STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014094	A. BUILDING: _____ B. WING _____	C 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTINGTON PLACE MEMORY CARE 1	3828 EAST ROTAMER ROAD JANESVILLE, WI 53546

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N 000	Initial Comments On 11/03/2025 to 11/10/2025, Surveyors conducted a complaint investigation at Huntington Place Memory Care 1. Two deficiencies were identified. The complaint was substantiated. Census: 8	N 000		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed had the administration of their medications documented in the record. The provider did not have accurate and complete record of Resident 1's medication administration. Findings include:	N 415		

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

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N 415	Continued From page 1 On 10/13/2025, the Department received a complaint alleging concerns with medication administration. On 11/03/2025, Surveyors reviewed Resident 1's record and identified the following: Resident 1 was admitted on 07/14/2025 with a diagnosis of Alzheimer's disease. Resident 1's individual service plan (ISP) dated 08/21/2025 indicated facility's staff managed his/her medications. Resident 1's medication orders for hydromorphone include the following: -Hydromorphone 4mg tablet- 2 tablet orally every 4 hours for pain, active on 9/20/25 at 10:44 AM. This medication order is not on Resident 1's MAR. Handwritten medication administration log documented on 09/20/25- 09/21/25 documented his/her hydromorphone administration doses and times are as follows: -4mg tablet- 2 tablets every 4 hours: 2:00 PM, 3:45 PM (PRN), 6:00 PM, 10:00 PM. 09/21/25: 2:00 AM, 6:00 AM. It is important to note that the 4mg tablet- 2 tablets every 4 hours doses are documented on a piece of paper and does not include a staff member's initials or the effectiveness of the medication for the 6pm, 10pm, 2am, and 6am doses. Resident 1's medication orders for lorazepam include: -Lorazepam 1mg tablet- 1 tablet orally every 4 hours, active 9/20/25 at 10:44 AM. This medication order is not on Resident 1's MAR.	N 415		

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N 415	Continued From page 2 Handwritten medication administration log on 09/20/25- 09/21/25 documented his/her lorazepam administration doses and times are as follows: -1mg every 4 hours: 12:00 PM, 3:45 PM PRR [sic], 6:00 PM, 10:00 PM. 09/21/25: 2:00 AM, 6:00 AM. It is important to note that the 1mg tablet every 4 hours doses are documented on a piece of paper and does not include a staff member's initials or the effectiveness of the medication for the 12pm, 3:45pm, 6pm, 10pm, 2am, and 6am doses. Resident 1's medication orders for hyoscyamine include: -Hyoscyamine 0.125mg tablet- 1 tablet by mouth every 2 hours PRN for secretions, active 07/14/25. -Levsin (Hyoscyamine) Sublingual (to be placed under the tongue) tablet 0.125mg tablet- 1 tablet sublingually every 2 hours PRN for excessive secretions, active 09/19/25 at 12:04 PM. Handwritten medication administration log on 09/20/25- 09/21/25 documented his/her hyoscyamine administration doses and times are as follows: -Hyoscyamine 0.125mg tablet: 9:19 AM, 12:58 PM. -Levsin (Hyoscyamine) Sublingual tablet 0.125mg tablet: no documented doses. It is important to note that facility documentation indicates that Resident 1 was receiving the 0.125mg tablet every 2 hours scheduled, to which there is no order for. The administration times are as follows: 1:00 PM. 3:00 PM, 5:00 PM, 7:00 PM, 10:00 PM, 12:00 AM, 2:00 AM, 4:00 AM, and 6:00	N 415		

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AM. The doses are documented on a piece of paper and does not include a staff member's initials or the effectiveness of the medication for the 10pm, 12am, 2am, 4am, and 6am doses.

On 11/04/2025 at 10:30 AM, Surveyor interviewed Interim RN B via phone. Surveyor discussed the missing initials on the September 2025 written medication log for Resident 1's comfort meds (Lorazepam, Hydromorphone, and Hyoscyamine). Interim RN B verified staff had only used checks marks on the written medication log and did not record initials or the effectiveness of the medications.

