| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0014823 | A. BUILDING: _____ B. WING _____ | 10/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COMFORT CARE 4 U 3 LLC | 2100 WESTCHESTER DRIVE FITCHBURG, WI 53711 |

| (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<br><br>On 10/16/2025, the bureau of assisted living southern regional office conducted a standard survey at Comfort Care 4 U 3 LLC an AFH located in Fitchburg, WI.<br><br>As a result of this survey, 2 violations of DHS Chapter 88 were identified.<br><br>Census: 4 | M 000 | | |
| M 290 | 88.05(3)(e)2.b INSPECTIONS-GAS FURNACE<br><br>A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company.<br><br>This Rule is not met as evidenced by:<br>Based on record review, observation and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company.<br><br>FINDINGS INCLUDE:<br><br>On 10/16/2025, Surveyor arrived at facility for a standard survey.<br><br>On 10/16/2025 at 9:50 AM, Surveyor toured the facility with Caregiver B. In the basement utility room. Surveyor observed a gas furnace.<br><br>On 10/16/2025, Surveyor reviewed facilities environmental records. Surveyor didn't find documentation of a furnace inspection performed within the last 3 years.<br><br>On 10/16/2025 at 10:15 AM, Surveyor discussed | M 290 | | |

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

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|---|---|---|---|---|
| M 290 | Continued From page 1<br>the above concern with Director A. Director A stated s/he believed the furnace inspection was maintained at a central office outside of the facility. Director A stated s/he would email the furnace inspection to Surveyor within the next 24 hours.<br><br>On 10/17/2025 at 10:33 AM, Surveyor checked their email. Director A had sent an HVAC inspection for a different location than the facility address. | M 290 | | |
| M 446 | 88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS<br><br>Keeping a current record of all medical visits, reports and recommendations for a resident.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not maintain a current record of all medical visits, reports and recommendations for Resident 1.<br><br>FINDINGS INCLUDE:<br><br>On 10/16/2025, Surveyor arrived at facility for a standard survey.<br><br>On 10/16/2025 at 9:00 AM, Surveyor interviewed Caregiver B. Caregiver B explained Resident 1 utilized a wheelchair for ambulation and EZ-stand for transfers.<br><br>On 10/16/2025, Surveyor reviewed Resident 1's facility record. Resident 1 was admitted to the facility on 05/13/2022. Resident 1's record didn't contain documentation of clinical after visit | M 446 | | |

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|---|---|---|---|---|
| M 446 | Continued From page 2<br>summaries and/or medical assessments.<br><br>On 10/16/2025 at 10:15 AM, Surveyor discussed the above concern with Director A. Director A stated many residents records were maintained at a central office outside of the facility. Director A stated s/he would email Surveyor a copy of Resident 1's most recent clinical after visit summary within the next 24 hours.<br><br>On 10/16/2025 at 4:02 PM, Director A emailed Surveyor. Director A stated s/he had requested a copy of Resident 1's most recent clinical after visit summary from a family member.<br><br>On 10/17/2025 at approximately 12:00 PM, Surveyor checked their email. Director A had not forwarded Resident 1's most recent clinical after visit summary. | M 446 | | |