| 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 _____ | 12/01/2025 |

| 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 |
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| M 000 | INITIAL COMMENTS<br><br>On 11/26/2025, with information gathered through 12/01/2025, Surveyor conducted a standard licensure survey at Comfort Care 4 U 2 LLC. Nine deficiencies were identified.<br><br>Census: 3 | M 000 | | |
| M 262 | 88.05(2)(a) DIFFICULTY WALKING<br><br>If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance:<br>1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.<br>2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches.<br>3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview the provider did not ensure that access within the home was provided for a resident who was unable to ambulate without the of an assistive device. | M 262 | | |

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

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| M 262 | Continued From page 1<br><br>Resident bedroom door did not provide a 32" clear opening.<br><br>Findings include:<br><br>The provider can provide cares for up to 4 residents in the client groups: physically disabled, emotionally disturbed/mental illness, and developmentally disabled.<br><br>On 11/26/2025 at approximately 9:00 AM, Surveyor and Quality Assurance Coordinator (QAC A) reviewed the provider's emergency evacuation documentation. Surveyor observed Resident 1's "Resident Evacuation Assessment," dated 04/28/2025, which documented: "[Resident 1] is in a wheelchair and will need some assistance." Surveyor asked if there were any other residents in the home that utilized an assistive device for ambulation. QAC A stated Resident 1 had moved out of the facility 10/06/2025 and Resident 2 utilized a walker. Surveyor and QAC A reviewed the department's "Facility Face Sheet" which documented the home was licensed as an ambulatory home, meaning individuals who were non-ambulatory, such as those who utilized a wheelchair or a walker, did not meet the ambulatory status.<br><br>On 11/26/2025, Surveyor and QAC A reviewed Resident 2's record.<br><br>Resident 2 moved into the home 05/15/2025.<br><br>Resident 2's "New Resident Assessment and Interview Form," undated, documented:<br>Mobility - Semi-Ambulatory<br>Uses a Wheelchair - Less than 50% of the time<br>Uses a Cane - More than 50% of the time | M 262 | | |

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| M 262 | Continued From page 2<br>Uses a walker - Always, More than 50% of the time<br>Able to Navigate Stairs - No<br><br>Resident 2's "Individual Service Plan," dated 06/02/2025, documented:<br>"Capacity for Self-Care: List any adaptive equipment: Walker."<br><br>On 11/26/2025, at approximately 10:00 AM, Surveyor and QAC A observed Resident 2's bedroom doorway which measured approximately 30 inches in width. Surveyor explained that a home that housed residents who were considered non-ambulatory required a 32-inch clearance at the most inner points of the bedroom doorway. Surveyor asked if the provider had requested a waiver for Resident 1 or Resident 2, who were nonambulatory to reside in an ambulatory home or requested that the home be licensed as ambulatory with conditions. QAC A stated s/he was not sure about that documentation and would have to follow up with the provider as s/he was new to the company.<br><br>On 11/26/2025, Surveyor reviewed the department's facility file to determine if a waiver had been filed and approved. The provider did not have any waivers on file with the department regarding nonambulatory residents.<br><br>As of 12/01/2025 at 5:00 PM, Surveyor did not receive any additional documentation. | M 262 | | |
| M 278 | 88.05(3)(b) FREE OF HAZARDS<br><br>The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and | M 278 | | |

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| M 278 | Continued From page 3<br>rodents.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not safeguard residents from environmental hazards.<br><br>Toxic chemicals were not securely stored.<br><br>Findings include:<br><br>The provider was licensed to provide cares for up to 4 residents in the client groups: emotionally disturbed/mental illness, physically disabled, and developmentally disabled.<br><br>On 11/26/2025, at approximately 9:15 AM, Surveyor toured the home and observed the following unsecured cleaning compounds:<br><br>Resident Bathroom:<br>(4) 32 ounce bottles of advanced power clinging gel toilet bowl cleaner<br>32 ounce bottle of glass cleaner, streak-free shine<br><br>Garage:<br>Gallon of bleach<br><br>Kitchen sink cabinet:<br>28 ounce bottle of cleaner with turbo powder that destroys lime, calcium and rust<br>21 ounce container of stainless steel cleaner<br>21.8 ounce spray can of ant and roach plus germ killer | M 278 | | |

