

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 06/15/2020
NAME OF PROVIDER OF SUPPLIER TOMAH NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure it maintained an infection prevention and control program designed to provide safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections such as (COVID-19). For 3 of 3 staff observed observed not wearing facemask. Kitchen and nursing staff were observed wearing PPE (personal protective equipment) incorrectly. Findings include: The Center for Disease Control (CDC) 5/18/2020 Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings includes: Continued community transmission has increased the number of individuals potentially exposed to and infectious with [DIAGNOSES REDACTED]-CoV-2. Fever and symptom screening have proven to be relatively ineffective in identifying all infected individuals, including HCP (Health Care Professionals) . Symptom screening also will not identify individuals who are infected but otherwise asymptomatic or pre-symptomatic; additional interventions are needed to limit the unrecognized introduction of [DIAGNOSES REDACTED]-CoV-2 into healthcare settings by these individuals. As part of aggressive source control measures, healthcare facilities should consider implementing policies requiring everyone entering the facility to wear a cloth face covering (if tolerated) while in the building, regardless of symptoms. This approach is consistent with a recommendation to the general public advising them to wear a cloth face covering whenever they must leave their home. Some HCP whose job duties do not require PPE (e.g., clerical personnel) might continue to wear their cloth face covering for source control while in the healthcare facility. Other HCP (e.g., nurses, physicians) might wear their cloth face covering for part of the day when not engaged in direct patient care activities, only switching to a respirator or facemask when PPE is required. To avoid risking self-contamination, HCP should consider continuing to wear their respirator or facemask (extended use) instead of intermittently switching back to their cloth face covering. Of note, N95s with an exhaust valve might not provide source control. HCP should remove their respirator or facemask and put on their cloth face covering when leaving the facility at the end of their shift. They should also be instructed that if they must touch or adjust their facemask or cloth face covering they should perform hand hygiene immediately before and after. Example 1 The facility currently does not have any cases of [DIAGNOSES REDACTED]-CoV-2 (COVID-19). The facility's general COVID policy indicates staff are to wear surgical face masks. On 6/15/20 at 8:30 AM, Surveyor observed two staff in the facility's main kitchen with surgical facemask's on, but lowered below the nose. Surveyor observed DA H (Dietary Aide) positioned over the grill with his facemask below the nose. Surveyor also observed DA G washing dishes with her facemask below the nose. On 6/15/20 at 9:18 AM, and again at 9:38 AM, Surveyor observed LPN (Licensed Practical Nurse) F in a resident hall at a medication cart with her surgical facemask below the nose. On 6/15/20 at 9:00 AM, Surveyor interviewed DM D (Dietary Manager). DM D stated all staff in the kitchen are to wear their facemask's at all times and the facemask's should cover the nose. On 6/15/20 at 11:53 AM, Surveyor interviewed DON B (Director of Nursing). DON B stated it is mandatory for all nursing staff to be wearing their facemask appropriately covering their nose.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.