STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014380	A. BUILDING: _____ B. WING _____	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE 4 U LLC	6 SCHOENEMANN COURT MADISON, WI 53719

(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 From 06/10/2026 to 06/12/2026, Surveyor conducted a standard survey at Comfort Care 4 U LLC, an AFH in Madison. Five deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) 4LUS11, dated 02/01/2022 and SOD 8IZU11, dated 07/26/2024. Census: 4	M 000		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed that had been hired within the past 2 years complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard for the control of blood-borne pathogens. Caregiver D did not receive training in standard precautions until 05/10/2026, greater than 1 year after his/her date of hire. Findings include:	M 235		

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

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M 235	Continued From page 1 The Occupational Safety and Health Administration website states, "Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens." (Source: Occupational Safety and Health Administration website, Bloodborne pathogens, https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030/ (retrieval date - May 12, 2026).) On 06/10/2026 at approximately 1:00 p.m., Surveyor reviewed training documentation provided by Quality Assurance A. Documentation indicated Caregiver D, hired 03/17/2025, received training for standard precautions on 05/10/2026, greater than 1 year after his/her hire. On 06/10/2026 at approximately 1:20 p.m., Surveyor informed Quality Assurance A that documentation indicated Caregiver D did not receive standard precaution training upon hire. Quality Assurance A stated the provider would follow up with the training service they used to ensure training for standard precautions be completed upon hire.	M 235		
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	M 244		

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M 244	Continued From page 2	M 244		

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 1 caregivers reviewed that had been hired in the past 2 years received training for fire safety and first aid prior to or within 6 months of hire.

Caregiver D did not receive training in fire safety or first aid within 6 months of hire.

This is a repeat deficiency. See Statement of Deficiency (SOD) 4LUS11, dated 02/01/2022 and SOD 8IZU11, dated 07/26/2024.

Findings include:

On 06/10/2026 at approximately 1:00 p.m., Surveyor reviewed training documentation provided by Quality Assurance A. Documentation indicated Caregiver D was hired 03/17/2025 and did not receive training for fire safety until 05/07/2026, greater than 1 year after his/her date of hire. Documentation did not indicate Caregiver D had received first aid training.

On 06/10/2026 at approximately 1:20 p.m., Surveyor informed Quality Assurance A that documentation indicated Caregiver D did not receive necessary trainings within 6 months of hire. Quality Assurance A stated the provider would follow up with the training service they used to ensure necessary trainings be completed upon

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M 244	Continued From page 3 hire.	M 244		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure records of the resident's finances were maintained by the licensee. Resident 1 and Resident 2 did not have record of their funds maintained. Findings include: On 06/10/2026 at approximately 9:00 a.m., Surveyor reviewed resident records and observed funds for residents, provided by House Manager E, which indicated the following: - Resident 1 admitted to the provider's home on 04/30/2018. The provider's staff were holding $50 on behalf of Resident 1. Resident 1's "Petty Cash Log" documented an initial balance of $100 and current balance of $120 or $150 (not legible) with no date. - Resident 2 admitted to the provider's home on 12/01/2014. The provider's staff were holding $4 on behalf of Resident 2. Resident 2's "Petty Cash Log" was blank. On 06/10/2026 at approximately 9:15 a.m., Surveyor interviewed House Manager E and discussed concern that Resident 1 and Resident	M 510		

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M 510	Continued From page 4 2 did not have accurate and current records of funds being maintained by the provider. House Manager E acknowledged Surveyor's concern with a nod.	M 510		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 residents reviewed received all medications as prescribed. Resident 1 did not receive his/her Polyethylene Glycol 17 grams once daily as prescribed. Resident 2 did not receive his/her Refresh eye drops as prescribed. Findings include: On 06/10/2026 at approximately 9:00 a.m., Surveyor reviewed resident records and identified the following concerns: Example 1 - Resident 1:	M 582		

