STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014271	A. BUILDING: _____ B. WING _____	R-C 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTS OF HOME HUDSON II	805 HEGGEN ST HUDSON, WI 54016

(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
N 000	Initial Comments From 08/21/2025 to 08/28/2025, Surveyor conducted 4 complaint investigations and a verification visit at Comforts of Home Hudson II, a CBRF in Hudson. Three deficiencies were identified. All were repeat deficiencies - See Statement of Deficiency (SOD) 92G311, dated 09/01/2021, SOD 92G314, dated 07/11/2023, SOD 92G315, dated 03/07/2024, and SOD 92G316, dated 06/28/2024. One of four complaints was substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 33	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 5 residents reviewed received medications as prescribed. Resident 8 did not receive his/her Tacrolimus as prescribed and received 1 dose of Lokelma after the medication had been discontinued. This is a repeat deficiency. See Statement of	N 352		

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

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N 352	Continued From page 1 Deficiency (SOD) 92G315, dated 03/07/2024. Findings include: On 08/21/2025 at approximately 12:00 p.m., Surveyor reviewed Resident 8's record, provided by Regional Director E. Resident 8 was admitted to the provider's facility on 04/03/2025 and discharged on 05/15/2025. Resident 8 was post status double lung transplant. The following concerns with Resident 8's medication administration were identified: - Resident 8's record included a physician order, dated 04/02/2025, for Tacrolimus 2.5 mg in the morning and 3 mg in the evening. The record indicated this order changed to Tacrolimus 3 mg in the morning and 3.5 mg in the evening on 05/02/2025. Resident 8's Medication Administration Record (MAR) dated 04/03/2025 through 04/29/2025 and 05/01/2025 through 05/02/2025 documented that Resident 8 received Tacrolimus 2.5 mg in the morning, but did not receive any Tacrolimus in the evening. The record indicated Resident 8 did receive Tacrolimus 3 mg in the morning and 3.5 mg in the evening as prescribed after the order changed on 05/02/2025. The record included a progress note, dated 05/01/2025, that included an email from Resident 8's transplant coordinator inquiring if Resident 8 had been receiving his/her PM dose of Tacrolimus. The progress note documented that Resident 8's MAR had been faxed to the transplant coordinator and stated, "It is the same MAR that has been utilized since move in." The note did not include any follow up to confirm orders or acknowledgement that the PM Tacrolimus was not on Resident 8's MAR. - Resident 8's record included a physician order,	N 352		

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N 352	Continued From page 2 dated 04/08/2025, to discontinue Lokelma, which had been ordered on admission to give by mouth 2 times daily every Monday and Thursday. Resident 8's MAR, dated 04/08/2025 through 05/15/2025, documented Resident 8 received Lokelma in the morning on 04/10/2025, after the medication had been discontinued. On 08/27/2025 at approximately 1:00 p.m., Surveyor reviewed medication administration concerns with Regional Director E. Regional Director E stated s/he was aware of the Lokelma error and provided a "Medication Error Report," dated 04/30/2025. Regional Director E reviewed Resident 8's Tacrolimus order and MAR with Surveyor, but did not have any explanation as to why the error occurred.	N 352		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not implement and follow 1 of 2 individual service plans (ISP) reviewed. The provider did not make arrangements for Resident 8 to have weekly labs completed as indicated in his/her ISP. This is a repeat deficiency. See Statement of Deficiency (SOD) 92G314, dated 07/11/2023 and 92G316, dated 06/28/2024. Findings include: From 08/21/2025 to 08/28/2025, Surveyor	N 388		

