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 04/27/2026

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 04/15/2026 to 04/27/2026, Surveyor conducted a verification visit and complaint investigation at Comfort Care 4 U 4 LLC, an AFH in Madison. Three deficiencies were identified. Two of the deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) SOD IUQP11, dated 09/27/2022, IUQP14, dated 09/13/2023, IUQP15, dated 02/05/2024 and JOKY11, dated 10/20/2025. Three of the deficiencies were corrected from JOKY11, dated 10/20/2025. The complaint was substantiated. 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:	{M 232}		

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

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{M 232}	Continued From page 1 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 2 caregivers. Caregiver D 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, IUQP15, dated 02/05/2024, and JOKY11, dated 10/202025. Findings include: On 04/15/2026, at approximately 12:00 p.m., Surveyor arrived at the facility for a verification visit and complaint investigation. Surveyor observed Caregiver D as the staff on duty when s/he answered the door for Surveyor. On 04/16/2026, at approximately 2:00 p.m., Surveyor reviewed employee records and identified the following: Caregiver D was hired 04/13/2026. There was no evidence Caregiver D 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 04/13/2026. There was no health screen documented in the Caregiver D's file. On 04/15/2026 at approximately 2:30 p.m., Surveyor interviewed Quality Assurance E. Quality Assurance E acknowledged that	{M 232}		

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{M 232}	Continued From page 2 Caregiver D did not have a completed TB/communicable disease prior to hire date. Quality Assurance D stated Caregiver D was completing the TB test after his/her shift on 04/15/2026. Caregiver D confirmed that s/he would be going to the clinic in the afternoon.	{M 232}		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure services identified in a resident's individual service plan (ISP) were provided. Resident 1 did not receive 24/7 supervision in the adult family home and community as indicated on in his/her ISP. Findings include: On 01/23/2026, the department received a complaint alleging that a resident spent a night in a local shelter and the facility was not aware the resident was missing. On 04/15/2026 at approximately 1:00 p.m., Surveyor reviewed resident records, which identified the following: - Resident 1 was admitted to the provider's facility	M 436		

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M 436	Continued From page 3	M 436		

on 05/24/2025 with diagnoses including seizure disorder, and organic brain syndrome. Resident 1's ISP, dated 12/05/2025, stated s/he required 24/7 supervision both at home and in the community. Resident 1's ISP indicated that s/he had a guardian.

Surveyor reviewed an incident report dated 12/31/2025-01/01/2026 that stated the following:

- "[Resident 1] did not return home after planned activity." We received an email on Mon. 1/5/26 from [Guardian] regarding the events of 12/31/25. "On Wednesdays [Resident 3] normally gets taken from [his/her] [day center] to [bowling alley]at 4:30. [His/her] league was not bowling on Christmas Eve and New Year's Eve. For Christmas Eve, I called in to have the bus take [him/her] back to [address], which worked fine. Unfortunately, I forgot to do this for New Year's Eve. So, [Resident 1] was taken by bus to [bowling alley] and dropped off there. There was no one there that [s/he] knew, because [his/her] league was not bowling that evening. However, [s/he] seemed to have spent some time there. [S/he] had [his/her] bowling bag, which had my name and phone number on it, but no other identification. [S/he] also did not have [his/her] phone. [S/he] did have [his/her] Apple Air Tag, thankfully. Eventually, someone from the bowling alley took [him/her] to the [shelter] in Madison, where [s/he] spent the night. The next morning, I remembered that I had forgotten to redirect the ride, so I checked on [his/her] location. [His/her] phone was at home, but the Air Tag showed [him/her] at the shelter. I then called."

On 04/15/2026 at approximately 2:45 p.m., Surveyor interviewed Manager A. Manager A stated that Resident 1's guardian made all the

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M 436	Continued From page 4 arrangements for transportation. Manager A acknowledged that the home staff assumed that Resident 1 was his/her guardian that evening. Manager A stated that staff should have confirmed the overnight but stated that Resident 1 did stay with the guardian often. Manger A confirmed that Resident 1 required supervision 24/7 both at home and in the community. On 04/15/2026 at approximately 3:00 p.m., Surveyor shared concern with Manager A and Quality Assurance E that supervision services were not provided as required for Resident 1. Surveyor shared that Resident 1's ISP stated that s/he required supervision 24/7 at home and in the community. Quality Assurance E acknowledged that the ISP indicated that level of supervision for Resident 1 in the community. Quality Assurance E and Manager A did not know who supervised Resident 1 while s/he was at the bowling alley. Manager A stated that the facility was working on a check-in and check-out process so that this does not happen again.	M 436		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING 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.	{M 466}		

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{M 466}	Continued From page 5 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 of all medications administered to Resident 1. This is a repeat deficiency. See Statement of Deficiency (SOD) IUQP11, dated 09/27/2022 and JOKY11, dated 10/20/2025. Findings include: On 04/15/2026 at approximately 2:30 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's physician orders included Polyethylene Glycol 3350 powder (Start Date: 04/01/2025) - Mix 17 grams (Fill Cap to Line) with 4-8 oz of liquid, Drink 3 times weekly on Mon/Wed/Fri. The medication record indicated that Resident 1 had received the Polyethylene Glycol 3350 powder 3 times a week on Mon/Wed/Fri from February 1, 2026, through April 15, 2026. Surveyor observed that the Polyethylene Glycol 3350 powder in the medicine cabinet was dispensed on 04/01/2025 with an expiration date of 03/31/2026. The Polyethene Glycol bottle stated that it contained 30 once-daily doses, and the bottle was ½ full of powder. Surveyor noted that the bottle should have been empty on 04/15/2026. On 04/15/2025 at approximately 3:00 p.m., Surveyor shared concern with Manger A and Quality Assurance E that Resident 1 had an expired medication available to him/her for administration. Manager A confirmed the	{M 466}		

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{M 466}	Continued From page 6 medication was expired and ½ full. Quality Assurance E stated that Resident 1 had many problems with lose stools, so staff did not administer the Polyethylene Glycol 3350 powder as prescribed. Quality Assurance E reviewed the MAR documentation with Surveyor and acknowledged staff were not accurately documenting the prescribed medication. On 04/17/2026 at 3:00 p.m., Surveyor interviewed Pharmacy Tech F. Pharmacy Tech F stated that Polyethylene Glycol 3350 powder was only filled 1 time for Resident 1 on 04/01/2025. Pharmacy Tech F stated that Polyethylene Glycol 3350 powder needs to be requested to fill and it does not come with cycle medications.	{M 466}		