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 06/16/2025

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 From 06/13/2025 to 06/16/2025, Surveyor conducted a complaint investigation at Thurke Avenue. One deficiency was identified. The complaint was substantiated. 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 all medications were securely stored. The provider's refrigerator, used to store insulin, was not kept secured. Findings include: The provider's home is licensed to serve up to 4 individuals with primary diagnoses of developmentally disabled, traumatic brain injury, advanced age, physically disabled, and	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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THURKE AVENUE	1821 THURKE AVENUE NORTH NORTH FOND DU LAC, WI 54937

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M 458	Continued From page 1 emotionally disturbed/mental illness. On 06/13/2025 at approximately 8:30 a.m., Surveyor observed a refrigerator in the provider's office, which was kept unlocked and unsupervised. Surveyor observed the refrigerator had a latch for a lock but no lock present. The refrigerator contained multiple boxes of Lantus SoloStar insulin, a box of Glargin insulin, a box of Insulin Aspart and a box of Humalog insulin. On 06/13/2025 at approximately 9:10 a.m., Surveyor interviewed Caregiver B. Surveyor asked Caregiver B if the provider's office was typically left unlocked. Caregiver B replied, "Yes." Surveyor asked if there was a lock for the refrigerator containing insulin. Caregiver B, who stated s/he had been working at that particular home for a few months, stated s/he was unaware of a lock. On 06/13/2025 at approximately 9:20 a.m., Surveyor interviewed Resident Manager A and shared concern that the provider's insulin refrigerator was kept unlocked and unsecured. Resident Manager A stated there used to be a lock on the refrigerator but it was cut off when the key went missing. Resident Manager A was unable to provide a timeline for how long the lock had been missing and was unable to provide a work order to replace the lock.	M 458		