STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015685	A. BUILDING: _____ B. WING _____	C 09/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE CREST SOUTH CBRF	**622 BENNORA LEE COURT 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 09/01/2026, Surveyor conducted a complaint investigation at Eagle Crest South CBRF. The complaint was substantiated. One deficiency was identified. Census: 99	N 000		
N 426	83.38(1)(b) Supervision. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure adequate supervision for Resident 1. Resident 1 eloped on 05/25/2026. Findings include: The provider is licensed to serve up to 103 residents in the client groups advanced aged, physically disabled, irreversible dementia/Alzheimer's disease and terminally ill.	N 426		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 426	Continued From page 1 On 05/28/2026, the department received a self-report indicating Resident 1 eloped at 11:35 PM on 05/25/2026. Resident 1 was found by an unknown individual outside of the facility and transported to the nearby hospital. Staff were unaware Resident 1 had left his/her room. Resident 1 received a nebulizer treatment at the hospital and later returned to the facility after 4:00 AM. On 06/03/2026, the department received a complaint regarding supervision concerns. On 09/01/2026, at approximately 11:40 AM, Surveyor interviewed Administrator A and Care Administrator (CA) B. CA B stated Resident 1 eloped on 05/252026 and was gone for quite a while. CA B stated staff thought Resident 1 was in his/her room, but s/he was not. CA B stated they conducted an internal investigation and found some errors. CA B stated staff had failed to complete the process and did not verify Resident 1 was in his/her bed during safety checks. CA B stated Resident 1 had been on standard 1-hour checks prior to his/her elopement. The provider implemented corrective action, disciplined the staff involved, and retrained staff on elopement protocols. CA B stated Resident 1 was identified as an elopement risk prior to his/her elopement on 05/25/2026. Surveyor requested records for Resident 1. Resident 1 was admitted on 04/14/2023 and had an activated power of attorney for healthcare. Resident 1 had multiple diagnoses including atypical parkinsonism due to dementia and Alzheimer's disease with late onset. Resident 1's Individual Service Plan (ISP), dated 11/05/2026, identified Resident 1 as an elopement risk. It stated Resident 1's last elopement was	N 426		

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N 426	Continued From page 2 08/03/2025. Under a section titled, "Hourly Check," it read, "Directions: Staff to check hourly on each resident. Schedule: Daily @ AM (morning) SHIFT, PM (afternoon) SHIFT, NOC (overnight) SHIFT." Under a section titled, "Offer PRN (as needed)" it read, "Directions: Staff may offer PRN Albuterol inhaler (if able) as prescribed by PCP (primary care provider) for wheezing or SOB (shortness of breath)." The provider did not ensure adequate supervision for Resident 1 when s/he eloped on 05/25/2025 and staff did not complete safety checks as directed.	N 426		