

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
Room 455
PO BOX 2969
MADISON WI 53701-2969

Telephone: 608-264-9888
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March 25, 2024

ELECTRONIC MAIL
SOD #IUQP15

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 4 LLC (0014985)
213 Glacier Drive
Madison, WI 53705

Dear Zainabu Kooistra:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Comfort Care 4 U 4 LLC, located at 213 Glacier Drive, Madison, WI 53705, 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 February 5, 2024, a verification visit was concluded for Comfort Care 4 u 4 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) #IUQP15 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #IUQP15 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., the licensee shall develop and implement corrective measures to protect and promote each resident's right to live in a safe environment.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures will address:

Individual Service Plan (ISP)

a.) The licensee shall ensure the ISP for each resident is reviewed at least once every 6 months, or when the resident's needs or preferences change substantially, to determine continued appropriateness of the plan and to update the plan, as necessary. b.) And obtain a statement of agreement with the plan, dated, and signed by all persons involved in developing the plan. c.) All staff responsible for providing services will review the updated ISP and will provide services in accordance with the plan.

Employee records

a) The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating each service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service.

Additionally, the licensee shall:

Provide training to all managers and service providers on the procedures required by Order #1. 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.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.033(3), if the Department takes enforcement action against an adult family home for violation of this subchapter or rules promulgated under it, and the Department subsequently conducts an onsite inspection to review the facility's action to correct the violation(s), the Department may impose a \$200 inspection fee on the adult family home.

On February 5, 2024, a verification visit was concluded at Comfort Care 4 U 4 LLC by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #IUQP14 were corrected. **Therefore, an inspection fee of \$200 is being assessed.**

Please send a check or money order in the amount of \$200 made payable to "Division of Quality Assurance" and send it to:

Division of Quality Assurance
Bureau of Assisted Living
Southern Regional Office
Room 455
PO Box 2969
Madison, WI 53701-2969

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in the issuance of a subsequent statement of deficiency with additional enforcement sanctions against Comfort Care 4 U 4 LLC. There are no appeal rights for revisit fees.

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Comfort Care 4 U 4 LLC
March 25, 2024

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 stroke extending to the right.

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

Enclosure

KB/MSE