STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 02/03/2026, with additional information gathered through 02/04/2026, Surveyor investigated 3 complaints at Hunter Meadow. Three of 3 complaints were substantiated and 2 new deficiencies were identified. 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 medications were stored securely. Findings Include: On 12/01/2025 and 01/10/2026, the department received complaints alleging medications were not securely stored. On 02/03/2026, at 9:15AM, Surveyor entered the home and observed the office was door was open. Surveyor further observed residents' medications were stored in the office. Surveyor	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
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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		

noted there were locked boxes for medication storage in the office, but some medications were out and not in the locked boxes. The door remained opened until 9:39AM. Surveyor observed the following unsecured medications:

Unlocked File Cabinet
Surveyor observed an unlocked file cabinet with 2 drawers in the office containing Resident 1 and Resident 2's as needed and overflow medication. Surveyor observed the following medications in the unlocked file cabinet:

Resident 1: Metformin 750 mg, 3 boxes of Nurtec 75mg, Nystatin Powder 100,000U/GM, Polyethylene Glyccol, and Acetaminophen 325mg.

Resident 2: Acetaminophen 325mg (2 bubble packs), Cal-Gest Chw 500mg, Loperamide 2mg,

Desk-Next to Laptop
Surveyor observed Resident 2's Risperidone 1mg and Loratadine 10mg on the desk next to a laptop computer.

Plastic Zip Bags
Surveyor observed a clear zip-type bag labeled, "AM 2/1 [Resident 3's] meds to destroy." The bag contained 13 pills. Surveyor observed a smaller clear zip-type bag labeled, "Found in large bathroom shower drain 2-1 8pm."

Surveyor observed Resident 2, Resident 3 and Resident 4 were in the living room while the office door was open.

On 02/03/2026, at 9:31AM, Surveyor interviewed Caregiver B regarding medication storage. Caregiver B explained there is a keypad on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 office door and only caregivers know the code to open it. Caregiver B confirmed the door should be closed and locked if caregivers are not present. Caregiver B did not ensure the office door was closed until 9:39AM. On 02/04/2026, at 9:00AM, Surveyor interviewed Technology Support Manager A (TS-A). TS-A advised the Residential Support Managers are responsible for conducting audits to ensure proper medications storage. TS-A stated s/he would ensure medications are stored correctly. TS-A acknowledged the findings. Cross refence M0582 DHS 88.10(3)(q) Medications	M 458		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received medications in the dosages and intervals prescribed by the physician for Resident 1 and Resident 2.	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 582	Continued From page 3 Resident 1 missed 55 doses of prescribed medication in January 2025 and 2 doses of prescribed medication in February 2025. Resident 3 missed 53 doses of prescribed medication in January 2025 and 4 doses of prescribed medication in February 2025. Findings Include: On 02/03/2026, the department received a complaint alleging medications were not administered as prescribed. RESIDENT 1 On 02/03/2026, Surveyor reviewed Resident 1's January 2026 and February 1st through 3rd 2026 medication administration records (MAR). Surveyor noted several medications were documented as not given. The MAR documented the following: Aspirin Low Chw 81mg - 1 tab daily 01/15: x.1, 01/16: x.2, and 01/21: x.3 * The key on the MAR identified x.1 through x.3 as "missed." Astrovastatin 80mg - 1 tab daily for Dyslipidemia 01/06: x.4, 01/09: x.5, and 01/17: x.6 * The key on the MAR identified x.4 through x.6 as "missed." Doxepin HCL 10mg - 1 cap every night for mood/insomnia 01/09: x.7, 01/17: x.8	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 582	Continued From page 4 *The key on the MAR identified x.7 and x.8 as "missed." Fluoxetine 20mg - 1 cap every morning for depression 01/15: x.9, 01/16: x.10, 01/21: x.11 *The key on the MAR identified x.9 through x.11 as "missed." Jardiance 10mg - 1 tab every morning before breakfast 01/15: x.12, 01/16: x.13 and 01/21: x.14 *The key on the MAR identified x.12 through x.14 as "missed." Levetiraceta 100mg - 2 tabs (200mg) twice daily for seizures/headaches 1st Dose - 01/15: x.15, 01/16: x.16, 01/21: x.17 *The key on the MAR identified x.15 through x.17 as "missed." 2nd Dose - 01/06: x.19, 01/17: x.18 and 01/09: x.20 *The key on the MAR identified x.18 through x.20 as "missed." Losartan POT 50mg - 1 tab daily for hypertension 01/15: x.21, 01/16: x.22 and 01/21: x.23 *The key on the MAR identified x.21 through x.23 as "missed." Metformin 750mg ER - 1 ½ tab every morning for diabetes 01/15: x.24, 01/16: x.25, 01/21: x.26	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 582	Continued From page 5 *The key on the MAR identified x.24 through x.26 as "missed." Methylphenid 10mg daily before 1:00PM 01/30: x.27 *The key on the MAR identified x.27 as "missed." Methylphenid 10mg daily every morning for ADHD 01/01: H.1, 01/02: R.1, 01/09: x.28, 01/1: x.29, 01/16 x.30 and 01/21: x.31 *The key on the MAR identified x.28 through x.31 as "missed." The MAR identified R.1 as "none to give." The MAR identified H.1 as "on hold/not in home." Metoprol TAR 25mg - 1 tab every 12 hours for hypertension 1st Dose - 01/15: x.32, 01/16: x.33 and 01/21: x.34 *The key on the MAR identified x.32 through x.34 as "missed." 2nd Dose - 01/06: x.35, 01/09: x.36 and 01/17: x.37 *The key on the MAR identified x.35 through x.37 as "missed." Stimulant LX 8.6-50mg - 2 tabs every morning for constipation 01/15: x.38, 01/16: x.39 and 01/21: x.40 *The key on the MAR identified x.38 through x.40 as "missed." Stimulant LX 8.6-50mg - 2 tabs every night at	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 582	Continued From page 6	M 582		

