| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 510387 | A. BUILDING: _____ B. WING _____ | C 02/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE LACROSSE AL | 3141 E AVE SOUTH LA CROSSE, WI 54601 |

| (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<br><br>On 02/14/2024, Surveyor conducted a complaint investigation at Brookdale La Crosse AL.<br><br>Two complaints were substantiated.<br><br>Two deficiencies identified.<br><br>Census: 21 | N 000 | | |
| N 332 | 83.31(6)(a) Return refunds to resident within 30 days<br><br>Disbursement of funds. The CBRF shall return all refunds due a resident within 30 days of the date of discharge as required under s. DHS 83.29(3).<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not return all refunds due to Resident 1 within 30 days of the date of discharge.<br><br>Findings include:<br><br>On 01/30/2024, the Department received a complaint alleging the provider did not timely refund all deposits.<br><br>The provider is licensed to care for up to 36 residents in the client groups of advanced aged and irreversible dementia/Alzheimer's disease.<br><br>On 02/14/2024 at approximately 12: 00 PM, Surveyor reviewed records for Resident 1 with Administrator A. Resident 1 was admitted on 09/01/2023. Resident 1 was on hospice and passed away at the facility on 10/01/2023. Administrator A stated a refund of the security | N 332 | | |

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| N 332 | Continued From page 1<br>deposit was returned on or around 10/31/2023. Administrator A stated there was some confusion regarding the return of a "community fee" and the confusion caused the fee to be refunded after 30 days. The fee was returned on 01/11/2024. | N 332 | | |
| N 481 | 83.43(1) Environment safe, clean, and comfortable<br><br>Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not provide an environment that was safe, clean, comfortable and homelike.<br><br>Findings include:<br><br>On 01/30/2024, the department received a complaint regarding the lack of cleanliness in resident bathrooms and living areas.<br><br>At approximately 12:30 PM on 02/14/2024, Surveyor discussed the complaint alleging the lack of cleanliness with Administrator A. Surveyor stated there were concerns about a dirty toilet in Resident 2's bathroom and the overall cleanliness of Resident 2's living area. Administrator A stated Resident 2 drank a lot of coffee and had loose bowel movements. Surveyor then asked Administrator A to observe Resident 2's living area, including the bathroom, with Surveyor. | N 481 | | |

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|---|---|
| **BROOKDALE LACROSSE AL** | **3141 E AVE SOUTH LA CROSSE, WI 54601** |

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| N 481 | Continued From page 2<br><br>At approximately 12:45 on 02/14/2024, Surveyor and Administrator A observed Resident 2's toilet had what appeared to be feces stuck on the back of the toilet bowl. The toilet did not appear to be clean and or sanitized. Administrator A stated the toilet was usually cleaned later in the afternoon.<br><br>The provider did not ensure the bathroom area for Resident 2 was clean. | N 481 | | |