STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019091	A. BUILDING: _____ B. WING _____	R-C 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE GROUP HOME 2	17150 RUBY LANE BROOKFIELD, WI 53005

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{N 000}	Initial Comments On 10/27/2025, with information gathered through 11/06/2025, Surveyor conducted a standard licensure survey and a verification visit at Comfort Care Group Home 2. Four deficiencies were identified. Under statutory provisions of Wis. ch. 50, a $200 revisit fee is assessed. Census: 7	{N 000}		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 staff (Caregiver C) record reviewed received at least 15 hours of required continuing education and covered all required topics in 2024. Findings include: On 10/27/2025, Surveyor reviewed Caregiver C's	N 277		

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

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N 277	Continued From page 1 training records. Caregiver C was hired 10/13/2022. Caregiver C's record contained training in medication administration. Caregiver C's record did not contain continuing education in standard precautions; client group related training; resident rights; prevention and reporting of abuse, neglect and misappropriation; or fire safety and emergency procedures, including first aid. On 10/27/2025, at approximately 3:30 PM, Surveyor interviewed Administrator A. Surveyor asked if Caregiver C had received additional continuing education. Administrator A acknowledged s/he did not have a program to ensure 15 hours of continuing education including each of the required subjects	N 277		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the	N 408		

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N 408	Continued From page 2	N 408		

medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure that 1 of 1 resident's (Resident 7) prescribed PRN (as needed) psychotropic medication (Lorazepam) was monitored monthly to ensure inappropriate use of the PRN medication was not observed.

Findings include:

On 10/27/2025, at approximately 2:25 PM, Surveyor observed Resident 7's PRN blister card of Lorazepam that stated, "Take one tablet by mouth twice daily as needed for agitation," in the med closet.

On 10/27/2025, Surveyor reviewed Resident 7's record.

Resident 7 was admitted to the facility, 06/05/2025, with diagnoses including psychosis and delusional disorders.

Resident 7's Medication Administration Records (MARs), dated 09/01/2025 to 10/27/2025, documented the following administrations:
09/09/2025 1:19 PM
09/09/2025 9:59 PM
09/11/2025 9:49 PM
09/12/2025 1:21 PM
09/12/2025 9:08 PM
09/20/2025 1:35 PM
09/20/2025 7:04 PM
09/21/2025 1:03 PM
09/21/2025 8:45 PM

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N 408	Continued From page 3 09/22/2025 12:29 PM 09/24/2025 12:31 AM 09/28/2025 11:49 PM 10/01/2025 7:50 PM 10/06/2025 7:38 PM 10/13/2025 4:16 PM 10/18/2025 9:42 AM 10/24/2025 10:33 AM Resident 7's psychotropic medication review, dated 08/01/2025, documented: "Lorazepam 1 MG (milligram), start date: 06/05/2025, Take 1 tablet by mouth every 8 hours as needed." The med review identified that the PRN Lorazepam was to be administered every 8 hours as needed versus the MARs stating that the medication was to be administered up to twice a day. On 10/27/2025, at approximately 3:30 PM, Surveyor interviewed Administrator A. Surveyor asked if Resident 7 had any additional PRN psychotropic reviews. Administrator A stated the pharmacy reviewed the medications quarterly. Surveyor and Administrator A discussed the requirement that PRN psychotropic medications are to be reviewed monthly.	N 408		
N 433	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Behavior management. The CBRF shall provide	N 433		

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N 433	Continued From page 4 services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services were provided to manage Resident 7's behaviors when completing medication administration. Resident 7 was known to refuse his/her medications, and the provider would contact local emergency response departments to assist, when Resident 7 had the right to refuse his/her medications, and no interventions to manage Resident 7's behaviors during medication administration were outlined in his/her Individual Service Plan (ISP). Findings Include: On 10/27/2025, Surveyor reviewed Resident 7's record. Resident 7 was admitted to the facility, 06/05/2025, with diagnoses including psychosis and delusional disorders and was his/her own person. Resident 7's progress notes documented: 09/24/2025 - The resident refused to take his/her 8:00 PM medication despite three attempts by staff. The police were contacted and came to the facility to speak with the resident regarding his/her medication refusal. The resident stated that s/he believes staff are trying to poison or drug him/her. Crisis also responded to the facility; however, due to the resident being his/her own person and not under a legal guardianship, Crisis could not intervene.	N 433		