bedtime for constipation
01/06: x.41, 01/09: x.42 and 01/17: x.43

*The key on the MAR identified x.41 through x.43 as "missed."

Valproic ACD 250mg - 4 caps (1000mg) every morning for seizure/headache
01/15: x.44, 01/16: x.45 and 1/21: x.46

*The key on the MAR identified x.44 through x.46 as "missed."

Valproic ACD 250mg - 5 caps (1250mg) every night at bedtime for seizures
01/06: x.48, 01/09: x.49 and 01/17: x.47

*The key on the MAR identified x.47 through x.49 as "missed."

VIT D-3 5,000 Units - 1 tab Monday-Friday
01/15: x.50, 01/16: x.51, and 01/21: x.52

*The key on the MAR identified x.50 through x.52 as "missed."

Warfarin 4mg - 2 tabs daily on Sunday, Monday, Wednesday, Thursday and Saturday
01/06: x.53 and 01/09 x.54

*The key on the MAR identified x.53 and x.54 as "missed."

Warafarin 4mg - 1 tab on Monday
01/17: x.55, 01/20: x.56, 01/21: H.2 and 02/02: x.1

*The key on the MAR identified x.1, x.55 and x.56 "missed." The key on the MAR identified H.2 as "on hold/med not in house."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 582	Continued From page 7 Wafarin 4mg - 1 ½ mg every Sunday, Tuesday, Wednesday, Thursday, Friday and Saturday 01/15: x.57, 01/16: x.58, 01/21: x.59 and 02/01: x.2 *The key on the MAR identified x.2 and x.57 through x.59 as "missed." Zonisamide 100mg - 2 caps (200mg) daily for headaches 01/15: x.60, 01/16: x.61 and 01/21: x.62 *The key on the MAR identified x.60 through x.62 as "missed." RESIDENT 3 On 02/03/2026, Surveyor reviewed Resident 3's January 2026 and February 1st through 3rd 2026 medication administration record (MAR). Surveyor noted several medications were documented as not given. The MAR documented the following: Amlodipine 5mg - 1 tab every day for high blood pressure 01/29: x.1 *The key on the MAR identified x.1 "missed." Atorvastatin 20mg - 1 tab every night at bedtime for cholesterol 01/06: x.2, 01/09: x.3 and 01/17: x.4 *The key on the MAR identified x.2 through x.4 as "missed." Baclofen 10mg - 1 tab 4 times daily for muscle spasms	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 582	Continued From page 8 1st Dose - 01/29: x.5 *The key on the MAR identified x.5 "missed." 3rd Dose - 01/16: x.6 and 01/27: x.7 *The key on the MAR identified x.6 and x.7 as "missed." 4th Dose - 01/09: x.8 and 01/17: x.9 *The key on the MAR identified x.8 and X.9 as "missed." Benazepril 40mg - 1 tab daily for high blood pressure 01/29: x.10 *The key on the MAR identified x.10 as "missed." Finasteride 5mg - 1 tab daily for BPH 01/29: x.11 *The key on the MAR identified x.11 as "missed." Folic Acid 1mg - 1 tab daily 01/29: x12 *The key on the MAR identified x.12 as "missed." Hydrochlorot 25mg - take 1 tab daily for high blood pressure 01/06: x.14, 01/09: x.15 and 01/17: x.16 *The key on the MAR identified x.14 through x.16 as "missed." MAG64 64mg - 2 tabs (128mg) twice daily 1st Dose - 01/29: x.17	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 582	Continued From page 9 *The key on the MAR identified x.17 as "missed." Mupirocin Oin 2% - apply topically to affected areas 3 times daily 1st Application - 01/29: x.18 *The key on the MAR identified x.18 as "missed." 