STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014380	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE 4 U LLC	6 SCHOENEMANN COURT MADISON, WI 53719

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M 000	INITIAL COMMENTS From 07/25/2024 to 07/26/2024, Surveyor conducted a standard survey at Comfort Care 4 U LLC, an AFH in Madison. Five deficiencies were identified. Two deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 4LUS11, dated 02/01/2022. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed had been screened for illness detrimental to residents, including tuberculosis, within 90 days before the start of providing service. Caregiver D did not have his/her communicable disease screen, including tuberculosis test, until greater than 5 months after his/her date of hire. This is a repeat deficiency. See Statement of	M 232		

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

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M 232	Continued From page 1 Deficiency (SOD) 4LUS11, dated 02/01/2022. Findings include: On 07/25/2024 at approximately 8:15 a.m., Surveyor reviewed the provider's employee list and requested Caregiver D's record from House Manager A. House Manager A stated s/he would need have office staff send Surveyor the documentation. On 07/25/2024 at approximately 3:30 p.m., Surveyor received Caregiver D's record from House Manager C, which documented Caregiver D had a chest x-ray completed on 03/28/2023. On 07/26/2024 at approximately 6:00 a.m., Surveyor requested follow up from Office Manager C as to why Caregiver D's chest x-ray was completed 5 months after his/her date of hire. On 07/26/2024 at approximately 11:40 a.m., Office Manager C stated s/he was unsure why Caregiver D received his/her tuberculosis test late.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in	M 244		

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M 244	Continued From page 2 fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employees reviewed had completed at least 15 hours of training prior to or within 6 months after starting to provide care. Caregiver D did not complete his/her 15 hours of training until greater than 9 months after his/her date of hire. This is a repeat deficiency. See Statement of Deficiency (SOD) 4LUS11, dated 02/01/2022. Findings include: On 07/25/2024 at approximately 8:15 a.m., Surveyor reviewed the provider's employee list and requested Caregiver D's record from House Manager A. House Manager A stated s/he would need have office staff send Surveyor the documentation. On 07/25/2024 at approximately 3:30 p.m., Surveyor received Caregiver D's record from House Manager C, which documented Caregiver D received 1 hour of training (Topic: Prevention and Reporting Resident Abuse, Neglect, Misappropriation and Injury of Unknown Source) within the first 6 months of hire. Documentation indicated all other training was completed 06/05/2023 to 07/20/2023, greater than 6 months after hire. On 07/26/2024 at approximately 6:00 a.m., Surveyor requested follow up from Office Manager C as to why Caregiver D's initial training was not completed prior to or within 6 months of	M 244		

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M 244	Continued From page 3 hire. On 07/26/2024 at approximately 11:40 a.m., Office Manager C stated s/he was unsure why Caregiver D received his/her initial training late.	M 244		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed were reviewed every 6 months to update the plan as necessary. Resident 1 and Resident 2's ISPs had not been updated in greater than 6 months and needed to be updated to reflect their current needs.	M 424		

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M 424	Continued From page 4 Findings include: On 07/25/2024, Surveyor made observations, conducted interviews and reviewed the records of Resident 1 and Resident 2. The following concerns were identified: Example 1 - Resident 1: On 07/25/2024 at approximately 8:05 a.m., Surveyor toured the provider's home. Surveyor entered Resident 1's room and observed there were no window cranks on his/her window. Caregiver B confirmed Surveyor's observation and stated Resident 1 had a history of opening the windows wide open regardless of the weather, so with the agreement of Resident 1's guardian, the provider removed the window cranks. Caregiver B stated if Resident 1 wished to have his/her window open, caregivers had a crank available to assist him/her in doing so. Surveyor also observed the provider's medication closet did not contain any insulin medications or blood sugar testing supplies for Resident 1. On 07/25/2024 at approximately 8:15 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 11/02/2019. Resident 1 had a legal guardian. Resident 1's ISP, dated 10/23/2023, documented that caregivers were to monitor Resident 1's blood sugar and administer insulin. The ISP did not document Resident 1's history of opening his/her weather wide open and the intervention of removing window cranks. On 07/25/2024 at approximately 8:45 a.m., Surveyor asked House Manager A if the provider had a more recent ISP. House Manager A replied, "No." Surveyor asked how long Resident 1 had	M 424		

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M 424	Continued From page 5	M 424		

not been receiving insulin. House Manager A replied, "About a year." Surveyor shared that Resident 1's ISP still included blood sugar checks with insulin administration, the ISP did not include the behavior and intervention regarding Resident 1's window and that the ISP had not been updated or reviewed in greater than 6 months. House Manager A nodded his/her head in understanding and stated s/he would follow up.

