

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/01/2026
NAME OF PROVIDER OR SUPPLIER HUNTINGTON PLACE MEMORY CARE 1			STREET ADDRESS, CITY, STATE, ZIP CODE 3828 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 07/01/2026, Surveyor conducted a complaint investigation at Huntington Place Memory Care 1, a CBRF in Janesville. Three deficiencies were identified. The complaint was substantiated. Census: 11	N 000			
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure leisure activities appropriate to resident interests and capabilities were provided daily. No activities were observed during survey. Findings include:	N 427			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/01/2026
NAME OF PROVIDER OR SUPPLIER HUNTINGTON PLACE MEMORY CARE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 3828 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 427	Continued From page 1 On 06/25/2026 from 7:30 AM - 11:00 AM, Surveyor did not observe activities being offered to residents. Surveyors observed residents in their rooms or watching TV in the living room. Surveyors did not observe activity calendars in the facility. On 06/25/2026 at approximately 8:30 AM, Surveyor interviewed Resident 1. Resident 1 reported the facility did not do much for activities. Resident 1 stated that it can get really boring during the day. Resident 1 stated that s/he liked to walk the hall for exercise. On 06/25/2026 at approximately 4:30 PM, Surveyor interviewed Executive Director A. Executive Director A stated that his/her company had just taken over the facility and the facility did have an activities person hired. Executive Director A stated that the facility was working on activity calendars, and the calendars will be posted in the facilities.	N 427		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a weekly menu was prepared and available to residents.	N 450		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/01/2026
NAME OF PROVIDER OR SUPPLIER HUNTINGTON PLACE MEMORY CARE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 3828 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 450	Continued From page 2 Findings include: On 06/25/2026 at approximately 8:00 AM, Surveyor toured the provider's facility. Surveyor was unable to locate a menu to indicate what meals would be served for the day or week. On 06/25/2026 at approximately 8:30 AM, Surveyor interviewed Resident 1 and s/he indicated that s/he was unaware of what lunch was for that day or the remainder of the weekly meals. Resident 1 stated that the food was not good, and s/he had never seen a menu. On 06/25/2026 at approximately 4:30 PM, Surveyor interviewed Executive Director A. Executive Director A explained that the facility was making changes with the food staff and chef. Executive Director A stated that the facility was in the process of creating menus and posting them in the facility.	N 450		
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.	N 452		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/01/2026
NAME OF PROVIDER OR SUPPLIER HUNTINGTON PLACE MEMORY CARE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 3828 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 452	Continued From page 3 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 06/05/2026, the Department received a complaint alleging food was expired in the facility. On 06/25/2026 at 8:00 AM, Surveyor toured the facility and observed the following: -12 Yoplait yogurts in the refrigerator that had a use by date of 06/23/20026 -Package of Mission tortilla wraps with a use by date of 06/07/2026 -2 packages of lunch meat that were not labeled or dated On 06/25/2026 at 8:45 AM, Surveyor observed Caregiver B carry a plate of breakfast food to the tables with the expired yogurt. Surveyor observed 3 residents eating yogurt during breakfast. Surveyor interviewed Caregiver B and s/he stated that the facility kept easy to grab foods in the refrigerator for the residents. Caregiver B stated that s/he assumed the food in the refrigerator was fresh. On 06/25/2026, Surveyor shared concern with	N 452		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/01/2026
NAME OF PROVIDER OR SUPPLIER HUNTINGTON PLACE MEMORY CARE 1			STREET ADDRESS, CITY, STATE, ZIP CODE 3828 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 452	Continued From page 4 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.	N 452			