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N 433	Continued From page 5 09/24/2025 - Update (1:15 PM) Resident 7 refused to take his/her night meds last night s/he was sitting on the couch in the living room and all of a sudden, s/he got up and said I don't want to take any meds people is trying to drug me s/he said they found stuff in his/her blood at the ER (emergency room) that's how s/he knows we trying to poison/drug him/her we had to call the police to get him/her to take his/her meds but they could not make him/her take his/her meds but later on yesterday night s/he finely took his/her meds. 09/23/2025 8:30 PM - S/he refused to take his/her meds and the fire department came also the police came and the crisis came to convince him/her to take the meds and s/he still saying no to any meds and no one could let him/her take the meds. 09/23/2025 8:30 PM - Resident 7 stated s/he wants to leave the group home and live in his/her own apartment. Resident 7 reported s/he does not want to take the medications anymore and that they are not working and do not help. Resident 7 was alert and able to verbally communicate his/her wishes. S/he verbally refused all prescribed medications today. No signs of acute medical distress observed at the time of refusal. Resident 7 appeared calm while stating his/her refusal. Resident 7's pre-admission documentation stated: 05/03/2025 - Resident 7 has no insight into his/her mental illness. Resident 7's individualized service plan, dated 01/01/2025, documented: Medications: Staff Administer. Staff manage and administer all of his/her prescribed medications, including oral and topical due to cognitive	N 433		

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N 433	Continued From page 6 limitations. Report any concerns promptly to the nurse or healthcare provider. Provide medication education in a simple way and encourage Resident 7 to participate in his/her care when appropriate. Mental Illness: History of depression, with symptoms including mood instability, anxiety, psychosis, and periods of low motivation. Staff support is essential for medication compliance, monitoring symptoms, and promoting mental health stability. On 10/27/2025, at approximately 3:30 PM, Surveyor interviewed Administrator A. Surveyor and Administrator A discussed when police intervention would be necessary regarding a resident and Administrator A stated s/he understood that Resident 7 had the right to refuse his/her medications. Administrator A stated s/he would continue to work with Resident 7's care team to ensure s/he receives the best treatment for his/her mental illness.	N 433		
N 668	83.60(1) Total/openable window area Minimum size. Every habitable room shall have at least one outside window with a total window area of at least 8% of the floor area in the room. The window shall be openable from the inside without the use of tools or keys. The openable area of the window shall be not less than 4% of the floor area of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider	N 668		

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N 668	Continued From page 7 did not ensure every habitable room window was openable from the inside without the use of tools or keys. Findings include: On 10/27/2025, at approximately 2:00 PM, Surveyor toured the home and observed that the window cranks from the resident bedroom windows had been removed. Surveyor reviewed Resident 2's and Resident 8's record to determine if any restrictive measures had been identified and properly care planned. Resident 1's individual service plan, dated 09/20/2025, documented: Mental and Emotional Health: Sometimes isolates him/herself; needs staff support to engage socially in a healthy, positive way. Aggressive/Combative: No Destructive: No Elopement: No Resident 2's individual service plan, dated 09/17/2025, documented: Mental and Emotional Health: Requires staff encouragement and support with social interactions due to his/her intellectual disability and behavioral challenges. Maturation: Demonstrates delayed maturity due to cognitive impairment and mental health challenges. Aggressive/Combative: Will have fewer than one episode of screaming/yelling per week through January 2026. Destructive: Demonstrates destructive behavior, including throwing objects or damaging items in his/her surroundings. Elopement: No.	N 668		

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N 668	Continued From page 8 On 11/05/2025 at 4:08 PM, Surveyor emailed Administrator A and outlined the concern that residents did not have independence regarding when they could open their bedroom windows. On 11/06/2025 at 12:06 PM, Administrator A contacted Surveyor and stated s/he would address the concern.	N 668		