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 08/09/2024

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 On 08/09/2024, Surveyor conducted an anonymous complaint investigation and a standard survey at Brookdale La Crosse AL. The complaint was substantiated. One deficiency identified. Census: 21	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Resident 1's right to receive all medications as prescribed when Resident 1 was given Resident 2's AM medications. Findings include: On 07/14/2024, the department received a complaint regarding medication errors which resulted in a resident being sent to a hospital. The facility provides care for up to 36 residents within the following client groups: irreversible dementia/Alzheimer's and advanced aged. On 08/09/2024 at approximately 11:45 AM, Surveyor conducted a complaint investigation.	N 352		

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

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N 352	Continued From page 1 Surveyor interviewed Administrator (A) A and Health and Wellness Director B (HWD) B. Surveyor asked if any resident was hospitalized after administration of another resident's medications by a medication passer. A A stated there was a resident who was administered another resident's medication in error and was not hospitalized but went to the emergency room for approximately 3 hours for observation due to possible side effects of ingesting the wrong mediation. Surveyor asked HWD B for the investigation of the situation. HWD B stated the incident was investigated but not documented. Surveyor was provided with a progress note and a discharge note from the hospital. Surveyor reviewed the observation note and the discharge note from the hospital. Both notes stated Resident 1 was accidentally administered Resident 2's medication. The mediations accidentally administered to Resident 1 were as follows: Calcitriol 25 mg Losartan 7.5 mg Remeron 500 mg Keppra Surveyor asked HWD B if Resident 1 had any symptoms after the administration of Resident 2's medications. HWD B stated Resident 1 was drowsy and was taken to the emergency room for observation for approximately 3 hours before returning to the provider. HWD B stated Remeron is used to treat depression and can cause drowsiness and Keppra is used to treat seizures and can cause dizziness and fatigue. HWD B added Resident 2 did receive their regular medication as scheduled and prescribed.	N 352		

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N 352	Continued From page 2 Surveyor reviewed the resident records for Resident 1 and Resident 2. Resident 1 was admitted to the facility on 07/24/2023. Resident 1 is diagnosed with alcohol dependence and hypertension. Resident 2 was admitted to the facility on 10/09/2023. Resident 2 is diagnosed with morbid obesity and major depressive disorder. Both resident's ISPs stated the provider was to administer all medications with supervision. Summary: The provider did not ensure all medications were given as prescribed for Resident 1.	N 352		