Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017172	A. BUILDING: _____ B. WING _____	C 10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENESIS ADULT FAMILY HOME	**218 NICHOLAS ST 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
M 000	INITIAL COMMENTS On 10/18/2024, Surveyor conducted a complaint investigation and an abbreviated licensure survey. The complaint was unsubstantiated. One deficiency related to the abbreviated survey was identified. Census: 4	M 000		
M 324	88.05(3)(n) CLEAN, SAFE, FUNCTIONAL HOUSEHOLD ITEMS The home shall have clean, functioning and safe household items and furnishings, including the following: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility clothes dryer was vented with rigid non-combustible ducting. Findings include: During a tour of the facility conducted on 10/18/2024, at approximately 11:00 AM, Surveyor observed the facility clothes dryer was had foil flexible ducting, instead of rigid non-combustible ducting. At approximately 11:15 AM on 10/18/2024, Surveyor detected a strong odor of body and urine outside of Resident 1's bedroom. When Caregiver A opened the door, there was a strong smell. Surveyor asked Caregiver A if s/he could smell the odor. Caregiver A stated that on some days, the odor is worse. The odor could be	M 324		

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

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M 324	Continued From page 1 detected outside of Resident 1's room in the hallway of the home. The hallway is used by all residents of the home. Surveyor shared these concerns with Licensee B on 10/18/2024 at approximately 1:30 PM. Licensee B verified there was a strong odor coming from Resident 1's room and that Resident 1 often refused bathing and other personal hygiene care.	M 324		