2nd Application - 01/08: x.19. 01/16: x.20, 01/26: R.1, 01/27: H.1, 02/01: R.1 and 02/02: X.1 *The key on the MAR identified x.19, x.20 as and 02/02 x.1 as "missed." The MAR identified R.1 as "doesn't have anymore." The MAR documented H.1 as "on hold cannot find." 4th Application - 01/06: x.21, 01/09: x.22, 01/16: x.23, 01/17: x.24, 01/26: R.2, 01/27:R.3 and 01/28: R.4 *The key on the MAR identified x.21 through x24 as "missed." The MAR identified R.2 as "empty," R.3 and R.4 as "out of med." Pantoprazole 40mg - 1 tab daily before breakfast for GERD 01/16: x.25 *The key on the MAR identified x.25 as "missed." POT CL Micro 20MEQ - 1 tab 3 times daily for hypokalemia 1st Dose - 01/29: x.26 *The key on the MAR identified x.26 as "missed." 3rd Dose - 01/06: x.27, 01/09: x.28, 01/17: x.29, 02/01: H.1, 02/02: R.2 *The key on the MAR identified x.27 through x.29	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 582	Continued From page 10	M 582		

as "missed." H.1 was documented as "on hold out none to use." R.2 was documented as "out."

Prevident 5000 PLUS 1.1% - Used for teeth twice daily for dental health
1st Application - 01/29: x.30

*The key on the MAR identified x.30 as "missed."

2nd Application - 01/06: x.31, 01/09: x.32 and 01/17: x.33

*The key on the MAR identified x.31 through x.33 as "missed."

Propranolol 80mg - 1 tab twice daily with meals for high blood pressure
1st Dose - 01/29: x.34

*The key on the MAR identified x.34"missed."

2nd Dose - 01/16: x.35 and 01/27: x.36

*The key on the MAR identified x.35through x.36 as "missed."

Tamsulosin 0.4mg - 2 caps (0.8mg) once daily at bedtime for urinary retention
01/09: x.38 and 01/17: x.39

*The key on the MAR identified x.38 and x.39 as "missed."

Trazadone 50mg - 1 tab every night at bedtime for insomnia
01/06: x.40, 01/09: x.41 and 01/17: x.42

*The key on the MAR identified x.40 through x.42 as "missed."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020482	A. BUILDING: _____ B. WING _____	C 02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER MEADOW	1432 HUNTER AVE FOND DU LAC, WI 54937

(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 582	Continued From page 11 Vitron-C 65-125mg - 1 tab twice daily 1st Dose - 01/29: x.43 *The key on the MAR identified x.43 as "missed." 2nd Dose - 01/06: x.44, 01/09: x.45, 01/17: x.46 *The key on the MAR identified x.44 through 46 as "missed." On 02/04/2026, at 9:00AM, Surveyor interviewed Technology Support Manager A (TS-A). TS-A advised the Residential Support Supervisors are responsible for conducting weekly medication audits. The audits include reviewing the MAR for accuracy and re-ordering medications. TS-A stated s/he would ensure medication audits are performed accordingly. TS-A acknowledged the findings. Cross reference M0458 DHS 88.07(3)(a) Prescription Medications	M 582		