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
	510386	A. BUILDING: _____ B. WING _____	R-C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LACROSSE MC	**3161 E AVENUE 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 On 08/31/2023, Surveyor conducted two verification visits, two anonymous complaint investigations and a standard licensure survey at Brookdale La Crosse MC. The deficiencies in SOD HPA712 and SOD MEHB12 dated 03/02/2023 were corrected. Information for this survey was received and reviewed through 09/05/2023. The complaints were not substantiated. Three deficiencies related to the standard survey were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 29	N 000		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident was safe from environmental hazards. The provider did not ensure all of the sprinkler heads located on the ceiling of the facility were clean of lint and dust.	N 358		

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

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N 358	Continued From page 1 Findings include: The facility is licensed to provide services for up to 33 residents within one of the following client groups: advanced aged and irreversible dementia/Alzheimer's disease. On 08/31/2023, at approximately 9:45 a.m., Surveyor observed three sprinkler heads that were dust and lint covered. One was located in the laundry room, one near the north exit and one near the front entrance of the facility. At approximately 10:40 a.m., Surveyor re-toured the facility with Maintenance Person A. Surveyor discussed the dust and lint covered sprinkler heads with Maintenance Person A. Surveyor asked if anyone cleaned the sprinkler heads. Maintenance Person A thought the previous maintenance person cleaned the sprinkler heads. Maintenance Person A stated s/he had not cleaned them since starting his/her employment with the provider. Maintenance Person A stated all the sprinkler heads would be cleaned.	N 358		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the dryer venting was made of	N 488		

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N 488	Continued From page 2 rigid material. Findings include: On 08/31/2023 at approximately 9:30 AM, Surveyor toured the facility. Surveyor observed three dryers in the laundry room that did not have rigid venting. At approximately 10:30 AM, while re-touring the laundry room with Maintenance Person A, Surveyor discussed the dryer venting with Maintenance Person A. Maintenance Person A agreed the dryer venting on all three dryers needed to be changed to a rigid type of venting instead of the existing slinky foil type venting. Maintenance Person A stated the venting would be changed by the end of the week.	N 488		
N 650	83.59(4)(b) Delayed egress: locking device sign posted Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: A sign shall be posted adjacent to the locking device indicating how the door may be opened. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure three of four facility exits with delayed egress door locks included a sign posted adjacent to the locking device indicating how the doors may be opened.	N 650		

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N 650	Continued From page 3 Findings include: On 08/31/2023 at 10:00 A.M., Surveyor conducted a tour of the facility, including three exits leading to the outside. Surveyor observed the facility's north, south and east exits with delayed egress door locks. The three exits did not have signs posted adjacent to the locking device indicating how the door may be opened. At approximately 10:30 AM, while re-touring and testing the delayed egress doors with Maintenance Person A, Surveyor asked Maintenance Person A if there were signs that could be posted on three of the four egress doors. Surveyor also showed Maintenance Person A the proper sign on the entrance door with instructions on how to open the door. Maintenance Person A did not know each egress door in the facility needed a sign posted adjacent to the locking device. Maintenance Person A stated the signs would be ordered and posted as soon as possible.	N 650		