On 11/04/2025 at 11:23 AM, Surveyors interviewed Administrator A via phone. Surveyor shared concern for Resident 1's medication changes on 09/20/2025 to 09/21/2025 were documented on a piece paper. Administrator A reported on the morning of 09/20/2025 when Resident 1's comfort medications changed (it was over a weekend), both my nurses were not answering, and my company doesn't allow me to input changes into our electronic health record (EHR). Administrator A stated s/he had staff try to print blank MARs, but they were unable to and used a piece of paper instead. Surveyor shared concern for staff not recording initials and response of Resident 1's comfort medications on the written medication log. Surveyor noted only check marks were used next to each administration time. Administrator A acknowledged an understanding of the concern and asked for additional time to look over Resident 1's record once s/he was back in the office tomorrow.

On 11/06/2025 at 2:01 PM, Surveyors interviewed Administrator A via phone. Administrator A

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N 415	Continued From page 4 acknowledged staff did not record initials to Resident 1's administrations of his/her comfort medications on 09/20 to 09/21. Administrator A provided progress notes where some staff recorded responses to Resident 1's comfort medications on the above dates, but the administrations later in the day on 09/20 and all day on 09/21 were never recorded. Administrator A confirmed staff should have documented accurately on the handwritten medication log. Administrator A stated blank MARs had been ordered from their pharmacy and placed in all memory care facilities to ensure this did not happen again.	N 415		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that personal care	N 425		

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services were provided adequate to the showering needs of Resident 1.

Resident 1's Individual Service Plan (ISP) indicated s/he required assistance with bathing and showering. Resident 1 received a total of 5 documented showers out of 20 available shower days from 07/14/2025 to 09/21/2025. Hospice completed 2 showers on (08/05/2025, 09/09/2025) and the provider documented 3 completed showers on (08/08/2025, 09/05/2025, and 09/17/2025).

Findings include:

On 10/13/2025, the Department received a complaint alleging concerns with personal cares not being completed.

On 11/03/2025, Surveyors reviewed the closed record of Resident 1 and identified the following:

Resident 1 was admitted on 07/14/2025 with a diagnosis of Alzheimer's disease. Resident 1's individual service plan (ISP) dated 08/21/2025 indicated "Bathing: I need physical assist with bathing, but I can participate in part of the bathing activity." A review of the provider's shower schedule documented Resident 1's showers were due Wednesday and Friday AM.

Resident 1's task administration record (TAR) for 08/01/2025 through 09/21/2025 indicated Resident 1 was to have a bath/shower on Wednesday and Fridays. The TAR did not include documentation Resident 1 received a bath/shower on the following dates:
-week of 07/272025 - 08/02/2025; no bathes/showers.
-week of 08/03/2025 - 08/09/2025; had a

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bath/shower on Friday, not Wednesday.
-week of 08/10/2025 - 08/16/2025; no bathes/showers.
-week of 08/17/2025 - 08/23/2025; no bathes/showers.
-week of 08/24/2025 - 08/30/2025; no bathes/showers.
-week of 08/31/2025 - 09/06/2025; no bathes/showers.
-week of 09/07/2025 - 09/13/2025; no bathes/showers.
-week of 09/14/2025 - 09/20/2025; no bathes/showers.

Resident 1's Hospice notes documented the following:
-08/05/2025: "With RNs help we got residents shower completed, resident got agitated with writer several times and I had to stand in the corner with the curtain closed until the end when [s/he] needed assistance being dressed. No new concern per staff or RN."
-9/04/25: " ...Patient has accepted a few showers from staff and writer. [S/he] is slowly acclimating to the new environment but is very difficult to re-direct. [S/he] has been consistently incontinent of both bowel and bladder almost all the time ..."
-9/05/25 at 1:20 PM: " ... took a shower for caregiver ..."
-9/09/26 at 12:21 PM: " ...Noted a smell and realized [s/he] had urinated, and clothes were saturated. Went into shower room to get weight and got patient into the shower. Pulled off sheets and asked caregivers to wash bedding in the meantime ..."
-9/16/25 at 3:03 PM: " ...Has only 1 time showered for staff otherwise will do a shower with [Hospice RN D] or [POA HC E] ..."

