STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014985	A. BUILDING: _____ B. WING _____	R-C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE 4 U 4 LLC	213 GLACIER DRIVE MADISON, WI 53705

(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 09/13/2023, Surveyor conducted a verification visit and standard survey at Comfort Care 4 U 4 LLC, an AFH in Madison. Eight deficiencies were identified. Six deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) 5IXK11, dated 05/30/2018 and SOD IUQP11, dated 09/27/2022. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed had been screened for illness detrimental to residents, including for tuberculosis, within 90 days before the start of providing services. Caregiver J did not have a tuberculosis test within 90 days before the start of	M 232		

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

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M 232	Continued From page 1 providing services. This is a repeat deficiency. See Statement of Deficiency (SOD) 5IXK11, dated 05/30/2018 and SOD IUQP11, dated 09/27/2022. Findings include: On 09/13/2023 at approximately 10:00 a.m., Surveyor reviewed Caregiver J's record. Caregiver J was hired on 06/01/2023 and was working while Surveyor was present. Surveyor's record included documentation of a tuberculosis test completed on 12/13/2021. On 09/13/2023 at approximately 10:30 a.m., Surveyor reviewed concern with House Manager A that Caregiver J's tuberculosis test was not completed within 90 days before the start of providing services. House Manager A stated s/he was unaware the tuberculosis test needed to be within 90 days of hire.	M 232		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free of hazards. Resident 3 had a space heater in his/her room.	M 278		

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M 278	Continued From page 2 Findings include: On 09/13/2023 at approximately 8:30 a.m., Surveyor toured the provider's home and observed a space heater that was on in Resident 3's room. Surveyor asked Resident 3 if s/he frequently used the space heater. Resident 3 replied, "Yeah. I was cold." "Based on 2016-2020 annual averages: Space heaters were the type of heating equipment responsible for the largest shares of losses in home heating equipment fires, accounting for one-third of the fires, but nearly nine out of ten deaths and four out of five of the injuries in home fires caused by heating equipment." (Source: National Fire Protection Association website, https://www.nfpa.org/Public-Education/Fire-causes-and-risks/Top-fire-causes/Heating (retrival date - 09/13/2023).). On 09/13/2023 at approximately 10:30 a.m., Surveyor reviewed concern with House Manager A that Resident 3 had a space heater in his/her room. House Manager A stated s/he was unaware the space heater was in the room and made note of Surveyor's concern.	M 278		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or	M 336		

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M 336	Continued From page 3 have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the home's smoke detectors were tested monthly. Findings include: On 09/13/2023 at approximately 10:00 a.m., Surveyor reviewed the provider's environmental records. Surveyor was unable to locate documentation of smoke detector checks since 11/08/2022. On 09/13/2023 at approximately 10:30 a.m., House Manager A provided Surveyor with documentation that indicated smoke detector checks occurred on 12/31/2022, 06/24/2023, 07/09/2023 and 08/18/2023. On 09/13/2023 at approximately 11:00 a.m., Surveyor reviewed concern with House Manager A that smoke detectors were not tested monthly from January to May 2023. House Manager A reviewed documentation provided to Surveyor, replied "Okay" and made note of Surveyor's concern.	M 336		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the	M 344		

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M 344	Continued From page 4 department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed was evaluated for his/her ability to evacuate the home without any help within 2 minutes immediately following placement. This is a repeat deficiency. See Statement of Deficiency (SOD) IUQP11, dated 09/27/2022. Findings include: On 09/13/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider's facility on 06/27/2023. Resident 4 had a legal guardian. Resident 4's record did not include an evacuation assessment. On 09/13/2023 at approximately 11:00 a.m., Surveyor reviewed concern with House Manager A that Resident 4's record did not include an evacuation assessment using the department's form. House Manager A acknowledged concern and stated Resident 4 moved to the provider's home from an affiliated home, so they did not think to complete a new assessment.	M 344		
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	M 380		

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M 380	Continued From page 5	M 380		

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 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 2 of 2 residents reviewed were screened for communicable disease, including tuberculosis, within 90 days prior to admission or 7 days after admission. Resident 3 and Resident 4's tuberculosis tests were greater than 7 days after their admission dates.

