STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013378	A. BUILDING: _____ B. WING _____	08/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE JANESVILLE ASSISTED CARE	2516 GREEN VALLEY DRIVE JANESVILLE, WI 53546

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N 000	Initial Comments From 08/06/2026 through 08/20/2026, Surveyor conducted a standard survey at Our House Janesville Assisted Care, a CBRF in Janesville. Four deficiencies were identified. One of 4 deficiencies was a repeat. See Statement of Deficiency (SOD) W14111, dated 05/25/2024. Census: 18	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 2 residents reviewed received their medications as prescribed. Resident 1 did not receive his/her fluticasone propionate nasal spray as prescribed. Findings include: On 08/06/2026 at approximately 12:00 PM, Surveyor completed a medication cart audit with Executive Director A. On 08/06/2026 at approximately 12:05 PM, Surveyor observed 1 bottle of fluticasone propionate nasal spray for Resident 1. The bottle	N 352		

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

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N 352	Continued From page 1	N 352		

of fluticasone propionate nasal spray was dated 03/26/2026 and was over half full. Executive Director A acknowledged the date on the fluticasone propionate nasal spray was 03/26/2026. Executive Director A stated that s/he was did not think that Resident 1 refused medications.

At approximately 12:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 09/01/2024. Resident 1's physician order included the following:

-Fluticasone Propionate Nasal Spray (Start Date: 10/14/206/25) - Inhale 2 sprays into each nostril once daily for allergies, rhinitis.

At approximately 1:30 PM, Surveyor discussed concern with Executive Director A that Resident 1 had not gotten the fluticasone propionate nasal spray, dated 03/26/2026 that were prescribed daily. Surveyor requested that Executive Director A email Resident 1's Medication Administration Record for review.

On 08/11/2026 at 3:28 PM, Surveyor interviewed Pharmacy Tech D. Pharmacy Tech D confirmed that 1 bottle of the fluticasone propionate nasal spray contained a 30-day dose. Pharmacy Tech D confirmed that the last order date for the fluticasone propionate nasal spray was 03/26/2026.

On 08/12/2026 at approximately 10:00 AM, Surveyor reviewed the Medication Administration Record (MAR), dated 06/01/2026 through 08/06/2026, for Resident 1. Resident 1's MAR indicated that the fluticasone propionate nasal spray had been administered daily.

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N 352	Continued From page 2 On 08/20/2026 at 3:40 PM, Surveyor discussed concern with Executive Director A. Executive Director A stated that s/he would ensure that staff were passing the correct medications. Executive Director A said that s/he had gone through the medication cart and thrown out the older medications and ordered new medications.	N 352		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the bathing area, facilities and fixtures were clean and in good working order in 2 of 2 bathrooms observed. Bathroom A had a roll in shower that was stained and appeared dirty. The caulking around the shower was pulling up. The 2nd bathtub was dirty and had caulking coming up around the edges. Findings include: On 08/06/2026 at 9:30 AM during the tour of the facility, Surveyor observed the following: Bathroom A: -The roll in shower floor was discolored. There was black stains all over the shower floor and a rust-colored stain around the drain. -The caulking around the shower was pulled up and stained. 2nd bathroom:	N 490		

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N 490	Continued From page 3 -The bathtub was dirty with a layer of dust. There were slippers in the tub. -The caulking around the tub was pulled up On 08/06/2026 at 1:30 PM, Surveyor shared concer with Executive Director A. Executive Director A confirmed the bathrooms needed repairs. Executive Director A stated that the bathtub in the 2nd bathroom did not work and was not used.	N 490		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all cleaning compounds and toxic substances were stored in a secure area. The provider had cleaning agents accessible to residents in the unlocked laundry room. This is a repeat deficiency. See Statement of Deficiency (SOD) W14111, dated 05/25/2024. Findings include: On 08/06/2026 at approximately 9:15 AM, Surveyor toured the provider's facility. Surveyor observed that the laundry door was open and there were no staff around. Inside the laundry room, Surveyor observed the following: -(3) 32 ounce calcium & lime remover	N 499		

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N 499	Continued From page 4 -(17) 32 ounce bottles of toilet bowl cleaner -(8) 32 ounce sani-spritz disinfectant spray -(4) 1 gallon bottle of concentrated extra strength multipurpose cleaner -(4) 19 ounce spray cans of lemon oil furniture polish On 08/06/2026 at approximately 10:15 AM, Surveyor observed the laundry room door was still open. On 08/06/2026 at approximately 1:30 PM, Surveyor shared concern with Executive Director A that the laundry room was left unlocked. Executive Director A acknowledged that the laundry room door should remained locked and stated that the facility will ensure the laundry room door stays locked going forward.	N 499		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1.	Z 012		

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Z 012	Continued From page 5 The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have evidence of making a good faith effort to obtain out of state background check information for 1 of 1 service provider. Caregiver C indicated on the Background Information Disclosure (BID) form s/he had resided in the state of Illinois within the previous 3 years. Findings include: On 08/06/2026, Surveyor reviewed Caregiver C's record. Caregiver C was hired 05/20/2025. Caregiver B's completed BID form, dated 05/15/2025, indicated s/he resided in another state (Illinois) in the previous 3 years. The employee record did not contain evidence that the provider had made a good faith effort to obtain state of Illinois background check. On 08/06/2026 at approximately 11:30 AM, Surveyor interviewed Executive Director A. Executive Director A stated that there was no evidence of an out-of-state background check for Illinois in Caregiver C's record.	Z 012		

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Z 012	Continued From page 6 On 08/06/2026 at 1:30 PM, Surveyor shared concern with the out-of-state background check for Caregiver C. Executive Director A stated that the facility would run an Illinois background check for Caregiver C and ensure that the facility will monitor for out-of-state background checks going forward.	Z 012		