STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015063	A. BUILDING: _____ B. WING _____	C 07/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE AND COMFORT ADULT FAMILY HOME L	6109 E WIND LAKE ROAD UNION GROVE, WI 53182

(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 07/20/2026 with information gathered thru 07/21/2026, Suveyor conducted an abbreviated survey and 1 complaint investigation at Care and Comfort AFH. Five deficiencies were identified. One complaint was unsubstatiated. Census: 4	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 service providers reviewed completed 15 hours of training approved by the licensing agency related to health, safety, and welfare of residents; resident rights, and treatment appropriate to residents served prior to or within 6 months after starting to provide care. Caregiver C was not trained in resident rights, first aid, fire safety or universal precautions prior to or within 6 months of hire.	M 244		

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

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M 244	Continued From page 1 Findings include: On 07/20/2026, Surveyor reviewed employee records and identified the following: -Caregiver C was hired on 10/30/2025. Caregiver C's record did not contain evidence of training in resident rights, first aid, fire safety or universal precautions. On 07/20/2026, at approximately 11:30 AM, Surveyor interviewed Program Coordinator A regarding the missing training. Program Coordinator A confirmed the training documents were not in the employee file but thought they might find them in their on-line training system. Surveyor agreed to review any additional training records found by 07/21/2026 at 1:00 PM. No additional records were received.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare,	M 246		

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M 246	Continued From page 2 rights, and treatment of residents for 1 of 3 employees reviewed. Program Coordinator A did not receive annual training in 2024 or 2025. Findings include: On 07/20/2026, Surveyor reviewed staff records and identified the following: -Program Coordinator A was hired on 07/22/2019. Their record did not include evidence of annual training in 2024 or 2025. On 07/20/2026, at approximately 11:00 AM, Surveyor interviewed Program Coordinator A regarding the continuing education requirements. Program Coordinator A confirmed there was a system in place to ensure staff completed the continuing education requirements, but they had overlooked it for themselves.	M 246		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the facility did not ensure 1 of 1 clothes dryer vent was maintained. Dryer vent was not attached securely which allowed the dryer to exhaust directly into the laundry closet.	M 278		

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M 278	Continued From page 3 This is a repeat deficiency. See Statement of Deficiency 14MT11, dated 12/29/2021. Findings include: This facility was licensed on 05/13/2014 to serve up to 4 residents in the client groups of alcohol/drug dependent, developmentally disabled, emotionally disturbed/mental illness, physically disabled, and traumatic brain injury. On 07/20/2026, at approximately 10:00 AM, Surveyor toured the physical environment which included 1 laundry area with 1 clothes dryer in a closet on the north side of the family room. The dryer vented approximately 4 inches out from back of dryer and turned down to vent out through the western wall. Surveyor found the vent was not attached properly at the base of the dryer which allowed the dryer to exhaust directly into the laundry area. On 07/20/2026, at approximately 11:30 AM, Surveyor interviewed Program Coordinator A. Program Coordinator A reported they were not aware the vent was not attached correctly to the dryer, but they would have it fixed immediately.	M 278		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review, and interview, the provider did not have the gas furnace inspected and serviced every 3 years by a heating	M 290		

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M 290	Continued From page 4 contractor or local utility company for 1 of 1 furnace in the adult family home (AFH). Findings include: This facility was licensed on 05/13/2014 to serve up to 4 residents in the client groups of alcohol/drug dependent, developmentally disabled, emotionally disturbed/mental illness, physically disabled, and traumatic brain injury. On 07/20/2026, at approximately 11:00 AM, Surveyor reviewed the provider's safety files. There was no furnace inspection included. On 07/20/2023 at approximately 11:30 AM, Surveyor interviewed Program Coordinator A who stated they thought the furnace had been serviced. Surveyor agreed to review any additional service records found by 07/21/2026 at 1:00 PM. No additional records were received.	M 290		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity.	Z 022		

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Z 022	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a background check was completed every 4 years for 1 of 3 employees reviewed (Program Coordinator A). A complete background check consists of the following three parts: 1. A completed Background Information Disclosure (BID) form. 2. A report of findings from the Department of Justice (DOJ). 3. Governmental Findings Report (previously "IBIS letter") from the Department of Health Services. Findings include: On 07/20/2026, Surveyor reviewed staff files and identified the following: Program Coordinator A was hired 07/22/2019. Program Coordinator A's record did not contain a current BID, DOJ report or Governmental Findings Report. On 07/20/2026, at approximately 11:00 AM, Surveyor interviewed Program Coordinator A regarding the overdue background check. Program Coordinator A confirmed the last background check was conducted on 07/21/2021. They reported they had not realized it had passed the 4-year timeline and would have a new one conducted immediately.	Z 022		