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 _____	11/29/2023

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 On 11/29/2023, Surveyor conducted a standard survey at Comfort Care 4 U 5 LLC, an AFH in Madison. Six deficiencies were identified. Three deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 2L7H11, dated 3/05/2019, SOD 00VQ11, dated 02/09/2022 and 00VQ12, dated 07/15/2022. Census: 3	M 000		
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 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 2 caregivers reviewed had received 15 hours of training prior to or within 6 months of hire. Caregiver B received 9.5 hours of continuing education within 6 months of hire. This is a repeat deficiency. See Statement of Deficiency (SOD) 2L7H11, dated 03/05/2019 and SOD 00VQ11, dated 02/09/2022.	M 244		

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

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M 244	Continued From page 1 Findings include: On 11/29/2023 at approximately 1:00 p.m., Surveyor requested employee records from House Manager A. On 11/29/2023 at approximately 1:30 p.m., Surveyor reviewed Caregiver B's record. Caregiver B was hired on 03/06/2023. Caregiver B's record indicated s/he had received 9.5 hours of training within the first 6 months of hire. The record documented Caregiver B received his/her training for standard precautions on 10/03/2023, greater than 6 months after his/her hire date. From time of hire on 03/06/2023 to current, Caregiver B had received 13.25 hours of training. On 11/29/2023 at approximately 2:00 p.m., Surveyor reviewed concern with House Manager A that Caregiver B did not receive 15 hours of training, including training for standard precautions, within the first 6 months of hire. House Manager A reviewed Caregiver B's online trainings and agreed with Surveyor's observation. House Manager A stated s/he would follow up with Caregiver B's trainings.	M 244		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a	M 380		

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M 380	Continued From page 2 registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident admissions reviewed had a communicable disease screen, including tuberculosis test, within 90 days prior to admission or 7 days after admission. Resident 1's tuberculosis test was completed greater than 3 months after his/her admission. Findings include: On 11/29/2023 at approximately 1:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 06/27/2023. Resident 1's record included a tuberculosis test, dated 10/17/2023. On 11/29/2023 at approximately 2:00 p.m., Surveyor interviewed House Manager A. Surveyor asked House Manager A if Resident 1 had a tuberculosis test completed within 90 days prior to admission or 7 days after admission. House Manager A stated s/he would follow up on records. House Manager A was given until 11/30/2023 at 10:00 a.m. to provide follow up documentation. No documentation of a tuberculosis test was received.	M 380		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT	M 404		

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M 404	Continued From page 3 The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed had an individual service plan (ISP) completed and developed within 30 days after placement. Resident 1 did not have an ISP completed within 30 days of placement in the provider's home. This is a repeat deficiency. See Statement of Deficiency (SOD) 2L7H11, dated 03/05/2019. Findings include: On 11/29/2023 at approximately 1:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 06/27/2023. Resident 1's record included an ISP, dated 03/06/2023, greater than 3 months prior to his/her admission to the home. On 11/29/2023 at approximately 2:00 p.m., Surveyor interviewed House Manager A. Surveyor asked House Manager A if an ISP had been completed since Resident 1 moved into the provider's home. House Manager A replied that s/he had just sent an ISP to Resident 1's involved parties the day prior, 5 months after Resident 1's admission. House Manager A stated the ISP, dated 03/06/2023, was from when Resident 1 resided at an affiliated home.	M 404		

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M 464	Continued From page 4	M 464		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a physician order to administer medications was obtained prior to administering medications to 1 of 2 residents reviewed. The provider did not have a physician order to administer Resident 1's medications. This is a repeat deficiency. See Statement of Deficiency (SOD) 00VQ11, dated 02/09/2022 and 00VQ12, dated 07/15/2022. Findings include: On 11/29/2023 at approximately 1:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 06/27/2023. Resident 1's record did not include a physician order for the provider's staff to administer medications. On 11/29/2023 at approximately 2:00 p.m., Surveyor interviewed House Manager A. House	M 464		

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M 464	Continued From page 5 Manager A confirmed the provider's staff was responsible for the administration of Resident 1's medications. Surveyor asked House Manager A if the provider had a written physician order to administer medications. House Manager A stated s/he would need to follow up with Surveyor. On 11/29/2023 at approximately 5:00 p.m., House Manager A updated Surveyor that s/he had requested an order for the provider's staff to administer Resident 1's medications, but did not yet have an order.	M 464		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure authorization to control a resident's funds was obtained for 1 of 1 residents, whom the provider's staff controlled funds. The provider did not have consent to manage Resident 2's funds. Findings include: On 11/29/2023 at approximately 1:30 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 12/11/2015. Resident 2's record did not include an authorization to control funds or record of funds. On 11/29/2023 at approximately 2:00 p.m.,	M 510		

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M 510	Continued From page 6 Surveyor interviewed House Manager A. House Manager A stated the provider's staff managed Resident 2's funds, but all documentation was located at the provider's office. On 11/29/2023 at approximately 5:00 p.m., Surveyor received a ledger of funds from House Manager A. House Manager A stated the provider did not have authorization to manage Resident 2's funds, but had sent a consent to Resident 2's guardian to obtain authorization.	M 510		
M 560	88.10(3)(g) Clothing and Possessions Clothing and possessions. To retain and use personal clothing and effects and to retain, as space permits, other personal possessions in a reasonable secure manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 residents had the right to retain and use personal clothing. Resident 1's clothing was not accessible to him/her. Findings include: On 11/29/2023 at approximately 1:15 p.m., Surveyor toured the provider's home with Caregiver C. Surveyor observed Resident 1 did not have any clothing accessible to him/her in his/her room. Caregiver C confirmed Surveyor's observation and stated clothing was kept out of access of Resident 1 because Resident 1 would rip the clothing. Surveyor then observed Resident 1's clothing in the home's laundry room, which was located on the lower level of the home. The lower level of the home was secured with a gate,	M 560		

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M 560	Continued From page 7 keeping the lower level inaccessible to residents. On 11/29/2023 at approximately 1:30 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 06/27/2023 with diagnoses including autism, Pica and obsessive-compulsive disorder. Resident 1's record included an individual service plan(ISP), dated 03/06/2023 from when s/he resided at an affiliated home. The ISP did not document the need to limit Resident 1's access to his/her clothing. On 11/29/2023 at approximately 2:00 p.m., Surveyor interviewed House Manager A. House Manager A confirmed Resident 1's access to his/her clothing was restricted. House Manager A reviewed the ISP on file and confirmed the need to restrict Resident 1's access to clothing was not documented in the ISP.	M 560		