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 _____	R 10/23/2024

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

(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 10/23/2024, Surveyors conducted a verification visit at Comfort Care 4 U LLC, an AFH in Madison. One deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD) 8IZU11, dated 07/26/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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 was kept for 4 of 4 residents reviewed. Resident 1, Resident 2, Resident 3, and Resident 4's medication administration records (MAR) did not include record of all medication administrations. This is a repeat deficiency. See Statement of Deficiency (SOD) 8IZU11, dated 07/26/2024.	{M 466}		

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

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 _____	R 10/23/2024

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

(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 466}	Continued From page 1 Findings include: On 10/24/2024 at approximately 9:00 a.m., Surveyor reviewed the provider's medication supply and resident MARs, dated 10/03/2024 to 10/23/2024. 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 MARs, Surveyor identified the following concerns: Example 1 - Resident 1: - Resident 1's 8:00 a.m. medications (Loratadine, Aripiprazole, Levothyroxine and Methylphenidate) were not documented as administered on 10/03/2024 - 10/04/2024, 10/07/2024, 10/11/2024, 10/14/2024 - 10/18/2024 and 10/21/2024 - 10/22/2024. - Resident 1's 12:00 p.m. medications (Aripiprazole and Methylphenidate) were not documented as administered on 10/03/2024 - 10/04/2024, 10/07/2024, 10/11/2024, 10/14/2024 - 10/18/2024 and 10/21/2024 - 10/22/2024. Example 2 - Resident 2: - Resident 2's 7:30 a.m. medication (Levothyroxine) was not documented as administered on 10/07/2024 - 10/08/2024, 10/11/2024, 10/14/2024 - 10/18/2024 and 10/21/2024 - 10/23/2024. - Resident 2's 8:00 a.m. medications (Acetaminophen, Loratadine, Senna Docusate, Sodium Chloride and Vitamin D-3) were not documented as administered on 10/11/2024, 10/14/2024 - 10/18/2024 and 10/21/2024 - 10/23/2024.	{M 466}		

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 _____	R 10/23/2024

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

(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 466}	Continued From page 2 - Resident 2's 8:00 p.m. medications (Acetaminophen, Escitalopram, Melatonin, Memantine and Sodium Chloride) were not documented as administered on 10/09/2024 - 10/10/1024, 10/16/2024, 10/18/2024 and 10/20/2024. Example 3 - Resident 3: - Resident 3's 8:00 a.m. medications (Methylphenidate and Vitamin D-3) were not documented as administered 10/03/2024 - 10/04/2024, 10/07/2024 - 10/08/2024, 10/11/2024, 10/14/2024 - 10/18/2024 and 10/21/2024 - 10/22/2024. Example 4 - Resident 4: - Resident 4's 7:30 a.m. medication (Alendronate), ordered weekly, was not documented as administered when due on 10/16/2024 and 10/23/2024. - Resident 4's 8:00 a.m. medications (Acetaminophen, Baclofen, Bupropion, Completenate, Gabapentin, Naproxen Sodium, Omeprazole, Prenatal, Viibryd and Vraylar) were not documented as administered on 10/15/2024 - 10/23/2024. - Resident 4's 12:00 p.m. medication (Baclofen) was not documented as administered on 10/15/2024 - 10/23/2024. - Resident 4's 5:00 p.m. medications (Baclofen, Magnesium Oxide and Naproxen Sodium) were not documented as administered 10/08/2024 - 10/10/2024, 10/16/2024 and 10/18/2024 - 10/20/2024. - Resident 4's 8:00 p.m. medications (Acetaminophen, Gabapentin, Melatonin, Quetiapine, Tamsulosin, Trazadone and Testosterone gel) were not documented as	{M 466}		

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 _____	R 10/23/2024

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

(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 466}	Continued From page 3 administered 10/08/2024 - 10/10/2024, 10/16/2024 and 10/18/2024 - 10/20/2024. - Resident 4's Cephalexin 500 mg (Start Date: 10/21/2024) ordered 4 times daily at 8:00 a.m., 12:00 p.m., 5:00 p.m. and 8:00 p.m. for 10 days was not documented as administered on 10/22/2024 at 8:00 a.m. and 12:00 p.m. and 10/23/2024 at 8:00 a.m. On 10/24/2024 at approximately 9:30 a.m., Surveyor interviewed Caregiver E. Caregiver E confirmed s/he had administered some of the 8:00 a.m. medications early in the day but had yet to document the administrations. Caregiver E did not specify why s/he had not documented the administrations. On 10/24/2024 at approximately 10:00 a.m., Surveyor reviewed concern with Manager F that 4 of 4 residents reviewed did not have accurate recordings of their medication administration. Manager F reviewed the resident MARs and confirmed there were several blank entries in the MARs. Manager F stated House Manager A, who was not present during Surveyor's visit, would be the individual responsible for auditing resident records to ensure accurate record keeping. Manager F reminded staff present that they should document medication administration as they are administering medications.	{M 466}		