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| M 278 | Continued From page 4<br><br>17.5 ounce spray can of ant and roach killer, defense system<br>14.5 ounce spray can of oven cleaner<br>32 ounce bottle of cleaner and degreaser, super strength<br>32 ounce bottle of glass cleaner<br>115 pac container of platinum performance dishwasher pods<br><br>During the survey process, Surveyor observed Caregiver C consistently redirect Resident 4 who followed staff throughout the home and displayed behaviors when s/he was not allowed to have something, and who ambulated independently throughout the home. At times, Quality Assurance Coordinator (QAC) A assisted Caregiver C at redirecting Resident 4.<br><br>On 11/26/2025, at approximately 1:00 PM, Surveyor interviewed QAC A. Surveyor discussed concern that cleaning compounds were not secured and Resident 4 appeared to need consistent redirection, but there is only one staff member and Resident 4 did not have a 1:1 staff member to ensure his/her safety. QAC A stated, "Yes, Resident 4 did not make good decisions, [s/he] is very smart in some areas but not necessarily regarding safety." QAC A stated cleaning compounds would be securely stored. | M 278 | | |
| M 284 | 88.05(3)(e)1 HEATING SYSTEM REQUIREMENTS<br><br>The home shall have a heating system capable of maintaining a temperature of 74 degrees F. The temperature in habitable rooms shall not be permitted to fall below 70 degrees F. during periods of occupancy, except that the | M 284 | | |

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| M 284 | Continued From page 5 | M 284 | | |

home may reduce temperatures during sleeping hours to 67 degrees F. Higher or lower temperatures, for certain residents, including but not limited to residents of advanced age and residents with physical disabilities, shall be provided to the extent possible when requested by a resident.

This Rule is not met as evidenced by:
Based on observation and interview, it was determined that the provider did not ensure that the homes heating system could maintain a temperature of 74 degrees Fahrenheit (F).

Findings include:

The provider was licensed to serve up to 4 residents within the client groups: emotionally disturbed/mental illness, physically disabled, and developmentally disabled.

On 11/26/2025, at approximately 9:15 AM, Surveyor toured the home and noticed that the thermostat near the resident bedrooms was set at 69 degrees F. Surveyor walked into the kitchen and observed the exit door was wide open and remained opened during the survey process.

On 11/26/2025, at approximately 10:30 AM, Surveyor interviewed Quality Assurance Coordinator (QAC) A. Surveyor explained temperatures are to be maintained at 74 degrees F and can be lowered during hours of sleep to 69. QAC A stated s/he would adjust the thermostat.

Outdoor temperature in Madison, Wisconsin on

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| M 284 | Continued From page 6<br>11/26/2025 recorded at 30 degrees F at 9:53 AM per Weather Underground. | M 284 | | |
| M 380 | 88.06(2)(a) ADMISSION-HEALTH EXAM<br><br>Except as provided in subd. 2., the licensee shall ensure that a new 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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not receive a health examination by a physician and have resident screened for communicable disease, including tuberculosis (TB), within 90 days prior to the admission to the home or within 7 days after admission for 1 of 1 resident (Resident 2) record reviewed.<br><br>Findings include:<br><br>On 11/26/2025, Surveyor reviewed Resident 2's record.<br><br>Resident 2 moved into the home 05/15/2025. Resident 2's record did not include an admission health examination. Resident 2's communicable disease and TB test were completed 07/16/2025, | M 380 | | |

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| M 380 | Continued From page 7<br>60 days after admission.<br><br>On 11/26/2025, at approximately 10:00 AM, Surveyor interviewed Quality Assurance Coordinator (QAC) A. Surveyor asked if Resident 2 had a health examination prior to admission. QAC A stated s/he was new to the company and had been in the process of updating all resident records. Surveyor explained that a new resident is to have the communicable disease screen and TB testing completed within 90 days of admittance or within 7 days after. QAC A stated s/he understood the requirement. QAC A stated some resident records were at the office and s/he would forward Resident 2's admission health examination.<br><br>On 11/26/2025 at 1:25 PM, Surveyor emailed QAC A and Manager B and requested Resident 2's admission health examination.<br><br>On 11/30/2025 at 1:24 PM, Surveyor emailed QAC A and Manager B and stated s/he had not received Resident 2's admission health examination.<br><br>As of 12/01/2025 at 5:00 PM, Surveyor did not receive Resident 2's admission health examination. | M 380 | | |
| M 384 | 88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE<br><br>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 | M 384 | | |

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| M 384 | Continued From page 8 | M 384 | | |

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, the provider did not have a signed service agreement that was dated and signed by the person being admitted or their guardian or designated representative, for 1 of 1 resident (Resident 2).

