STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015671	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE 4 U 5 LLC	5126 WHITCOMB DRIVE MADISON, WI 53717

(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 From 03/18/2026 through 03/25/2026, Surveyor conducted a standard survey at Comfort Care 4 U 5 LLC, an AFH in Madison. Four deficiencies were identified. Census: 4	M 000		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had 2 exits which provided unobstructed access to the outside. One of 2 exits was obstructed by an electric garage door and accessible ramp. Findings include: On 03/18/2026 at approximately 1:30 p.m., Surveyor toured the provider's home. The home had an exit from the front door and an exit from the garage. Surveyor observed the garage service door exit was blocked by a large accessible ramp and the electric garage door was closed. Surveyor noted that both exits out of the garage were obstructed. On 03/18/2026 at approximately 2:30 p.m., Caregiver B acknowledged that the facility keeps the electric garage door closed all the time.	M 338		

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

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M 338	Continued From page 1 Caregiver B stated in an emergency they would open the electric door and take the residents that use a wheelchair down the exit. Caregiver B demonstrated how the door opened. On 03/18/2026, Surveyor shared concern with Quality Assurance A. Quality Assurance A stated that s/he would check with the office on how the overhead door worked manually. Quality Assurance A stated that leaving the electric garage door open would be difficult during the cold weather. Surveyor stated we could discuss manual options for the door on 03/23/2026 on our exit conversation. On 03/23/2026 at approximately 10:00 a.m., Surveyor explained to Quality Assurance A that based on the garage service door being blocked by the ramp and the electric garage door closed, it would be an obstructed exit. Quality Assurance A stated that the door opened manually with a handle. Surveyor requested evidence of the door opening manually with a handle. On 03/25/2026 at 9:58 a.m., Surveyor received an email from Quality Assurance A. Quality Assurance A stated " ...it appears that it can be opened two ways, either manually or using an electric powered wall-mounted panel inside the garage. We can open the garage door by hand after pulling the red emergency release handle downward to disconnect the trolley from the door. Normally it is operated electrically, however, if needed for safety we are able to switch it to manual as the primary options for opening garage door." On 03/25/2026 at approximately 10:00 a.m., Surveyor reviewed concern with Quality Assurance A. Quality Assurance A acknowledged	M 338		

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M 338	Continued From page 2 that it was an obstructed exit and that the facility would figure out how to fix the exit.	M 338		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had his/her health observed and changes documented. The provider did not maintain documentation of Resident 1's daily weight and report fluctuation in weights. Findings include: On 03/18/2026 at approximately 11:00 a.m., Surveyor reviewed Resident 1'ss record. Resident 1 was admitted to the provider's home on 07/18/2024 with diagnoses of heart disease, hypertension and stage 4 kidney disease. Resident 1 had a legal guardian. Resident 1's record included an individual service plan (ISP), dated 12/16/2025, stating that "[His/her] heart doctor wants [him/her] to be weighed daily, and any 3-pound fluctuation is to be noted and sent to [him/her] ..." Surveyor reviewed Resident 1's daily weight chart in Therap, from 01/01/2026 to 03/18/2026. The weight chart had 23 missing daily weights on the dates indicated below: -01/03/2026, 01/04/2026, 01/10/2026, 01/11/2026, 01/13/2026, 01/17/2026, 01/18/2026,	M 448		

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M 448	Continued From page 3 01/24/2026, 01/25/2026, 02/01/2026, 02/06/2026, 02/07/2026, 02/14/2026, 02/15/2026, 02/20/2026, 02/21/2026, 02/22/2026, 02/23/2026, 03/01/2026, 03/07/2026, 03/08/2026, 03/14/2026, and 03/15/2026. Surveyor noted that on 03/03/2026 Resident 1 weighed 216 and on 03/04/2026 Resident 1 weighed 221. Surveyor asked for documentation that the heart doctor was notified of the 3-pound fluctuation from Quality Assurance A. Quality Assurance A stated that s/he would have to get that information from the house manager. Surveyor requested the documentation be sent over by 03/19/2026. On 03/19/2026 at 3:03 p.m., Surveyor received an email from Quality Assurance A. Quality Assurance A stated "Regarding Dawn's weight gain more than 3 lb overnight from 03/03 to 03/04, the staff did not inform the manager on the respective dates in a timely manner; however, we reported today to the Guardian about this episode. We are planning to implement the semi-weekly check data at Therap, to avoid these incidents in a future." On 03/23/2026 at approximately 10:00 a.m., Surveyor shared concern with Quality Assurance A regarding the weight records for Resident 1. Quality Assurance A stated that s/he was now monitoring the weights daily and would ensure any fluctuations would be reported.	M 448		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from	M 458		

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M 458	Continued From page 4 the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every prescription medication was securely stored. The provider had insulin stored unsecured. This had the potential to affect 4 of 4 residents. Findings include: On 03/18/2026 at approximately 12:10 p.m., Surveyor observed Caregiver C getting medications from a mini refrigerator that was in the corner of the dining room. Surveyor noted that the mini refrigerator was not secured. Surveyor asked Caregiver C what medications were stored in the mini refrigerator. Caregiver C stated that all of Resident 1's diabetic medications were stored in the refrigerator. On 03/18/2026 at approximately 1:45 p.m., Surveyor requested to review the medication cabinet and medication refrigerator with Quality Assurance A. Surveyor noted that the mini refrigerator was still unsecured. Surveyor observed 4 Humulin Kwik insulin pens, 1 NovoLog insulin flex pen, and 3 Toujeo Max Solostar insulin pens.	M 458		

