Tony Evers
Governor

Kirsten L. Johnson
Secretary

**State of Wisconsin**
Department of Health Services

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
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July 25, 2024

**ELECTRONIC MAIL**

SOD #4UDZ11

# NOTICE and ORDER

## NOTICE OF VIOLATION

## ORDER TO COMPLY WITH REQUIRMENTS

## NOTICE OF SPECIAL ORDERS

Shaymaa Qasem
2020 Chapman Dr.
Waukesha, WI 53189

C/O Licensee: ComfortCare Group Home 3

**Re:** Comfort Care Group Home LLC
2020 Chapman Dr.
Waukesha, WI 53189

Dear Shaymaa Qasem:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Comfort Care Group Home LLC, located at 2020 Chapman Dr., and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat § 50.033(2), and Wis. Admin. Code § DHS 88.

## NOTICE OF VIOLATION

On 06/06/2024, a complaint investigation was concluded for Comfort Care Group Home LLC by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, or both, which set forth requirements for the administration and operation of an adult family home (AFH). The Department is issuing Statement of Deficiency (SOD) #4UDZ11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #4UDZ11 is enclosed.

## ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.

The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.033(3), the department may impose a $200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action.

ADDITIONALLY:

WITHIN 10 DAYS of receipt of this notice, the licensee may request an extension for the date of compliance. The request for an extension must be submitted to the Assisted Living Regional Director, Southern Regional Office, at DHSDQABALSRO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

## SPECIAL ORDERS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Comfort Care Group Home LLC:**

### CONSULTANT REQUIRED

**1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 88.04(2)(a), and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.**

**The licensee will correct the deficiencies identified in Statement of Deficiency (SOD) 4UDZ11 in consultation with a Registered Nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Comfort Care Group Home LLC. The licensee will provide the consultant with a copy of the SOD 4UDZ11, along with this Notice and Order letter prior to providing consultation services.**

**Consultation will include the development (or revision) of written procedures to address:**

**Health Monitoring**
**-Including how the facility will: (a) monitor and document changes in the resident's physical or mental health; (b) notify the resident's legal representative and care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency; (c) obtain timely medical care (clinical assessments, medications, prompt medical treatment), and (d) provide or arrange services to address each resident's health care needs.**

**Pressure Injury Prevention**
**Including how the provider will: (a) assess risk factors contributing to skin integrity concerns including pressure injuries; (b) implement pressure injury prevention and treatment; (c) monitor and document changes in a resident's health (d) notify the physician, notify the resident's legal representative or family, notify the care manager (if any) when a resident experiences a change in health status or medical emergency; (e) ensure timely medical assessments and emergency medical care; (f) review and revise individualized service plans annually or when there is a change in a resident's needs, abilities or physical or mental condition, and (g) implement standards of practice for medical records to ensure each resident's record is accurate, current, and complete.**

**WITHIN 45 DAYS of receipt of this notice, the licensee shall:**
**- Provide training to all managers and service providers on the corrective actions taken to resolve each deficiency identified in SOD 4UDZ11. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.**

* * *

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

Kenneth Brotheridge, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure
KB/SS