STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014095	A. BUILDING: _____ B. WING _____	C 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTINGTON PLACE MEMORY CARE 2	3840 EAST ROTAMER ROAD JANESVILLE, WI 53546

(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
N 000	Initial Comments On 06/25/2026 to 07/06/2026, Surveyor conducted a monitoring visit at Huntington Place Memory Care 2, a CBRF in Janesville. Two deficiencies were identified. Census: 7	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 residents reviewed received their medications as prescribed. Resident 1 did not receive his/her Reguloid powder as prescribed. Findings include: On 06/25/2026 at approximately 7:30 AM, Surveyor arrived at the facility to conduct a monitoring visit. On 06/25/2026 at approximately 9:30 AM, Surveyor completed a medication cart audit with Caregiver C. Surveyor observed 2 bottles of Reguloid powder in the medication cart dated 11/11/2025 for Resident 1. Each bottle of Reguloid powder contained 60 days of dosing.	N 352		

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

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N 352	Continued From page 1 At approximately 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 04/01/2025 with a diagnosis of constipation. Resident 1's physician order included the following: -Reguloid Powder (Start Date: 09/19/2025) - Take 1 scoopful daily with 8 oz of fluids and drink daily. Surveyor reviewed the Medication Administration Record (MAR), dated 05/01/2026 through 06/25/2026 and the MAR indicated that the Reguloid powder had been administered daily. At approximately 10:30 AM, Surveyor interviewed Caregiver C. Caregiver C acknowledged that the date on 2 bottles of Reguloid powder was from 11/11/2025 and both bottles were over half full. Caregiver C said, "both of those bottles should be gone by now." Caregiver C stated that "some of the staff forget the powders, especially when it can be hard to get the residents to take them. " At approximately 4:30 PM, Surveyor discussed concern with Executive Director A and that Resident 1 had Reguloid powder that was prescribed daily, with a quantity of 60-day dose amount, dated 11/11/2025 in the medication cart. Executive Director A acknowledged that both bottles of Reguloid powder, dated 11/11/2025, should have been administered and gone by 06/25/2026. On 07/06/2026 at 11:20 AM, Surveyor interviewed Pharmacy Tech D. Pharmacy Tech D confirmed that 1 bottle of the Reguloid powder contained a 60-day dose. Pharmacy Tech D confirmed that the last order date for the medication was 11/11/2025.	N 352		

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N 452	Continued From page 2	N 452		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored to prevent food borne illness. The provider had expired food and did not maintain labels or dates on opened food. Findings include: On 06/25/2026 at 8:15 AM, Surveyor toured the facility and observed the following: -7 Yoplait yogurts in the refrigerator that had a use by date of 06/23/20026 -A silver container with a thick yellow mixture that was not labeled or dated	N 452		

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N 452	Continued From page 3 -2 plates with chicken, macaroni and cheese, and mashed potatoes that were not labeled or dated -Open juice container, with no lid, that was not labeled or dated -6 prepackaged sandwiches that were not labeled or dated On 06/25/2026 at 8:15 AM, Surveyor interviewed Caregiver B. Caregiver B stated that this was his/her first shift in the facility and was unaware of the expired food in the refrigerator. Caregiver B stated that s/he was serving breakfast with what the kitchen staff delivered from the main kitchen. On 06/25/2026, Surveyor shared concern with Executive Director A. Executive Director A stated that facility was making changes with the kitchen staff. Executive Director stated that s/he was unaware of the expired food in the refrigerator. Surveyor shared picture of food in the facility refrigerator and Executive Director A acknowledged that there was expired food being served to the residents and stated that s/he would take care of that immediately. Executive Director A stated that the thick yellow mixture was probably the lemon pudding that was served.	N 452		