

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014560	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/15/2024
NAME OF PROVIDER OR SUPPLIER COMFORT CARE 4 U 2 LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 02/15/2024, Surveyor conducted a verification visit at Comfort Care 4 U 2, an AFH located in Madison, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. One violation is a repeat violation from previous Statement of Deficiency Ft4W12 dated 11/08/2023. 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 of Deficiency (SOD) FT4W11 dated 05/04/2023 and SOD FT4W12 dated 11/08/2023. Findings include:	{M 276}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{M 276}	Continued From page 1 On 02/15/2024, Surveyor toured the physical environment. OBSERVATIONS: The ramped exit in the garage was still blocked by a bicycle and a large garbage can. There was an electrical outlet cover missing in the living room. On 02/15/2024 at 12:00 PM, Surveyor discussed the above concerns with Licensee B. Licensee B acknowledged the ramped exit was blocked and the outlet cover should be replaced.	{M 276}		