STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019627	A. BUILDING: _____ B. WING _____	02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARK DR HOME	140 MARK DR JOHNSON CREEK, WI 53038

(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 02/06/2025, Surveyor conducted a standard survey and complaint investigation at Mark Dr Home. Two (2) deficiencies were identified. The complaint was unsubstantiated. Census: 3	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 every prescription medication was securely stored. The provider had an antibiotic stored unsecured. This had the potential to affect 2 of 3 residents. Findings include: On 02/06/2025, Surveyor conducted a standard survey and complaint investigation. The provider is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client	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
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MARK DR HOME	140 MARK DR JOHNSON CREEK, WI 53038

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M 458	Continued From page 1 groups of advanced age, alcohol/drug dependent, emotionally disturbed/mental illness, developmentally disabled, physically disabled, and traumatic brain injury. At approximately 8:45 a.m., Surveyor toured the provider's home. Surveyor observed 5 syringes of Resident 1's Gentamicin Sulfate/NaCl 0.09% 12mg/20mL stored in the home's refrigerator, unsecured. At 10:36 a.m., Surveyor discussed concern with Licensee A and Licensee A stated s/he understood the concern and had already ordered a lock box to put in the refrigerator.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written order from the physician who prescribed medications was received for 2 of 2 residents reviewed. The provider did not have a written order from Resident 1 or Resident 2's physician to administer their medications.	M 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019627	A. BUILDING: _____ B. WING _____	02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARK DR HOME	140 MARK DR JOHNSON CREEK, WI 53038

(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 464	Continued From page 2 Findings include: On 02/06/2025, at approximately 9:30 a.m., Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 12/18/2024 with diagnoses including spina bifida of lumbar with hydrocephalus, neurogenic bladder and neurogenic bowel. Surveyor reviewed that Resident 1 has an order to crush medications, an order for bisacodyl 10mg suppository, a gastronomy tube (g-tube), and a Malone antegrade colonic enema (MACE) bowel protocol. Surveyor reviewed physician orders for Resident 1 to take some medications orally and some medications via g-tube. Surveyor was unable to locate physician orders to administer medications in Resident 1's record. Surveyor reviewed the record of Resident 2. Resident 2 was admitted to the provider on 12/22/2023 with diagnoses including anxiety, depression, and seizures. Resident 2 has as a g-tube for calorie consumption. Surveyor reviewed physician orders for Resident 2 to receive medications via g-tube. Surveyor was unable to locate physician orders to administer medications in Resident 2's record. At 10:36 a.m., Surveyor discussed concern with Licensee A. Licensee A stated s/he was recently made aware of the need for the facility to have an order from the physician to administer the medication and stated s/he is in the process of making sure each resident has that signed by their primary physician moving forward.	M 464		