

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
201 East Washington Ave
Room E300
Madison, WI 53703

Telephone: 608-264-9888
Fax: 608-264-9889
TTY: 711 or 800-947-3529

January 14, 2026

ELECTRONIC MAIL
SOD #JOKY11

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIRMENTS
NOTICE OF SPECIAL ORDERS

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 October 16, 2025, a standard survey 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) #JOKY11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #JOKY11 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 4 LLC**:

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency JOKY11. The licensee's corrective measures shall include the following:

WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency JOKY11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager. Required evidence will be made available to the department representatives upon request.

WITHIN 45 DAYS of receipt of this notice, all managers and service providers will receive in-service training regarding the provider's corrective measures to address the deficiencies identified. 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.

* * *

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