

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0017356</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/09/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>KOMFORT CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3201 N 46TH ST<br/>MILWAUKEE, WI 53216</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| M 000                                                   | INITIAL COMMENTS<br><br>On 07/08/2025 with information gathered thru 07/09/2025, Surveyor conducted a standard survey at Komfort Care in Milwaukee. One deficiency was identified.<br><br>Census: 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M 000                                                                                  |                                                                                                                          |                                                        |
| M 512                                                   | 88.09(1)(e) RESIDENT'S RECORD RETENTION<br><br>The licensee shall retain a resident's record for at least 7 years after the resident's discharge. The record shall be kept in a secure, dry place.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 (Resident 2) of 2 resident records reviewed were retained for at least 7 years after the resident's discharge.<br><br>Findings include:<br><br>On 07/08/2025, Surveyor requested Resident 2's records for review. Resident 2's record was not received.<br><br>On 07/08/2025, at 10:15 AM, Licensee A stated the record for Resident 2 had been destroyed once they had passed away. Resident 2 lived at the home from 10/2023 to 10/2024. Surveyor asked Licensee A if they were aware of the regulation that required retention of resident records for 7 years. Licensee A stated they were unaware but would establish a system for saving the records in the future. | M 512                                                                                  |                                                                                                                          |                                                        |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE