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 _____	R-C 01/09/2024

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 01/08/2024, with information gathered through 01/09/2024, Surveyor conducted a verification visit at Comfort Care 4 U 3 LLC. Three deficiencies were identified. Two of the 3 deficiencies were repeat violations (see Statement of Deficiency (SOD) 44QQ11 and SOD CMRY13). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was a safe environment and that 4 of 4 residents were safeguarded from environmental hazards. Toxic chemicals / cleaning compounds were not securely stored. Flammable items were stored against the furnace. Findings include: The licensee can provide cares for up to 4	M 278		

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

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M 278	Continued From page 1 residents in the client groups: physically disabled, emotionally disturbed/mental illness, and developmentally disabled. On 01/08/2024, at approximately 1:30 PM, Surveyor toured the home and observed the following cleaning compounds unsecured under the resident bathroom sink cabinet while residents ambulated throughout the home independently: 32 fluid ounce bottle of toilet bowl cleaner 8.8-ounce aerosol can of air freshener - ocean mist scent 9-ounce aerosol can of furniture polish 32 fluid ounce bottle of glass cleaner On 01/08/2024, at approximately 1:40 PM, Surveyor toured the home and observed in the downstairs resident bathroom the following unsecured cleaning compounds: 8.8-ounce aerosol can of air freshener - linen & sky scent 32 fluid ounce bottle of toilet bowl cleaner 1 pound & 3-ounce aerosol can of disinfectant spray On 01/08/2024, at approximately 1:42 PM, Surveyor toured the furnace room and observed cardboard boxes stacked against the furnace, along with a bag of garbage and an aerosol can of air freshener. On 01/08/2024, at approximately 3:15 PM, Surveyor interviewed House Manager A. House Manager A did not respond.	M 278		

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{M 448}	Continued From page 2	{M 448}		
{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 observation, record review and interview, the provider did not monitor 1 of 1 resident's health by assisting Resident 3 with his/her prescribed occupational therapy exercises and ensuring Resident 3 was securely and properly fastened in his/her wheelchair. This is a repeat deficiency. See Statement of Deficiency (SOD) 44QQ11, dated 07/14/2023. Findings include: On 01/08/2024, at approximately 1:45 PM, Surveyor observed Resident 3 sitting in the common area of the home, in his/her wheelchair. Surveyor noted Resident 3 to be leaning towards the right and sliding to the front of his/her wheelchair. On 01/08/2024, at approximately 1:50 PM, Surveyor observed Resident 3 partake in an occupational therapy appointment with Occupational Therapist (OT) H and Family Member I. OT H asked Caregiver F if staff had been assisting Resident 3 with his/her OT exercises. Caregiver F was not able to answer as s/he explained s/he worked the day shift, Monday to Friday. OT H stated the seatbelt on Resident 3's wheelchair was not fastened when s/he arrived. Caregiver F stated that the seatbelt	{M 448}		

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{M 448}	Continued From page 3 was not to be utilized as that would be considered a restraint. OT H explained that the seatbelt had to be securely fastened to ensure that Resident 3 did not slide out of his/her wheelchair. OT H explained that Resident 3 was able to undo the seatbelt, so, therefore, it would not be considered a restraint. (Resident 3 demonstrated that s/he could undo the seatbelt.) OT H also explained and demonstrated that the wheelchair had side wings that need to be utilized to ensure Resident 3 did not lean to the right or the left, which could cause breathing difficulties and aspiration. Family Member I stated that Resident 3 had been hospitalized several times due to aspiration pneumonia. On 01/08/2024, at approximately 2:00 PM, Surveyor interviewed OT H. OT H explained that Resident 3 was to be assisted by staff to practice assigned exercises, which included utilizing an assistive device to practice standing. OT H stated these exercises had been prescribed months ago and staff are reminded during each OT visit. OT H explained that Resident 3 had been hospitalized a few times for seizures and/or aspiration pneumonia. OT H had expressed concerns that due to staff not practicing the prescribed exercises and not ensuring that Resident 3 was properly placed in his/her wheelchair may have attributed to his/her hospitalizations. OT H forwarded Surveyor an email that had requested that Resident 3's exercise program be tracked by the provider. The email stated: "07/10/2023 - To: [House Manager (HM) A], [Licensee J] [Family Member (FM) I]; From: [OT H]: Attached are my recommendations for [Resident 3's] exercises at home ... Please review the handout and let me know if there are any questions! [HM A], I'm wondering if we can	{M 448}		

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{M 448}	Continued From page 4	{M 448}		

get a tracking system so that I know how much [s/he's] using the EasyStand at home (how long [s/he] stand and how many days per week). The goal is 1 time per weekday for an hour (before or after dinner) and 2 times per day on the weekends for an hour each. It could be a calendar or just a tracking form of some kind. It's a really good stretch for [him/her] and great for [his/her] bones."
"07/11/2023 - To: [OT H], [Licensee J], [FM I]; From [HM A]: We will track the use of EasyStand and let you know."

On 01/08/2024, Surveyor reviewed Resident 3's record.

Resident 3 was admitted to the facility, 11/19/2022, with diagnoses including traumatic brain injury, seizure disorder, and a history of aspiration pneumonia.

Resident 3's Individual Service Plan, dated 10/25/2022, documented:
"General Health: That goal is to provide on-going attention to [his/her] program that maintains [his/her] weight, increases [his/her] range of motion through an exercise routine and maintain [him/her] in a healthy and sanitary state."
"Risks: Propensity to choke on certain foods: [Resident 3] is a choke risk."
Resident 3's progress notes, dated October 1, 2023, to January 7, 2024, documented:
"01/02/2024 - Doing exercises [his/her] left knee and hip were very stiff. We did a few before then after [his/her] shower."
"12/21/2023 - OT assisted [him/her] with [his/her] exercise and stand."
"12/12/2023 - OT came and stretched [his/her] leg."
"12/05/2023 - OT came and helped [him/her] with

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{M 448}	Continued From page 5 [his/her] exercise." "11/22/2023 - Staff did extended exercises on both legs this morning. [His/her] left side which is usually better seemed more stiff in the hip. ... [s/he] was leaning more to the left while in [his/her] lift more than usual." "11/13/2023 - [His/her] left leg seemed still when doing [his/her] exercises." "10/20/2023 - [Resident 3] called staff and wanted [his/her] leg brace on [his/her] right leg while in bed. Staff told [him/her] it is not a night splint, and it would cause break down. Staff did ROM (range of motion) and stretching and massaged [his/her] lower leg and foot." On 01/08/2024, at approximately 3:15 PM, Surveyor interviewed HM A and Caregiver F. Surveyor asked if there was any consistent documentation that tracked Resident 3's prescribed exercise routine. HM A stated s/he had not created a tracker. Surveyor asked if there was any additional documentation that would have outlined that staff had completed Resident 3's exercise routine as OT H provided documentation that showed the exercises had been ordered in July 2023. HM A stated s/he was unsure. As of 01/09/2024 at 5:00 PM, Surveyor did not receive any additional documentation.	{M 448}		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner.	{M 474}		

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{M 474}	Continued From page 6 This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the freezer that were not properly sealed to avoid freezer burn. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. This is a repeat deficiency. See Statement of Deficiency (SOD) CMRY13, dated 01/05/2017, and SOD 44QQ11, dated 07/14/2023. Findings include: The licensee can provide cares for up to 4 residents in the client groups: physically disabled, emotionally disturbed/mental illness, and developmentally disabled. On 01/08/2024, at approximately 2:20 PM, Surveyor toured the kitchen with Caregiver F and observed the following: Freezer: -An opened 28-ounce bag of steak fries that were not sealed. -An opened 22 count bag of meatballs that were not sealed. -An opened 12-ounce bag of mixed vegetables. -An opened 3-pound bag of triple berry fruit mix that was not sealed. -An opened 29-ounce bag of chicken nuggets. -An opened bag of organic broccoli florets that were not sealed. Caregiver F stated s/he would place those opened food items into a Ziploc bag.	{M 474}		

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{M 474}	Continued From page 7 "If you do not seal your food it can get "freezer-burn". This means that water escapes from the food and moves to the coldest part of the freezer - leaving your food dehydrated." (Source: Safefood website, Storing food in the freezer, 2024, https://www.safefood.net/food-storage/freezing (retrieval date - January 9, 2024).) On 01/08/2024, at approximately 3:15 PM, Surveyor interviewed House Manager A and Caregiver F. Caregiver F stated staff would be reminded that food items are to be properly sealed after opening.	{M 474}		