Example 2 - Resident 2:

On 07/25/2024 at approximately 8:10 a.m., Surveyor observed Caregiver B push Resident 2 to the dining room table via wheelchair and transfer Resident 2 to a chair with heavy assistance of 1 and a gait belt. Caregiver B then assisted Resident 2 with eating, spooning cereal to his/her mouth and bringing a cup to his/her mouth.

On 07/25/2024 at approximately 8:15 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 12/01/2014. Resident 2 had a legal guardian. Resident 2's ISP, dated 09/12/2023, documented that Resident 2 ate without assistance and used a walker for mobility.

On 07/25/2024 at approximately 8:45 a.m., Surveyor asked House Manager A if the provider had a more recent ISP. House Manager A replied, "No." Surveyor asked how long Resident 2 had required assistance with mobility needs and eating. House Manager A replied, "About the last 3 months." House Manager A explained that Resident 2 had been declining quickly over the past 3 months. Surveyor shared observation that Resident 2's ISP had not been reviewed in the past 6 months and needed to be updated to

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M 424	Continued From page 6 reflect Resident 2's current needs. House Manager A nodded his/her head in agreement.	M 424		
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 administered by the licensee was kept. Resident 1 and Resident 2's medication administration record (MAR) did not include record of all medication administrations. Findings include: On 07/25/2024 at approximately 8:10 a.m., Surveyor reviewed the provider's medication supply and resident MARs. Surveyor observed that resident medications were packaged by the day and time they were due. Surveyor did not observe any "leftover" medications dated for previous days. While reviewing Resident 1 and Resident 2's MARs, Surveyor observed blank entries in the MARs. On 07/25/2024 at approximately 8:45 a.m.,	M 466		

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M 466	Continued From page 7 Surveyor reviewed the blank entries in Resident 1 and Resident 2's MAR with House Manager A. House Manager A acknowledged the blank entries and stated staff forgot to document administration. Surveyor requested copies of the MARs from House Manager A, who stated office staff would need to send them to Surveyor. On 07/25/2024 at approximately 3:30 p.m., Surveyor received Resident 2's MAR, which included the following blank entries: - 8:00 p.m. medications (Acetaminophen, Escitalopram, Melatonin, Memantine and Sodium Chloride) were not documented as administered from 07/01/2024 - 07/05/2024, 07/07/2024, 07/09/2024 - 07/10/2024, 07/12/2024, 07/14/2024, 07/17/2024 - 07/18/2024, 07/21/2024, 07/24/2024 - 07/25/2024. - 8:00 a.m. medications (Acetaminophen, Levothyroxine, Loratadine, Senna-Docusate, Sodium Chloride and Vitamin D-3) were not documented as administered 07/18/2024 - 07/19/2024 and 07/21/2024 - 07/22/2024. - Resident 1's MAR no longer had blank entries. Surveyor asked Office Manager C why the MAR no longer had blank entries. House Manager C stated caregivers must have documented administration after Surveyor's visit.	M 466		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from	M 570		

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M 570	Continued From page 8 environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents who cannot fully guard themselves from environmental hazards. The provider did not ensure the dryer vent was made of rigid venting. Findings include: On 07/25/2024 at approximately 8:30 a.m., Surveyor toured the provider's home with House Manager A. Surveyor observed the venting to the home's dryer was made out of flexible material, creating a safety hazard. Surveyor shared observation with House Manager A that the provider's dryer vent was not made out of rigid material. House Manager A looked behind the dryer, confirmed Surveyor's observation and stated s/he would follow up on having the vent changed out.	M 570		