This is a repeat deficiency. See Statement of Deficiency (SOD) IUQP11, dated 09/27/2022.

Findings include:

On 09/13/2023 at approximately 10:00 a.m., Surveyor reviewed resident records, which documented the following:

- Resident 3 was admitted to the provider's facility on 03/14/2023. Resident 3's record included a chest x-ray dated 05/25/2023.
- Resident 4 was admitted to the provider's facility on 06/27/2023. Resident 4's record included tuberculosis tests dated 04/11/2019 and 08/04/2023.

On 09/13/2023 at approximately 11:00 a.m., Surveyor reviewed concern with House Manager

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M 380	Continued From page 6 A that Resident 3 and Resident 4 did not have tuberculosis tests completed within 90 days prior to admission or 7 days after admission. House Manager A stated Resident 3 had to change physicians at the time of admission, so it was difficult to have him/her seen. House Manager A stated Resident 4 transferred from an affiliated home, so s/he did not have a new tuberculosis test completed until weeks after his/her move.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 1 of 2 residents reviewed had service agreements completed prior to admission that were signed by the resident or the resident's legal representative. Resident 4's service agreement was not signed until after his/her admission. This is a repeat deficiency. See Statement of Deficiency (SOD) IUQP11, dated 09/27/2022.	M 384		

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M 384	Continued From page 7 Findings include: On 09/13/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider's facility on 06/27/2023. Resident 4 had a legal guardian. Resident 4's service agreement was signed and dated by his/her legal guardian on 07/10/2023. On 09/13/2023 at approximately 11:00 a.m., Surveyor reviewed concern with House Manager A that Resident 4's service agreement was not signed and dated by his/her legal guardian until 07/10/2023, 13 days after his/her admission to the home. House Manager A acknowledged the concern and stated that was the earliest date the team could meet to complete the paperwork.	M 384		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.	M 424		

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M 424	Continued From page 8	M 424		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 1 of 2 individual service plans (ISP) was updated when there was a change in the resident's need. Resident 4's ISP was not updated when s/he no longer required sharp objects be kept secured.

This is a repeat deficiency. See Statement of Deficiency (SOD) 5IXK11, dated 05/30/2018.

Findings include:

On 09/13/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider's facility on 06/27/2023. Resident 4's record included an ISP, dated 07/10/2023, that stated s/he had suicidal tendencies so sharp objects must be kept secured.

On 09/13/2023 at approximately 10:15 a.m., Surveyor observed sharp knives in the kitchen drawers. Surveyor asked Caregiver J if sharp objects were usually secured. Caregiver J replied, "No. [Residents] don't touch them."

On 09/13/2023 at approximately 11:00 a.m., Surveyor reviewed concern with House Manager A that Resident 4's ISP indicated sharp objects should be kept secured; however, knives were observed accessible in the kitchen. House Manager A stated access to sharp objects was no longer a concern due to Resident 4's change in mobility. House Manager A stated s/he would update the ISP.

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M 464	Continued From page 9	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 an order from a physician was obtained to administer medications prior to administering medications to 1 of 2 residents reviewed. The provider did not have a physician order for the home's staff to administer Resident 3's medications at the time of admission. This is a repeat deficiency. See Statement of Deficiency (SOD) IUQP11, dated 09/27/2022. Findings include: On 09/13/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's facility on 03/14/2023. Resident 3's record indicated the provider's staff administered Resident 3's medications. Resident 3's record included a physician order for staff to administer medications dated 04/11/2023, nearly 1 month after Resident 3's admission to the facility.	M 464		

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M 464	Continued From page 10 On 09/13/2023 at approximately 11:00 a.m., Surveyor reviewed concern with House Manager A that Resident 3's physician order to administer medications was nearly 1 month after his/her admission. House Manager A stated Resident 3 had to change physicians at the time of admission, so there was a delay in getting the physician order.	M 464		