

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Lacrosse

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Lacrosse County.

The report includes only facilities located within the City of LACROSSE. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 17.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE LACROSSE AL (510387)

Address: 3141 EAST AVE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147368 **End Date:** 08/09/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HZDD11 Served 08/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/11/25	Yes

Survey ID: 0145743 **End Date:** 02/14/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2PFF11 Served 02/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(6)(a)	RETURN REFUNDS TO RESIDENT WITHIN 30 DAYS	4/12/24	
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/12/24	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142704 End Date: 04/05/2023 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142322 End Date: 02/24/2023 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141493 End Date: 11/03/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141149 End Date: 10/19/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140454 End Date: 08/03/2022 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TX7A11 Served 08/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/19/22	Yes

Enforcement History (BROOKDALE LACROSSE AL--510387)

Date: 08/19/2024 SOD #HZDD11 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 08/16/2022 SOD #TX7A11 Appealed: No

Sanctions
 ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE LACROSSE AL--510387)

Date Complaint Received: 07/18/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

HZDD11
HZDD11
HZDD11

Date Complaint Received: 01/30/2024

Date Investigation Completed: 02/14/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
ADMINISTRATION

SUBSTANTIATED
SUBSTANTIATED

2PFF11
2PFF11

Date Complaint Received: 03/28/2023

Date Investigation Completed: 03/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/03/2023

Date Investigation Completed: 02/24/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/25/2022

Date Investigation Completed: 11/03/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE LACROSSE MC (510386)

Address: 3161 EAST AVE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145635 **End Date:** 02/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144161 **End Date:** 09/05/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HPA713 Served 09/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	2/14/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/14/24	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	2/14/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142603 **End Date: 03/15/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MEHB12 Served 03/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/5/23	Yes

Survey ID: 0142434 **End Date: 03/02/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HPA712 Served 03/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/5/23	Yes

Survey ID: 0141643 **End Date: 12/13/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HPA711 Served 12/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/2/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141245 **End Date: 10/25/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MEHB11 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	3/15/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/15/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/15/23	Yes

Survey ID: 0140453 **End Date: 08/03/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139803 **End Date: 06/02/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOKDALE LACROSSE MC--510386)

Date: 09/08/2023 **SOD #HPA713** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 03/30/2023 **SOD #MEHB12** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 03/10/2023 **SOD #HPA712** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 12/19/2022 **SOD #HPA711** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 11/03/2022 **SOD #MEHB11** **Appealed: No**

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE LACROSSE MC--510386)

Date Complaint Received: 08/22/2023

Date Investigation Completed: 09/05/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/12/2023

Date Investigation Completed: 09/05/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/01/2023

Date Investigation Completed: 03/15/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/20/2023

Date Investigation Completed: 03/15/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/11/2023

Date Investigation Completed: 03/02/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/03/2023

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 03/02/2023

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	NOT RECORDED
SUBSTANTIATED	MEHB12
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 12/01/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 12/13/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	HPA711

Date Complaint Received: 10/04/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 10/25/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	MEHB11

Date Complaint Received: 06/13/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 08/03/2022

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 05/10/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 06/02/2022

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: CARE CENTER (0013220)

Address: 4647 MORMON COULEE RD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 05/18/2010 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0146024 **End Date:** 03/27/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145248 **End Date:** 01/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IBHW11 Served 01/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	3/27/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/27/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0143577 **End Date:** 06/23/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #148L11 Served 07/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/7/23	

Enforcement History (CARE CENTER--0013220)

Date: 01/11/2024 **SOD #** IBHW11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (CARE CENTER--0013220)

Date Complaint Received: 11/21/2023 **Date Investigation Completed:** 01/09/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	IBHW11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EAGLE CREST SOUTH CBRF (0015685)

Address: 622 BENNORA LEE COURT, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 07/01/2016 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147560 **End Date:** 09/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UU7P11 Served 09/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	2/11/25	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	2/11/25	Yes

Survey ID: 0146494 **End Date:** 05/15/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144516 **End Date: 10/10/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1ZPG11 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/15/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	5/15/24	Yes

Survey ID: 0143395 **End Date: 06/14/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141738 **End Date: 12/19/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138932 **End Date: 03/08/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138889 **End Date: 02/04/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (EAGLE CREST SOUTH CBRF--0015685)

Date: 09/12/2024 **SOD #UU7P11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 10/16/2023 **SOD #1ZPG11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (EAGLE CREST SOUTH CBRF--0015685)

Date Complaint Received: 07/11/2024

Date Investigation Completed: 09/03/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

UU7P11

Date Complaint Received: 09/01/2023

Date Investigation Completed: 10/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1ZPG11

Date Complaint Received: 05/25/2023

Date Investigation Completed: 06/16/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 08/09/2022

Date Investigation Completed: 12/19/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/02/2022

Date Investigation Completed: 03/08/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/04/2022

Date Investigation Completed: 02/04/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTEN HOUSE I (510185)

Address: 2573 S 7TH ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1991 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147546 **End Date:** 08/13/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z11X11 Served 09/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION		

Enforcement History (HEARTEN HOUSE I--510185)

Date: 09/10/2024 **SOD #**Z11X11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTEN HOUSE II (510239)

Address: 2571 S 7TH STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/08/1993 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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