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N 388	Continued From page 3 conducted a complaint investigation alleging the provider did not arrange lab work for a resident. On 08/21/2025 at approximately 12:00 p.m., Surveyor reviewed Resident 8's record, provided by Regional Director E. Resident 8 was admitted to the provider's facility on 04/03/2025 and discharged on 05/15/2025. Resident 8 was status post a double lung transplant. Resident 8 admitted with a physician order, dated 03/03/2025, for weekly labs including a CBC with differential, basic metabolic panel and tacrolimus level. Resident 8's individual service plan (ISP), dated 04/03/2025, stated the facility would order medications and assist resident with setting up labs. Resident 8's progress note, dated 04/29/2025, documented Resident 8's family was frustrated over miscommunication with lab draws between Resident 8's transplant team and the provider's staff. On 08/21/2025 at approximately 3:30 p.m., Surveyor interviewed Regional Director E and asked if Resident 8's weekly labs occurred. Regional Director E stated s/he would need to look through the previous administrator's old email to try to provide answers. On 08/27/2025 at 4:05 p.m., Quality Assurance RN O stated s/he could only confirm that weekly labs were completed on 05/06/2025 and 05/13/2025. On 08/28/2025 at approximately 9:15 a.m., Surveyor interviewed Transplant Coordinator N, who informed Surveyor that Resident 8 went without weekly labs from 04/08/2025 to 04/30/2025. Transplant Coordinator N stated weekly labs were necessary to determine whether medication changes needed to occur.	N 388		

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N 388	Continued From page 4 The provider did not assist with lab appointment arrangements as indicated in Resident 8's ISP.	N 388		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 5 residents reviewed had their health monitored.	N 431		

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N 431	Continued From page 5 Resident 6's blood pressures were not recorded daily. Resident 7's physician was not notified of his/her blood sugar of less than 90 for 1 of 3 occurrences reviewed from 07/01/2025 to 08/21/2025. This is a repeat deficiency. See Statement of Deficiency (SOD) 92G311, dated 09/01/2021, SOD 92G315, dated 03/07/2024, and SOD 92G316, dated 06/28/2024. Findings include: On 08/21/2025 at approximately 12:00 p.m., Surveyor reviewed resident records provided by Regional Director E and identified the following concerns: Example 1 - Resident 6: Resident 6 was admitted to the provider's facility on 04/07/2025. Resident 6's physician orders included Amlodipine Besylate 2.5 mg (Start Date: 04/07/2025) - Take 1 tablet daily; hold if blood pressure is less than 120/60. Surveyor reviewed Resident 6's record, dated 07/01/2025 to 08/21/2025 and was unable to locate documentation of blood pressure checks. The Medication Administration Record (MAR), dated 07/01/2025 to 08/21/2025, did not document any occurrences of holding the Amlodipine, but did document 17 refusals. On 08/21/2025 at approximately 2:00 p.m., Surveyor requested documentation of Resident 6's blood pressure checks from Regional Director E. Regional Director E stated s/he did not have documentation to provide. Regional Director E	N 431		

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N 431	Continued From page 6 stated the provider's electronic charting program was not set up to have caregivers record the blood pressures, but that s/he had just changed the program to prompt the recording of blood pressure checks going forward. Example 2 - Resident 7: Resident 7 was admitted to the provider's facility on 01/17/2023 with diagnosis of diabetes. Resident 7's physician orders included an order, dated 06/25/2025, to check blood sugars 2 times daily and notify physician of blood sugars less than 90 or greater than 450. Resident 2's MAR, dated 07/01/2025 to 08/21/2025, documented 3 occurrences of blood sugars less than 90 (07/10/2025=78, 07/12/2025=85, 07/21/2025=85). On 08/21/2025 at approximately 1:00 p.m., Surveyor requested documentation of the notification to provider's for 07/10/2025, 07/12/2025 and 07/21/2025. On 08/21/2025 at approximately 1:30 p.m., Regional Director E provided Surveyor with documentation of a notification to the physician for Resident 7's 07/12/2025 and 07/21/2025 blood sugar. Surveyor did not receive documentation of a physician notification for Resident 7's 07/10/2025 blood sugar of 78. Regional Director E confirmed s/he provided all information s/he was able to locate.	N 431		