STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014823	A. BUILDING: _____ B. WING _____	C 06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE 4 U 3 LLC	2100 WESTCHESTER DRIVE FITCHBURG, WI 53711

(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
M 000	INITIAL COMMENTS On 06/10/2026, Surveyor conducted a complaint investigation at Comfort Care 4 U 3, an AFH located in Madison, WI. As a result of the survey, 0 violations of Chapter DHS 88 were issued. The complaint was unsubstantiated.	M 000		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 1's Individual Service Plan (ISP) was followed. Resident 1 was on a restricted diet due to diabetes diagnosis as documented on their ISP, yet staff bought foods high in sugar and carbohydrates for Resident 1. Findings include: On 06/10/2026 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 07/06/2023 with diagnoses that include but are not limited to: Intellectual disability, diabetes type 2, psoriasis, hearing loss, osteoporosis. Resident 1 had a Power of Attorney (POA) that authorized staff to use Resident 1's EBT card to purchase groceries	M 410		

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

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M 410	Continued From page 1	M 410		

authorized by the POA and specific to Resident 1's dietary restrictions.

Resident 1's Individual Service Plan (ISP), dated 12/01/2025 indicated Resident 1 was on a special diet due to their diabetes diagnosis and foods that are processed, and contain sugar and unhealthy fats should be avoided. Resident 1's ISP indicated staff should help Resident 1 maintain stable blood sugar levels through balanced meals and support to overall health. Resident 1's ISP indicated Resident 1 will try to sneak food items in his/her lunch that are not appropriate due to having a "sweet tooth."

On 06/10/2026 at 9:15 AM, Surveyor interviewed Manager A who stated Resident 1 moved out and would not be returning. Resident 1 did have an EBT card that caregivers were able to use with authorization from POA-B. Caregivers would go grocery with Resident 1 and use Resident 1's EBT card to purchase food items authorized by POA-B. Manager A confirmed caregivers should not be buying anything that was not authorized by POA-B. POA-B had created a menu for Resident 1 that was appropriate, and caregivers purchased groceries with Resident 1's EBT card based on the menu created by POA-B. Manager A stated that s/he was not aware that caregivers had purchased anything that was not authorized by POA-B.

On 06/11/2026 at 2:40 PM, POA-B sent Surveyor an email that contained receipts of Resident 1's EBT purchases. POA-B stated that s/he sent a menu that was appropriate for Resident 1 and that staff were supposed to keep to that menu due to Resident 1's diagnosis of diabetes and intellectual disability. POA-B stated numerous items had been purchased that were not

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	0014823	A. BUILDING: _____ B. WING _____	C 06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE 4 U 3 LLC	2100 WESTCHESTER DRIVE FITCHBURG, WI 53711

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M 410	Continued From page 2	M 410		

approved and were not appropriate for Resident 1 due to diabetes diagnosis. POA-B stated that s/he did not authorize the purchase of the items identified on receipts from the EBT transactions. None of the items listed below appeared on the menu for either Resident 1 or the house menu. All items listed above were purchased using Resident 1's EBT card. The following dates, items and cost were charged to Resident 1's EBT card.

07/05/2025, Vanilla and Chocolate protein shakes. $7.00
09/20/2025, Trident Gum $1.67
11/05/2025, Klondike Ice Cream Bars $3.99
01/24/2026, Donuts $1.49
02/03/2026, Lactaid milk $6.29
02/03/2026, Chocolate milk $3.99
02/03/2026, Strawberry milk $3.19
02/03/2026, Goat milk $10.99
02/04/2026, chocolate eclairs $3.99
02/21/2026, Ready whip $2.99
03/18/2026, Chocolate milk $2.99
03/24/2026, Orbit gum $1.99

On 06/12/2026 at 3:00 PM, Surveyor sent Manager A an email asking if any of the above purchases could be explained.
Manager A did not respond to Surveyor's email.