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M 458	Continued From page 5 On 03/18/2026 at approximately 3:00 p.m., Surveyor discussed concern with Quality Assurance A that there were unsecured medications within the home. Surveyor observed the medications with Quality Assurance A. Quality Assurance A acknowledged that the medications were unsecured. Quality Assurance A said, "We will get a lock on the refrigerator right away."	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an accurate record of all medications were administered for 2 of 2 residents reviewed. Resident 1 and Resident 2's medication administration records (MAR) did not include record of all medication administrations. Findings include: On 03/18/2026 at approximately 1:00 p.m., Surveyor reviewed resident records. Example 1 - Resident 1:	M 466		

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M 466	Continued From page 6 Resident 1 was admitted to the provider's home on 07/18/2024. The home's staff administered Resident 1's medication. Resident 1's Medication Administration Record (MAR), dated 03/01/2026 through 03/17/2026, listed the following medications: 8:00 a.m.:Aamlodipine 10mg 1 tablet, Anastrozole 1mg tablet, Aspirin 81 mg 1 tablet, Atorvastatin 80mg 1 tablet, Bumetanide 1mg 1 tablet, Carvedilol 6.25 mg 1 tablet, Hydroco/Apap 5-325mg 1 tablet, Icosapent Cap 1mg 1 capsule, Insulin aspart flex pen 100ml 1 injection, Levetiracetam 250mg 1 tablet, Levothyroxine 25mcg 1 tablet, Losartan 25mg 1 tablet, Mounjaro 12.5 1x weekly, Pantoprazole 40mg 1 tablet, Sodium bicar tab 650mg 1 tablet, Venlafaxine 37.5 er 1 capsule, Venlafaxine 75mg 1 capsule, Vitamin B-12 1000mcg 1 tablet, Vitamin D3 5000IU 1 tablet, Toujeo max solostar 300ml 1 injection 12:00 p.m.: Hydroco/Apap 5-325mg 1 tablet, Insulin aspart flex pen 100ml 1 injection 5:00 p.m.: Carvedilol 6.25 mg 1 tablet, Hydroco/Apap 5-325mg 1 tablet, Icosapent Cap 1mg 1 capsule, Insulin aspart flex pen 100ml 1 injection, Lorazepam .5mg 1 tablet 8:00 p.m.: Atorvastatin 80mg 1 tablet, Levetiracetam 250mg 1 tablet, Sodium bicar tab 650mg 1 tablet The MAR had blank entries for Resident 1's 8:00 a.m. medications on 03/01/2026, 03/08/2026, 03/10/2026,03/11/2026, 03/12/2026, and 03/15/2026 The MAR had blank entries for Resident 1's	M 466		

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M 466	Continued From page 7 12:00 p.m. medications on 03/01/2026, 03/08/2026,03/15/2026 The MAR had blank entries for Resident 1's 5:00 p.m. medications on 03/01/2026, 03/07/2026,03/08/2026, 03/10/2026, and 03/12/2026. The MAR had blank entries for Resident 1's 8:00 p.m. medications on 03/01/2026, 03/10/2026, 03/12/2026 Surveyor noted over 60 blank entries on the 03/01/2026-03/18/2026 MAR's for Resident 1. Example 2 - Resident 2: Resident 2 was admitted to the provider's facility on 12/11/15. The home's staff administered Resident 2's medications. Resident 2's MAR, dated 03/01/2026 to 03/18/2026, listed the following medications: 8:00 a.m.: Acetaminophen 325 mg 2 tablets, Benzoyl Per Liq 5% wash apply 1 time, Calcium Antacid 500 mg 1 tablet, Cetirizine 10mg 1 tablet, Clobazam 20mg 1 tablet, Docusate SOD 100mg 1 tablet, Felbamate 600mg 1.5 tablet, Multivitamin 1 tablet, Zinc Sulfate 220mg 1 tablet 12:00 p.m.: Felbamate 600mg 1.5 tablet 8:00 p.m.: tamsulosin .4mg 1 tablet, Clobazam 20mg 1 tablet, Clobazam 10mg 2 tablet, Docusate SOD 100mg 1 tablet, Felbamate 600mg 1 tablet The MAR had blank entries for Resident 2's 8:00 a.m. medications on 03/01/2026, 03/03/2026, 03/07/2026, 03/08/2026	M 466		

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M 466	Continued From page 8 The MAR had blank entries for Resident 2's 12:00 p.m. medications on 03/01/2026, 03/03/2026, and 03/06/2026. The MAR had blank entries for Resident 2's 8:00 p.m. medications on 03/01/2026 and 03/12/2026. Surveyor noted over 40 blank entries for Resident 2. On 03/18/2026 at approximately 1:30 p.m., Surveyor interviewed Caregiver B. Caregiver B stated that Resident 1 did not miss medications. Caregiver B stated that when Resident 1 had been on lunch visits with his/her family, s/he always returns in time for medications. Caregiver B stated if Resident 1 was gone over a medication pass, his/her family had taken the medications with them. On 03/18/2026 at approximately 3:00 p.m., Surveyor reviewed concern with Quality Assurance A that Resident 1 and Resident 2 did not have accurate recordings of their medication administration. Quality Assurance A acknowledged the blank entries on the MAR's. Quality Assurance A stated that the medications were not documented correctly.	M 466		