STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018357	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE GROUP HOME LLC	2020 CHAPMAN DRIVE WAUKESHA, WI 53189

(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 11/04/2025, Surveyors conducted a standard survey at Comfort Care Group Home LLC. One deficiency was identified. Census: 3	M 000		
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 observation, record review and interview, the provider did not ensure the assessment and individual service plan (ISP) identified all Resident 1's needs. Resident 1's diagnoses included complete paraplegia (paralysis to lower body and legs). Three-quarter length bilateral siderails were	M 424		

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

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M 424	Continued From page 1 attached to Resident 1's bed and his/her assessment did not identify use of siderails or description of medical symptom or condition warranting use of side rails, alternative interventions to side rails tried and reason(s) why alternative interventions were not successful. Resident 1's individual service plan (ISP) did not identify need for side rails or when side rails should be in up position, describe trials of less restrictive interventions, include education provided to resident and/or resident's legal representative regarding risks of side rail use or plans to reduce side rail use and monitor bed, mattress and side rails for safety. Findings include: According to the U.S. Food & Drug Administration's Hospital Bed Safety Workgroup, "...Strangling, suffocating, bodily injury, or death can occur when patients or parts of their bodies are caught between rails or between the bed rails and mattresses...Regardless of the purpose for which bed rails are being used or considered, a decision to utilize or remove those in current use should occur within the framework of an individual patient assessment. 2. Because individuals may differ in their sleeping and nighttime habits, creation of a safe bed environment that takes into account patients' medical needs, comfort, and freedom of movement should be based on individualized patient assessment by an interdisciplinary team...3. Use of bed rails should be based on patients' assessed medical needs and should be documented clearly...Bed rail effectiveness should be reviewed on a regular basis...The patient's chart should include a risk-benefit assessment that identifies why other care interventions are not appropriate or not effective if they were previously attempted and determined not to be the treatment of choice for	M 424		

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M 424	Continued From page 2	M 424		

the patient. 4. Bed rail use for treatment of a medical symptom or condition should be accompanied by a care plan (treatment program) designed for that symptom or condition. The plan should present clear directions for further investigation of less restrictive care interventions. The documentation should describe the attempts to use less restrictive care interventions and, if indicated, their failure to meet patients' assessed needs. 5. Bed rail use for patient's mobility and/or transferring, for example turning and positioning within the bed and providing a hand-hold for getting into or out of bed, should be accompanied by a care plan...The care plan should: include educating the patient about possible bed rail danger to enable the patient to make an informed decision; and address options for reducing the risks of the rail use. 6. The process of reducing and/or eliminating existing use of bed rails should be undertaken incrementally using an individualized, systematic, and documented approach... Bed Rail Safety Guidelines If it is determined that bed rails are required and that other environmental or treatment considerations may not meet the individual patient's assessed needs, or have been tried and were unsuccessful in meeting the patient's assessed needs, then close attention must be given to the design of the rails and the relationship between rails and other parts of the bed. 1. The bars within the bed rails should be closely spaced to prevent a patient's head from passing through the openings and becoming entrapped. 2. The mattress to bed rail interface should prevent an individual from falling between the mattress and bed rails and possibly smothering. 3. Care should be taken that the mattress does not shrink over time or after cleaning. Such shrinkage increases the potential space between the rails and the mattress. 4. Check for compression of the mattress' outside

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perimeter. Easily compressed perimeters can increase the gaps between the mattress and the bed rail. 5. Ensure that the mattress is appropriately sized for the selected bed frame, as not all beds and mattresses are interchangeable. 6. The space between the bed rails and the mattress and the headboard and the mattress should be filled either by an added firm inlay or a mattress that creates an interface with the bed rail that prevents an individual from falling between the mattress and bed rails. 7. Latches securing bed rails should be stable so that the bed rails will not fall when shaken. 8. Older bed rail designs that have tapered or winged ends are not appropriate for use with patients assessed to be at risk for entrapment. Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospital, Long Term Care Facilities, and Home Care Settings 9. Maintenance and monitoring of the bed, mattress, and accessories such as patient/caregiver assist items (See Appendix 1: Glossary) should be ongoing. " (Source: "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings" https://www.fda.gov/media/88765/download (retrieval date 11/04/2025)).

On 11/04/2025 at 8:13 AM while interviewing Resident 1 in his/her room, Surveyor observed and alternating pressure mattress and ¾ length bilateral siderails on his/her bed. The siderail on the wall side of the bed was up, and the siderail on the room side of the bed was down. Resident 1 stated it was a hospital bed that s/he brought with him/her on admission and the siderails had been on the bed since s/he obtained it. Resident 1 stated both siderails were up when s/he was in bed for the night.

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On 11/04/2025, Surveyor reviewed Resident 1's record. S/he was admitted 07/14/2025. Diagnoses included complete paraplegia (paralysis to lower body and legs).

Admission assessment dated 07/30/2025 (summarized): The assessment identified Resident 1 used a wheelchair for mobility and was not a fall risk.

ISP dated 10/01/2025 (summarized):
In the area of Physical Disabilities:
Transfers independently from lying to sitting and uses wheelchair, staff to monitor and assist with mobility -related safety as needed.

In the area of Nursing Procedures:
Staff to ensure s/he is positioned properly and turned frequently to prevent worsening of wound on back.

In the area of Risk: Is not a fall risk.

The ISP did not identify use of siderail and alternating pressure relief mattress.

On 11/04/2025 at 11:18 AM, Surveyors interviewed Licensee A, Manager B and Caregiver C in Resident 1's room.
Caregiver C stated Resident 1's siderails are kept in the up position when s/he was in bed because when s/he slept close to edge of bed, his/her left side was against the room side siderail and would fall out of bed without the siderail. Caregiver C stated Resident 1 held onto the siderail when lying on side during cares and when sitting at edge of bed to transfer out of bed. Surveyor demonstrated the fist-sized gap created between the mattress and room side siderail when the siderail was wiggled and when the partially filled

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M 424	Continued From page 5 alternating pressure relief mattress was pushed on. On 11/04/2025 at approximately 11:30 AM, Surveyors discussed concern of no assessment, no ISP review of, and the safety risks of siderails with Licensee A, Manager B and Caregiver C. Licensee A stated s/he would request physical therapy assess Resident 1's bed mobility and continued need for siderails. On 11/04/2025 at 8:25 PM, Surveyor received an email from Licensee A stating, "[Resident 1] does not require physical assistance when moving from a lying position to sitting at the edge of the bed or when transferring between the bed and his wheelchair. [S/he] uses the bed rail to assist [him/herself] in transitioning from lying to sitting and completes the transfer to his wheelchair independently and safely ..."	M 424		