Resident 1's progress notes documented:

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-08/14/2025 4:20 PM: "[POA HC E] dropped off fresh fruit and new tv tray for resident. This writer informed [POA HC E] of refusals of care this am, when this writer and [POA HC E] went into residents room [s/he] was changed up, room was cleaned and sheets were currently in the wash. [POA HC E] requested to give this resident a shower."
-09/17/2025 1:49 PM: " ... Resident was in pain from [his/her] fall last night hospice was notified. Resident received shower."

On 11/03/2025 at 9:30 AM, Surveyor interviewed Caregiver C. Caregiver C reported Resident 1 would resist cares and had aggression at times. Caregiver C reported Resident 1's family expressed concern to him/her about certain caregivers not doing cares and I (Caregiver C) gave the grievance to Administrator A. Caregiver C reported when baths/showers are completed, staff documented in our computer charting.

On 11/04/2025 at 2:45 PM, Surveyors interviewed Hospice RN D via phone. Hospice RN D reported when Resident 1 admitted s/he had more accidents of incontinence, and s/he would often find Resident 1 in bed soaked. Hospice RN D reported after a meeting with the facility, they agreed to increase housekeeping to 3x/week, but it was the times in between Resident 1 continued to have episodes of incontinence and required additional cleaning and showers. Hospice RN D stated if s/he observed Resident 1 soaked, s/he would give him/her a shower. Hospice RN D stated him/herself and POA HC E were successful with getting Resident 1 to take a shower, but the facility staff had trouble. Hospice RN D reported staff had been educated on approaches to get Resident 1 to shower, but not sure if they were trialed based on often finding

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N 425	Continued From page 8 him/her in soiled clothing/sheets. On 11/06/2025 at 2:01 PM, Surveyors interviewed Administrator A via phone. Surveyor noted after reviewing Resident 1's record there was only 5 documented showers being completed during Resident 1's approximately 2-month admission. Administrator A indicated showers were provided 2x/week by the provider and confirmed Resident 1 was to be bathed/showered on Wednesdays and Fridays AM. Administrator A verified the facility did not have documentation to show a bath/shower was routinely provided to Resident 1. Administrator A reported the provider's charting system was not populating as tasks for staff to check off if cares were completed but was corrected in September. Administrator A reported Resident 1 refused bath/shower on many dates, so hospice and family were more successful in getting a bath/shower completed. Surveyor noted Resident 1's ISP did not include information regarding a plan to complete bath/showers if s/he refused. Administrator A acknowledged an understanding of the concern. Administrator A stated s/he knew Resident 1 received more than 5 showers during his/her admission but could not provide documentation to support this. On 11/10/2025 at 2:38 PM, Surveyor interviewed POA HC E. POA HC E stated s/he had concerns staff were not bathing/showering Resident 1. POA HC E indicated s/he would visit often and find Resident 1 in soiled clothing. POA HC E stated s/he observed staff ask Resident 1, "do you want to shower" and if s/he said "no," staff would just leave the room. POA HC E reported the staff did not have approaches to get Resident 1 to bathe/shower. POA HC E stated s/he felt staff did not know how to approach a resident with dementia. POA HC E stated s/he brought	N 425		

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N 425	Continued From page 9 concerns to Administrator A, but nothing changed. Resident 1 relied on staff assistance for baths/showers twice per week, however during a two-month admission, only 5 baths/showers were documented. Additionally, Resident 1's record identified the resident had a tendency to refuse baths/showers and there was no interventions for staff to use to get him/her to complete a bath/shower.	N 425		