Findings include:

The provider was licensed to serve up to 4 residents within the client groups: emotionally disturbed/mental illness, physically disabled, and developmentally disabled.

On 08/06/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home 05/15/2025, and was represented by Guardian F.
Resident 2's record did not contain a service/admission agreement.

On 11/26/2025, at approximately 10:00 AM, Surveyor interviewed Quality Assurance Coordinator (QAC) A. Surveyor asked if Resident 2 had a service agreement/admission agreement prior to admission. QAC A stated s/he was new to the company and had been in the process of updating all resident records. QAC A stated some resident records were at the office and s/he would forward Resident 2's admission agreement.

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| M 384 | Continued From page 9<br><br>On 11/26/2025 at 1:25 PM, Surveyor emailed QAC A and Manager B and requested Resident 2's admission agreement.<br><br>On 11/30/2025 at 1:24 PM, Surveyor emailed QAC A and Manager B and stated s/he had not received Resident 2's admission agreement.<br><br>As of 12/01/2025 at 5:00 PM, Surveyor did not receive Resident 2's admission agreement. | M 384 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 3) Individual Service Plans (ISP) was | M 424 | | |

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| M 424 | Continued From page 10<br>reviewed at least once every six months or when there was a change of condition by the licensee, the resident and/or resident's guardian, and the placing agency.<br><br>Findings include:<br><br>On 11/26/2025, Surveyor and Quality Assurance Coordinator (QAC) A and Manager B reviewed Resident 3's record.<br><br>Resident 3 moved into the home 11/20/2018.<br><br>Resident 3's ISP, dated 11/27/2024, documented: "Chronic Illnesses: [His/Her] bowel movements (BM) will be monitored, and [s/he] will receive [his/her] laxative according to MAR (medication administration record). If less than 3 movements per week then [his/her] medical team and management will be informed."<br><br>Surveyor requested Resident 3's BM charting as identified in his/her ISP. Manager B stated that Resident 3's BMs were no longer monitored due to a medication change and s/he no longer experienced constipation. QAC A stated that Resident 3's ISP should have been updated with this change. Surveyor stated that the ISP was to be updated every 6 months and should have been updated approximately 05/2025. QAC A stated s/he was in the process of going through all resident records to verify their accuracy. | M 424 | | |
| M 438 | 88.07(2)(b) SERVICES DIRECTED TO GOALS<br><br>Services shall be directed to the goal of assisting, teaching and supporting the resident to promote his or her health, well-being, self-esteem, | M 438 | | |

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| M 438 | Continued From page 11 | M 438 | | |

independence and quality of life. The services shall include but are not limited to:

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 3 of 3 residents were provided an environment to prevent infections. The provider did not have towels available in the resident bathroom for them to dry their hands on after utilizing the bathroom.

Findings include:

The provider can provide cares for up to 4 residents in the client groups: physically disabled, emotionally disturbed/mental illness, and developmentally disabled.

On 11/26/2025, at approximately 12:15 PM, Surveyor and Quality Assurance Coordinator (QAC) A toured the home and observed that the resident bathroom did not have paper toweling in the towel dispenser or a hand towel available for residents to utilize. Surveyor attempted to open a drawer on the bathroom vanity to determine if there were towels in the drawer. The drawer would not open. QAC A stated there should have been towels readily available in the bathroom as this would be an infection control concern.

"Germs spread more easily when hands are wet, so make sure to dry your hands completely, whatever method you use." (Source: CDC (Center for Disease Control and Prevention) website, Hand Hygiene Frequently Asked Questions, March 14, 2024, https://www.cdc.gov/clean-hands/faq/index.html#:~:text=Should%20I%20dry%20my%20hands,com

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| M 438 | Continued From page 12<br>pletely%2C%20whatever%20method%20you%20use. (retrieval date - November 30, 2025).) | M 438 | | |
| M 464 | 88.07(3)(d) MEDICATION- WRITTEN ORDER<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not obtain a written order from the physician who prescribed the medications, specifying who by name or position was permitted to administer the medication for 1 of 1 resident (Resident 2).<br><br>Findings include:<br><br>On 11/26/2025, Surveyor reviewed Resident 2's record.<br><br>Resident 2 was admitted to the facility, 05/15/2025, with diagnoses including atrial fibrillation, coronary artery disease, hypertension (high blood pressure), hyperlipidemia (high cholesterol), congestive heart failure, chronic anticoagulation (blood clots), and progressive | M 464 | | |

