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 |
|---|---|---|---|
| | 510387 | A. BUILDING: _____ B. WING _____ | R-C 08/19/2026 |

| 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 08/05/2026, Surveyor conducted a verification visit and complaint investigation at Brookdale Lacrosse AL. Data collection continued through 08/19/2026.<br><br>The complaint was unsubstantiated.<br><br>One deficiency was identified.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 20 | {N 000} | | |
| N 284 | 83.26(2) Orientation, continuing education documented<br><br>Employee orientation and hours of continuing education shall be documented in the employee ' s file.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure orientation was documented in the agency staff's employee file.<br><br>Findings include:<br><br>The definition of "employee" under DHS 83.02(22) states, "Employee" means any person who works for a CBRF (community based residential facility) or for an entity that is affiliated with the CBRF, or that is under contract to the CBRF, who is under direct control of the CBRF or corporation affiliated with the CBRF and who receives compensation subject to state and federal employee withholding taxes.<br><br>On 08/05/2026, Surveyor requested review of the | N 284 | | |

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

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

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| N 284 | Continued From page 1<br>staff schedule for actual hours worked for 2026. Surveyor reviewed the schedule for June through July 2026 provided by Executive Director (ED) A. It appeared 36 shifts were covered by agency employees.<br><br>At approximately 12:55 PM, Surveyor interviewed ED A about agency staff training. ED A stated agency staff went through a checklist with tenured staff. ED A stated they had been giving the checklist back to the agency staff upon completion and there was no documentation of orientation training available for agency staff as they did not maintain files on-site for agency staff. | N 284 | | |