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 _____	10/20/2025

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 From 10/16/2025 to 10/20/2025, Surveyor conducted a standard survey at Comfort Care 4 U 4 LLC, an AFH in Madison. Five deficiencies were identified. Four deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) SOD IUQP11, dated 09/27/2022, IUQP14, dated 09/13/2023 and IUQP15, dated 02/05/2024. 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 observation, record review and interview, the provider did not ensure each service provider was screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service for 1 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 2 caregivers. Caregiver B did not have a tuberculosis test within 90 days before the start of providing care. This is a repeat deficiency. See Statement of Deficiency (SOD) IUQP11, dated 09/27/2022, IUQP14, dated 09/13/2023, and IUQP15, dated 02/05/2024. Findings include: On 10/16/2025, at approximately 2:00 p.m., Surveyor arrived at the facility for a standard survey. Surveyor observed Caregiver B as the staff on duty when s/he answered the door for Surveyor. On 10/16/2025, at approximately 3:00 p.m., Surveyor reviewed employee records and identified the following: Caregiver B was hired 09/25/2025. There was no evidence Caregiver B was screened for illness detrimental to residents by a physician, a registered nurse or a physician's assistant within 90 days before the start of providing service. Records did not include a TB test, that was completed greater than 90 days from date hire of 09/25/2025. There was no health screen documented in the Caregiver B file. On 10/16/2025 at approximately 4:30 p.m., Surveyor interviewed Manager A. Manager A acknowledged that Caregiver B did not have a completed TB/communicable disease prior to hire date. Manager A stated Caregiver B "had only worked a shift or two and had not gotten the TB test done yet."	M 232		

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M 378	Continued From page 2	M 378		
M 378	88.06(1)(e) INFORMATION TO DETERMINE SERVICES The licensee shall obtain information from a prospective resident necessary to determine whether the person's needs can be met with the services identified in the home's program statement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct a pre-admission assessment for Resident 1. Findings include: On 10/16/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 07/30/2024. Resident 1's record did not contain a pre-admission assessment. On 10/16/2025 at 4:30 p.m., Surveyor interviewed Manager A regarding Resident 1's missing pre-admission assessment. Manager A acknowledged that the file for Resident 1 did not contain a pre-admission assessment. Manager A stated that Resident 1 moved in on an emergency admission and there was not time to conduct a pre-admission assessment.	M 378		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new	M 380		

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M 380	Continued From page 3	M 380		

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 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 that 1 of 2 residents were screened for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after admission to determine if they were free of communicable disease. Resident 1's record did not contain a communicable disease screen, including tuberculosis test.

This is a repeat deficiency. See Statement of Deficiency (SOD) IUQP11, dated 09/27/2022, and IUQP14, dated 09/13/2023.

Findings include:

On 10/16/2025 at approximately 3:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 07/30/2024. Resident 1's record did not contain a communicable disease screen, including tuberculosis test.

On 10/16/2025 at approximately 4:00 p.m.,

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M 380	Continued From page 4 Surveyor reviewed concern with Manager A that Resident 1's record did not contain a communicable disease screen, including tuberculosis test. Manager A said that Resident 1 was an emergency placement and there was no time to get the tuberculosis test done beforehand.	M 380		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed had record of their individual service plan (ISP) reviewed at least once every 6 months by the licensee, resident or resident's legal representative and the placing agency.	M 424		

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M 424	Continued From page 5 Resident 1's ISP should have been reviewed in April 2025. Resident 2's ISP should have been reviewed in September 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) IUQP14, dated 09/13/2023, and IUQP15, dated 02/05/2024. Findings include: On 10/16/2025 at approximately 3:00 p.m., Surveyor reviewed resident records and identified the following concerns: -Resident 1 was admitted to the provider's home on 07/30/2024. Resident 1 had a guardian and was enrolled in a managed care organization. Resident 1's ISP was dated 11/24/2024 and had not been updated since 11/24/2024. -Resident 2 was admitted to the providers home on 03/14/2023. Resident 2 had a guardian and was enrolled in a managed care organization. Resident 2's ISP was dated 02/14/2025 and had not been updated at the 6-month review. On 10/16/2025 at approximately 4:00 p.m., Surveyor reviewed concern with Manager A that Resident 1 and Resident 2's ISP had not been updated in 6 months. Manager A stated s/he would get the plans updated. Manager A said that s/he was new to the facility and was behind on getting the plans scheduled	M 424		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING	M 466		

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M 466	Continued From page 6 The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure an accurate record of medication administration was maintained for 1 of 2 residents reviewed. Resident 2's record documented administration of a medication that was unavailable. This is a repeat deficiency. See Statement of Deficiency (SOD) IUQP11, dated 09/27/2022. Findings include: On 10/16/2025 at approximately 3:30 p.m., Surveyor reviewed resident records and identified the following concerns: Resident 2 was admitted to the provider's home on 03/14/2023. Resident 2's physician orders included Lidocaine 4% patch (Start Date: 02/27/2025) - Apply 1 patch to skin once daily (on for 12 hours, off for 12 hours) Resident 2's medication storage did not include Lidocaine 4% patches. The medication record indicated that Resident 2 had received the Lidocaine 4% patch	M 466		

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M 466	Continued From page 7 daily from August 1, 2025, through October 16, 2025. On 10/16/2025 at approximately 4:30 p.m., Surveyor shared concern with Manger A that Resident 2 did not have a medication available to him/her for administration. Manager A confirmed the medication was unavailable. Manger A stated that the morning staff person must have applied the last Lidocaine 4% patch. Manager A stated that s/he would ensure that the Lidocaine 4% patch was ordered for Resident 2. On 10/20/2025 at approximately 2:00 p.m., Surveyor interviewed Pharmacy Support C. Pharmacy Support C stated that the Lidocaine 4% patch needs to be requested to fill, and it does not come with cycle medications. Pharmacy Support C stated that the facility had not ordered the Lidocaine 4% patch since it was added to Resident 2's profile in February 2025. Pharmacy Support C stated that according to his/her pharmacy records Resident 2 had never received the Lidocaine 4% patch from that pharmacy.	M 466		