STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018443	A. BUILDING: _____ B. WING _____	C 05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE TOMAH CENTER	321 BUTTS AVENUE 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 05/09/2024, Surveyor conducted three complaint investigations and a standard licensure survey. Information for this survey was recieved and reviewed through 05/13/2024. The complaints were unsubstantiated. Two deficiencies related to the standard survey were identified. Census: 37	N 000		
N 441	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all employees followed hand washing procedures according to the Centers for Disease Control and Prevention (CDC) standards. Findings include: The provider is licensed to care for 62 residents within the following client groups: advanced aged, physically disabled, terminally ill, emotionally disturbed/mental illness, developmentally disabled, alcohol/drug dependent, traumatic brain injury and irreversible dementia/Alzheimer's disease. On 05/09/2024, at approximately 11:30 AM, Surveyor observed Caregiver B and Caregiver C	N 441		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018443	A. BUILDING: _____ B. WING _____	C 05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE TOMAH CENTER	321 BUTTS AVENUE 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 441	Continued From page 1	N 441		

complete peri-care for Resident 1who was in bed. Both Caregivers were wearing gloves prior to performing the care. When the care was completed, Surveyor watched Caregiver B and Caregiver C remove their gloves. Neither Caregiver B nor Caregiver C washed hands after taking off their gloves. Caregiver B picked up a laundry basket and carried it to the laundry room. At that time, Caregiver B and Caregiver C exchanged keys. Caregiver B went into a different resident's room and proceeded to change the bedding in the room. Surveyor stopped Caregiver B and asked if s/he washed hands after taking off his/her gloves when s/he completed peri-care. Caregiver B said yes but then said no s/he did not.

On 05/13/2024, Surveyor reviewed the provider's policy for hand hygiene. Under the heading "When To Perform Hand Hygiene," under the subtitle "Right after," the policy stated, "Taking Off Gloves."

According to information found on https://www.cdc.gov/handhygiene/providers/guideline.html, "The Core Infection Prevention and Control Practices for Safe Delivery on All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC)" includes the following recommendations for hand hygiene in healthcare settings:

Health care personnel should use alcohol-based hand rub or wash with soap and water for the following clinical indications:

- Immediately before touching a patient
- Before performing an aseptic task or... handling invasive medical devices

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018443	A. BUILDING: _____ B. WING _____	C 05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE TOMAH CENTER	321 BUTTS AVENUE 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 441	Continued From page 2 - Before moving from work on a soiled body site to a clean body site on the same patient - After touching a patient or the patient's immediate environment - After contact with blood, body fluids, or contaminated surfaces - Immediately after glove removal At 1:45 PM, Surveyor interviewed Administrator A about lack of hand washing by Caregiver B and Caregiver C. Surveyor asked about hand hygiene protocol for caregivers. Administrator A stated they should have washed hands after taking off gloves and performing peri care for a resident.	N 441		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic chemicals were securely stored. Findings include: The provider is licensed to care for 62 residents within the following client groups: advanced aged, physically disabled, terminally ill, emotionally disturbed/mental illness, developmentally disabled, alcohol/drug dependent, traumatic brain injury and irreversible dementia/Alzheimer's disease. On 05/09/2024 at 9:30 AM, during an	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018443	A. BUILDING: _____ B. WING _____	C 05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE TOMAH CENTER	321 BUTTS AVENUE 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 499	Continued From page 3 environmental tour, Surveyor observed the cleaning closet door unlocked. Surveyor observed the following toxic substances: *5 bottles of cleaner of which 3 contained bleach *carpet cleaner *pet cleaner *carpet spot cleaner * odor eliminator *Lysol *WD 40 The hazard statement on the bleach bottles included, "Causes severe skin burns and eye damage. Causes serious eye damage." All of the cleaning products listed had similar warnings. At approximately 10:00 AM, Surveyor watched Caregiver B enter the unlocked room. Caregiver B did not lock the door behind him/her upon leaving the room. At 12:00 PM, Surveyor discussed the unlocked items with Administrator A and re-toured the facility with him/her. Surveyor and Administrator A checked the door where the toxic substances were left unlocked. The door was not locked. The door remained unlocked for two hours until Surveyor showed the unlocked door to Administrator A. Administrator A then locked the door and stated it should always be locked.	N 499		