STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014868	A. BUILDING: _____ B. WING _____	R 05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUANG PHRASAVATH AFH	W269 N1933 MEADOWBROOK RD PEWAUKEE, WI 53072

(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
{M 000}	INITIAL COMMENTS On 05/20/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Douang Phrasavath AFH, an adult family home (AFH) located in Pewaukee, WI. As a result of the survey, 1 deficiency was identified. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all resident medications were securely stored. Findings include: On 05/20/2026, at approximately 9:26 a.m.,	M 458		

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
	0014868	A. BUILDING: _____ B. WING _____	R 05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUANG PHRASAVATH AFH	W269 N1933 MEADOWBROOK RD PEWAUKEE, WI 53072

(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
M 458	Continued From page 1	M 458		

Surveyor entered the home to conduct a survey. Surveyor observed that a closet with bypass doors in the hallway leading to the kitchen was open, exposing a filing cabinet inside. Upon entering the kitchen, Surveyor observed a mini-fridge in the dining area (Photo 1).

At approximately 9:30 a.m., while discussing the storage of residents' insulin pens, Caregiver B reported that residents' refrigerated medications were stored in the mini-fridge in the dining area. Surveyor then observed the mini-fridge, which did not appear to have any mechanism to lock or otherwise secure the contents inside. Upon opening the min-fridge door, Surveyor observed the following (Photos 2 - 9):

- 2 Ozempic 2 mg/3mL pens
- 1 light blue insulin pen sitting in a clear container
- 2 boxes containing a total of at least eight 16.8-gram Veltassa packets
- 1 dark blue insulin pen sitting in a blue cup
- 21 dark blue insulin pens in prescription baggies
- 1 box containing 1 light blue insulin pen
- 1 unopened box identified as containing an insulin pen
- 2 insulin pens in a prescription baggie sitting between the 2 boxes described above

While observing the medications in the mini-fridge, Caregiver B reported s/he was not sure if the fridge had the ability to lock.

At approximately 9:45 a.m., Surveyor observed the non-refrigerated medications with Caregiver B, which Caregiver B confirmed were located in the filing cabinet observed earlier by Surveyor (Photo 10). There was a drawer within the cabinet identified for each resident and each drawer was observed to contain multiple bubble packs of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014868	A. BUILDING: _____ B. WING _____	R 05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUANG PHRASAVATH AFH	W269 N1933 MEADOWBROOK RD PEWAUKEE, WI 53072

(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
M 458	Continued From page 2 resident prescription medication (Photos 11 - 13). Caregiver B reported s/he believed the filing cabinet locked but reported s/he did not have a key. Surveyor observed that the bypass doors of the closet where the filing cabinet was located also did not have an ability to lock or otherwise secure the contents within. At approximately 10:30 a.m., Surveyor interviewed Licensee A. Licensee A reported s/he had a key to the filing cabinet and that s/he and Caregiver B would start locking it to secure residents' prescription medications. Licensee A reported s/he would address the mini-fridge to secure residents' refrigerated prescription medications.	M 458		