STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013381	A. BUILDING: _____ B. WING _____	C 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE JANESVILLE MEMORY CARE	4333 PHEASANT RUN RD 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 From 12/17/2025 to 12/18/2025, Surveyor conducted a standard survey and a complaint investigation at Our House Janesville Memory Care, a CBRF in Janesville. One deficiency was identified. Complaint was unsubstantiated. Census: 14	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 record review and interview, the provider did not ensure 1 of 3 residents reviewed received their medications as prescribed. Resident 1 did not receive his/her protein shakes as prescribed. Findings include: On 12/17/2025 at approximately 8:30 a.m., Surveyor arrived at the facility to conduct a standard survey and complaint investigation. Surveyor requested a resident roster from Executive Director A. On 12/17/2025 at approximately 9:30 a.m.,	N 352		

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

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N 352	Continued From page 1 Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 11/09/2023 with a diagnosis of dementia and depression. Resident 1's physician order included the following: - Protein shakes -Take 1 bottle by mouth 3 times a day for nutritional supplement. Surveyor reviewed the Medication Administration Record (MAR), dated 10/01/2025 through 12/17/2025 and the MAR indicated that the protein shakes had not been administered from 11/23/2025 through 12/05/2025 because the protein shakes were not available. At approximately 9:45 a.m., Surveyor interviewed Caregiver C. Caregiver C stated that Resident 1 was out of shakes but that the provider had plenty of shakes now. Caregiver C stated that they had been reported to administration. On 12/17/2025 at approximately 12:35 p.m., Surveyor completed a medication cart audit with Caregiver B. Surveyor observed protein shakes stocked in the medication room refrigerator. Caregiver B stated that the shakes were for Resident 1 and there was extra supply in the storage cabinet. On 12/17/2025 at approximately 1:30 p.m., Surveyor discussed concern with Executive Director A and Executive Director D that Resident 1 had protein shakes that were not available for 13 days. Executive Director D stated that s/he was unaware that Resident 1 was out of protein shakes for that long. Executive Director A stated that Resident 1 received a delivery of protein shakes on	N 352		

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N 352	Continued From page 2 12/05/2025.	N 352		