Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014560	A. BUILDING: _____ B. WING _____	R 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE 4 U 2 LLC	1 ST ANDREWS CIRCLE 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 11/08/2023, the Bureau of Assisted Living, Southern Regional Office conducted a verification vist at Comfort Care 4 U 2 LLC, an AFH located in Madison, WI. As a result of the survey, 1 violations of Chapter DHS 88 was issued. One violation was a repeat violation from previous Statement of Deficiency # FT4W11 dated 05/04/2023. Three violations from previous SOD# FT4W11 dated 05/04/2023 were corrected. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and well-maintained environment appropriate for residents. Heating registers were still dusty, the ramped exit in the garage was blocked. This is a repeat violation from previous Statement	{M 276}		

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
	0014560	A. BUILDING: _____ B. WING _____	R 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE 4 U 2 LLC	1 ST ANDREWS CIRCLE 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 276}	Continued From page 1 of Deficiency # FT4W11 dated 05/04/2023. Findings include: On 11/08/2023, Surveyor toured the physical environment. OBSERVATIONS: The door handle on the patio door was completely missing. There was a hole in the bathroom door on the main level of the home. The ramped exit in the garage was blocked by a bicycle and a large garbage can. A heating register in the kitchen was very dusty. A heating register in the dining room was very dusty. A heating register in the living room was dusty. A heating register in the hallway on the main level was dusty. On 11/08/2023 at 12:00 PM, Surveyor discussed the above concerns with Manager A. Manager A acknowledged the ramped exit was blocked, the door handle on patio door was missing and that the heating registers should be cleaned regularly.	{M 276}		