

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/19/2026
NAME OF PROVIDER OR SUPPLIER BROOKDALE LACROSSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3141 EAST AVENUE S 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
U 000	INITIAL COMMENTS On 08/05/2026, Surveyor conducted 2 complaint investigations at Brookdale Lacrosse. Data collection continued through 08/19/2026. Both complaints were substantiated. One deficiency was identified. One deficiency was a repeat violation. See Statement of Deficiency (SOD) L16G11, dated 05/26/2022. Census: 20	U 000		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview, the provider did not enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This is a repeat deficiency. See Statement of Deficiency (SOD) L16G11, dated 05/26/2022. Findings include: On 04/21/2026 and 05/26/2026, the department received complaints regarding tenant falls.	U 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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U 189	Continued From page 1 On 08/05/2026, at approximately 1:15 PM, Surveyor interviewed Executive Director (ED) A. ED A stated Tenant 1 had told him/her Tenant 1's call pendant did not work, and nobody came to help him/her for approximately 30 minutes after Tenant 1 had fallen. ED A stated Tenant 1's call pendant was replaced. At approximately 2:00 PM, Surveyor reviewed Tenant 1's records. Tenant 1 was admitted on 09/06/2025. A document titled, "Post-Fall Evaluation Initial," indicated Tenant 1 had a fall on 04/12/2026 in his/her room. Tenant 1's "Residency Agreement" included an "Exhibit C Negotiated Risk Agreement," and it was blank. On 08/17/2026, at 8:35 AM, Surveyor emailed ED A and asked ED A to clarify if Tenant 1 had a risk agreement completed at any point. At 10:33 AM, Surveyor received an email from ED A that read, in part, "It does not appear so no ..." On 08/19/2026, at approximately 11:30 AM, Surveyor interviewed ED A via phone. When asked about Tenant 1's risk agreement, ED A stated Tenant 1 would have signed one with his/her service agreement. Surveyor stated the service agreement that was provided included a blank section where the risk agreement was identified. ED A stated Tenant 1 may not have signed it and the admission process may not have been executed correctly.	U 189		