

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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Room E300  
Madison, WI 53703

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August 11, 2026

**ELECTRONIC MAIL**  
SOD #HLJFI11

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIREMENTS**

**NOTICE OF SPECIAL ORDERS**

**NOTICE OF REVISIT FEE**

Zainabu Kooistra  
7502 Red Fox Trail  
Madison, WI 53717

C/O Licensee: Comfort Care 4 U LLC

**Re:** Comfort Care 4 U LLC (0014380)  
6 Schoenemann Court  
Madison, WI 53719

Dear Zainabu Kooistra:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Comfort Care 4 U LLC, located at 6 Schoenemann Court, Madison, WI 53719, 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 June 12, 2026, a standard survey was concluded for Comfort Care 4 U 4 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) #HLJFI11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #HLJFI11 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 4 U LLC**:

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure all current and prospective service providers will have the necessary skills and training to fulfill job duties. Assigned tasks will be limited to the documented qualifications and demonstrated abilities of the service provider. Regardless of date of hire, each service provider will be fully trained before assuming the responsibilities of providing direct care without the supervision of a trained service provider.

**WITHIN 45 DAYS** of receipt of this notice, the licensee shall audit the training records for each service provider and ensure compliance with all training requirements specified in Wis. Admin. Code ch. DHS 88. The licensee shall take immediate action to resolve any identified training deficiencies.

**The licensee will retain written documentation of the training record audit to include the name and signature of the employee conducting the audit, name of the employee record reviewed, and the date the review was completed.**

\* \* \*

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a long horizontal line extending from the end.

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

Enclosure

KB/MSE