provide Surveyor with Caregiver C's onboarding training. On 02/09/2025, Surveyor received an email with Caregiver C's onboarding training. Caregiver C was still missing 3 of the 6 required orientation topics. Caregiver C did not complete training on abuse/neglect, CBRF policies and procedures, or job responsibilities. On 02/12/2025 at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A already stated s/he had created a new orientation checklist for new hires this week and will use that moving forward to make sure they do not miss any of the required topics.	N 230		

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N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on interview and record review the provider did not ensure 1 employee obtained all department approved training as required. Caregiver B did not have training in fire safety within 90 days after starting employment. Caregiver B did not have training in first aid and choking within 90 days after starting employment.	N 239		

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N 239	Continued From page 3 Findings include: On 02/05/2025, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver B, C, and D. Fire Safety The record for Caregiver B, hired 02/19/2024, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 02/05/2025, at approximately 2:25 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B completed or met an exemption for fire safety training. On 02/05/2025, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking The record for Caregiver B, hired 02/19/2024, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 02/05/2025, at approximately 2:25 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B completed or met an exemption for first aid and choking On 02/05/2025, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for first aid and choking. On 02/12/2025 at approximately 2:30 PM, Surveyor interviewed Administrator A.	N 239		

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N 239	Continued From page 4 Administrator A stated s/he had Caregiver B signed up for fire safety and first aid training next week already.	N 239		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable:	N 243		

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N 243	Continued From page 5 elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure 2 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver B and Caregiver C did not have training in resident rights within 90 days after starting employment. Caregiver B and Caregiver C did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Findings include: On 02/05/2025, Surveyor conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Administrator A for Caregiver B and Caregiver C. Resident Rights The record for Caregiver B, hired 02/19/2024, did not contain evidence of training or evidence of meeting an exemption for resident rights. On 02/12/2025, at approximately 2:30 PM, Surveyor	N 243		

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N 243	Continued From page 6 interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B completed or met an exemption for resident rights training. The record for Caregiver C, hired 07/18/2024, did not contain evidence of training or evidence of meeting an exemption for resident rights. On 02/12/2025, at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver C completed or met an exemption for resident rights training. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver B, hired 02/19/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 02/12/2025, at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B completed or met an exemption for challenging behaviors training. The record for Caregiver C, hired 07/18/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 02/12/2025, at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver C completed or met an exemption for challenging behaviors training.	N 243		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of	N 277		

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N 277	Continued From page 7 continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver D completed continuing education requirements in 2023 or 2024. Findings include: On 02/05/2025, Surveyor reviewed Caregiver D's continuing education for 2023 and 2024. Caregiver D was hired 12/10/2021. The continuing education provided to Surveyor by Administrator A did not indicate the number of hours or cover all the required topics. On 02/05/2025 at approximately 2:25 PM, Surveyor interviewed Administrator A about continuing education. Administrator A stated that Licensed Practical Nurse (LPN) E oversaw continuing education. Administrator A stated that LPN E might have other documentation showing the hours and all the training topics covered. Surveyor requested these documents to be sent via email. On 02/10/2025, Surveyor received an email from	N 277		

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N 277	Continued From page 8 Administrator A with Caregiver D's annual training for 2023 and 2024. Caregiver D's training record indicated s/he completed 15 hours of training in both 2023 and 2024. The training did not include required training on abuse/neglect or fire safety/first aid. On 02/12/2025 at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A acknowledged that Caregiver D did not meet all required continuing education topics completed. Administrator A stated they are working on getting an online training system moving forward and will make sure all required topics are covered.	N 277		
N 323	83.31(2) Emergency or temporary transfer. Emergency or temporary transfers. If a condition or action of a resident requires the emergency transfer of the resident to a hospital, nursing home or other facility for treatment not available from the CBRF, the CBRF may not involuntarily discharge the resident unless the requirements under sub. (4) are met. This Rule is not met as evidenced by: Based on interview and record review, the provider did not allow a resident to return to the facility from the hospital as required. Findings include: The Department received a complaint regarding Resident 1's involuntary discharge. On 02/05/2025, Surveyor requested Resident 1's record.	N 323		

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N 323	Continued From page 9	N 323		

Resident 1 was admitted to the provider on 02/25/2024. Resident 1's diagnoses included: diabetes type 2, heart failure, neuropathy, PTSD (post-traumatic stress disorder), hypertension, mild neurological disorder, history of alcohol use, and prostatic hyperplasia.

On 12/13/2024 at 9:00 AM an observation note documented, "Resident hit a staff member with [his/her] reacher [sic] bar and tried to bite [him/her]. Broke multiple Christmas decorations with [his/her] foot pedal in the dining room. Threatened to pull the fire alarm. Put [him/herself] on the floor and refused to get up. Staff tried to redirect with no success. It took three officers (police) to get [him/her] back in [his/her] wheelchair. [S/he] stated "just leave me here to die". Officers assisted with taking [him/her] back to [his/her] apartment.

On 12/13/2024 at 11:15AM an observation note documented, "Under the recommendation from [Social Worker F], Resident 1's doctor's office, and staff RN (registered nurse), Resident 1 should be seen at the ER (emergency room) for psych (psychological) evaluation for threatening to harm himself and others. Tomah ER was called for transport. Left message for [his/her] [family member] to call for update.

On 12/13/2024 at 1:00 PM an observation note documented, "[Social Worker F] is calling the ER to discuss resident's placement as [s/he] cannot return to the facility due to not having the resources to safely care for [him/her] and keep other residents safe."

On 02/12/2025, Surveyor reviewed an email between Administrator A and Healthcare Attorney (HA) G. Administrator A explained the situation

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N 323	Continued From page 10 that occurred on 12/12/2024, where Resident 1 became aggressive, was sent to the ER, and was looking for guidance. Administrator A explained that they did not accept the resident back from the ER due to lack of resources to care for him/her and to keep the other residents and staff safe. HA G responded with a message that explained legally you cannot discharge a resident unless a 30-day notice is given. HA G stated there is no thing as an emergency discharge. HA G explained that this may result in a visit from DHS (department of health services) but s/he also explained that the provider had a duty to keep other residents and staff safe. On 02/05/2025, Surveyor interviewed Administrator A regarding the situation that involved Resident 1 on 12/12/2024. Administrator A explained that Resident 1 had a history of small behaviors like writing on the walls in marker but nothing ever physical or aggressive. Administrator A explained that on 12/12/2024, Resident 1 was lying on the floor in the front entryway saying s/he was going to pull the fire alarm and hitting staff. Cops were called and Resident 1 returned to his/her room. Resident 1 then came back out with his/her foot pedal from his/her wheelchair and started swinging it and breaking décor around the facility. The cops were then called for a second time. Administrator A expressed frustration that the ER did not perform any evaluation on Resident 1 before wanting to discharge him/her. Administrator A explained this was not normal behavior for Resident 1 and was unlike anything they had ever seen before. Administrator A acknowledged that they cannot involuntarily discharge a resident without a 30-day notice.	N 323		

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N 526	Continued From page 11	N 526		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that at least two emergency evacuation drills (other than fire) were conducted annually with residents and staff. Findings include: On 02/05/2025, Surveyor reviewed the provider's emergency evacuation drills for 2023 and 2024 and did not find a record of two "other" evacuation drills. Records showed the provider completed one tornado drill each year on 06/01/2023 and 05/22/2024. On 02/05/2025 at approximately 2:25 PM, Surveyor interviewed Administrator A. Administrator A stated that s/he thought it was only 1 "other" evacuation drill that needed to be completed per year. Administrator A stated that s/he will be sure to perform 2 per year moving forward.	N 526		