STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020535	A. BUILDING: _____ B. WING _____	C 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THURKE AVENUE	1821 THURKE AVENUE NORTH NORTH 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 01/29/2026, with additional information gathered through 02/02/2026, Surveyor investigated 1 complaint at Thurke Avenue. The complaint was substantiated and 2 new deficiencies were identified. Census 4	M 000		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an individual service plan (ISP) was developed for each resident within 30 days for Resident 1. Resident 1 was admitted on 07/08/2025. The ISP was not developed until 10/30/2025. Findings Include: On 11/06/2025, the department received a complaint alleging ISPs were not developed within 30 days of admission. On 02/02/2026, at 11:00AM, Surveyor reviewed the provider's resident roster. The roster identified Resident 1 was admitted on 07/08/2025.	M 404		

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

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M 404	Continued From page 1 On 02/02/2026, at 11:20AM, Surveyor reviewed Resident 1's initial ISP. The ISP was completed on 10/30/2025. On 02/02/2026, at 2:00PM, Surveyor interviewed Special Operations Director A (SOD-A). SOD-A confirmed the ISP was not completed within the timeframe and acknowledged the findings. Cross Reference N0410 DHS 88.06(3)(d) Individual Service Plan	M 404		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure there was a statement of agreement with individual service plan (ISP), dated and signed by all persons involved in developing the plan for Resident 1. Findings Include: On 02/02/2026, Surveyor reviewed Resident 1's updated ISP, dated 10/30/2025 and 01/03/2026. Surveyor noted the ISP was not signed by Resident 1's legal guardian. On 02/06/2026, at 11:51AM, Surveyor interviewed Guardian B. Guardian B identified s/he was Resident 1's legal guardian. Guardian B	M 410		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020535	A. BUILDING: _____ B. WING _____	C 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THURKE AVENUE	1821 THURKE AVENUE NORTH NORTH 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 410	Continued From page 2 confirmed s/he did not sign the ISP dated 10/30/2025 or 01/03/2026. Guardian B confirmed s/he did not receive a copy of an ISP until 10/30/2025. On 02/02/2026, at 2:00PM, Surveyor interviewed Special Operations Director A (SOD-A). SOD-A confirmed the ISP was not signed. SOD-A advised they will ensure the necessary signatures are obtained. SOD-A acknowledged the findings. Cross Reference N0404 DHS 88.06(3)(a) Individual Service Plan & Assessment	M 410		