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|---|---|
| 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 464 | Continued From page 13<br>cognitive impairment.<br><br>Resident 2's Medication Administration Records (MARs), dated 09/01/2025 to 11/26/2025, documented staff had administered medications: aspirin, atorvastatin (lower cholesterol medication), calcium 600 + vitamin D, carvedilol (medication to treat high blood pressure), ferrous sulfate (iron supplement), furosemide (diuretic), melatonin, methenamine Hippurate (urinary antiseptic medication), mirtazapine (antidepressant), multivitamin, potassium chloride (medication for low potassium), sertraline (antidepressant), soya lecithin (supplement), tamsulosin , vitamin B-12, vitamin B1, vitamin C, vitamin E, and nitroglycerin (medication to treat chest pain).<br><br>Resident 2's record did not contain a written order from the physician authorizing facility staff to administer medications.<br><br>On 11/26/2025, at approximately 1:00 PM, Surveyor interviewed Quality Assurance Coordinator (QAC) A. Surveyor asked if the provider had a written order from Resident 2's physician identifying the provider as the entity responsible for medication administration. QAC A stated staff are always responsible for the resident's medication administration and was not aware that a physician order had to be in the resident's record. QAC A stated s/he would contact all resident's physicians to ensure their records were up to date. | M 464 | | |
| M 470 | 88.07(4)(a) NUTRITION<br><br>A licensee shall provide each resident with a quantity and variety of foods | M 470 | | |

| 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 _____ | 12/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| M 470 | Continued From page 14 | M 470 | | |

sufficient to meet the resident's nutritional needs and preferences and to maintain the resident's health.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure meals were sufficient to meet the nutritional needs of residents.

The provider was unable to supply Surveyor with a menu that Resident 3 followed, due to his diagnosis of Phenylketonuria (PKU), a rare metabolic disorder where the body cannot break down the amino acid phenylalanine (PHE) (an essential amino acid found in high-protein foods like meat, eggs, and dairy.

Findings include:

On 11/26/2025, Surveyor reviewed Resident 3's record.

Resident 3 moved into the home, 11/20/2018, with diagnosis including PKU.

Resident 3's "Behavioral Support Plan (BSP)," dated June 2025, documented:
"[Resident 3] needs to manage [his/her] (PHE) levels through monitoring how much protein [s/he] eats in a day. [His/Her] PHE levels are checked monthly and if high, can affect [his/her] health and behavior. It is important to note that aspartame (sweetener) can give false readings on these level checks and should be avoided."
"The aim of a PKU diet is to avoid protein-rich foods like meat, eggs, and dairy products while limiting your intake of foods like potatoes and

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| M 470 | Continued From page 15 | M 470 | | |

cereals that contain significant amounts of phenylalanine. A PKU diet typically includes a phenylalanine-free medical formula or shake to meet your daily nutritional needs along with carefully measured amounts of fruits, vegetables, breads, pasta, and cereals to ensure you obtain just the right amount of phenylalanine to function normally. For [Resident 3], this means that [his/her] meals should consist of a total of 17 grams or less of protein per day. Not following [his/her] PKU diet will result in major medical conditions including major damage to [his/her] central nervous system, seizures, unstable mental health, and unstable mood."
The BSP had examples of daily menus for guidance.

On 11/26/2025, at approximately 12:30 PM, Surveyor toured the kitchen and was unable to observe a menu. Surveyor asked Caregiver C if s/he was to follow a menu when preparing meals for the residents, especially Resident 3. Caregiver C stated Resident 3 participated in a day program and Resident 3's lunch was packed prior to his/her arrival. Surveyor asked if Caregiver C was to prepare a meal for Resident 3, what guidelines would s/he follow. Caregiver C attempted to locate a menu and was unable to. Caregiver C stated, "I gave [him/her] a bowl of cereal with milk for breakfast." Quality Assurance Coordinator (QAC) A stepped in to assist Caregiver C and a menu could not be located. QAC A stated that a menu needed to be provided to staff to ensure Resident 3 received his/her required dietary requirements.