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M 582	Continued From page 5 Resident 1 was admitted to the provider's home on 04/30/2018 with diagnoses including cerebral palsy and intellectual disability. Resident 1's medication supply included a bottle of Polyethylene Glycol with instructions to administer 17 grams in 4-8 ounces of liquid once daily. Resident 1's MAR, dated 06/01/2026 to 06/10/2026, listed Polyethylene Glycol as PRN and did not document any administrations of the medication. On 06/10/2026 at approximately 1:00 p.m., Surveyor interviewed Quality Assurance A and House Manager B regarding Resident 1's Polyethylene Glycol. Both Quality Assurance A and House Manager B stated they believed the medication was PRN and not scheduled, but reported they would follow up. On 06/10/2026 at 2:20 p.m., Quality Assurance A provided Surveyor with an After Visit Summary, dated 11/14/2025, that listed Polyethylene Glycol as scheduled with a start date of 10/30/2025. On 06/12/2026 at 2:50 p.m., House Manager B followed up with Surveyor and stated s/he spoke to both Resident 1's physician and pharmacy to conclude Resident 1's Polyethylene Glycol was changed from scheduled to PRN. House Manager B provided a physician order, dated 06/11/2026, for Polyethylene Glycol 17 grams as needed. Surveyor did not receive documentation indicating Resident 1's Polyethylene Glycol was changed from scheduled to PRN prior to 06/11/2026. Example 2 - Resident 2: Resident 2 was admitted to the provider's home	M 582		

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M 582	Continued From page 6	M 582		

on 12/01/2014 with diagnoses including down syndrome, Alzheimer's disease, anxiety and developmental disability. Resident 2 was enrolled in hospice services. Resident 2's record included a Hospice Plan of Care, dated 04/17/2026, that listed current medications and included Refresh eye drops 3 times daily. Resident 2's MAR, dated 06/01/2026 to 06/10/2026, listed Refresh eye drops as PRN and did not document any administrations of the medication.

On 06/10/2026 at approximately 1:00 p.m., Surveyor interviewed Quality Assurance A and House Manager B regarding Resident 2's eye drops. Both Quality Assurance A and House Manager B stated they believed the medication was PRN and not scheduled but reported they would follow up.

On 06/10/2026 at 4:00 p.m., Quality Assurance A followed up with Surveyor and stated Resident 2's eye drops had not been ordered by Resident 2's physician since 2021, but the pharmacy had never received an order to discontinue the medication. Quality Assurance A stated the provider was requesting improved communication between the hospice physician and the provider's pharmacy.

On 06/12/2026 at 2:50 p.m., House Manager B stated s/he had reached out to Resident 2's ophthalmologist to clarify Resident 2's Refresh eye drops order. House Manager B reported s/he was responsible for ensuring the MAR reflected current physician orders.

As of 06/17/2026, Surveyor had not received documentation indicating Resident 2's Refresh eye drops were ordered PRN rather than scheduled.

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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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers reviewed that had been employed by the provider greater than 4 years had a background check completed every 4 years. Caregiver B and Caregiver C had not had a background information disclosure completed in greater than 4 years. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS	Z 022		

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Z 022	Continued From page 8 that reports the person's status, including administrative finding or licensing restrictions (GFR). On 06/10/2026 at approximately 1:30 p.m., Surveyor reviewed caregiver background checks provided by Quality Assurance A. Documentation indicated the following: - Caregiver B was hired on 10/27/2021. Caregiver B's BID was dated 11/22/2021. Caregiver B's DOJ and GFR were dated 05/08/2026. - Caregiver C was hired on 05/07/2021. Caregiver C's BID was dated 05/07/2021. Caregiver C's DOJ and GFR were dated 05/08/2026. On 06/10/2026 at approximately 1:20 p.m., Surveyor requested updated BIDs for Caregiver B and Caregiver C from Quality Assurance A. Quality Assurance A stated the provider used the original BIDs (dated 2021) because there were no laps in their employment with the provider.	Z 022		