STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019091	A. BUILDING: _____ B. WING _____	C 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE GROUP HOME 2	17150 RUBY LANE BROOKFIELD, WI 53005

(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
N 000	Initial Comments On 06/05/2024, Surveyors conducted a complaint investigation at Comfort Care Group Home 2. Five deficiencies were identified. Complaint was substantiated. Census: 8	N 000		
N 328	83.31(4)(c) Involuntary discharge notice requirements. Discharge or transfer initiated by CBRF. Notice requirements. Every notice of involuntary discharge shall be in writing to the resident or resident ' s legal representative and shall include all of the following: 1. A statement setting forth the reason and justification for discharge listed under par. (b). 2. A statement that the resident or the resident ' s legal representative may ask the department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the department ' s regional office with a copy to the CBRF. The notice shall state that the request must provide an explanation why the discharge should not take place. 3. The name, address and telephone number of the department ' s regional office director. 4. The name, address and telephone number of the regional office of the board on aging and long term care ' s ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62(2)(a), Stats. This Rule is not met as evidenced by:	N 328		

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

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N 328	Continued From page 1 Based on record review and interview the provider did not ensure Resident 1's legal guardian received a 30 day discharge notice that let the legal representative know that the legal representative may ask the Department to review the involuntary discharge by sending a written request within 10 days of the receipt of the discharge statement.The notice did not include the name, address and telephone number of the Departments regional office director, the name, address and telephone number of the regional office of the board on aging and long term care ombudsman program. Findings include: On 06/05/2024 at approximately 11:50 AM, Surveyors interviewed Licensee A. Licensee A stated Resident 1 was issued a 30 day discharge because the facility couldn't handle Resident 1's behaviors. Surveyor requested a copy of Resident 1's discharge notice. On 06/05/2024 at approixmately 12:00 PM, Surveyor reviewed Resident 1's 30-day discharge notice. Resident 1's 30 day discharge was an email written to Resident 1's care team and also Resident 1's guardian. The 30 day notice did not include the information for the Department to review the involuntary discharge by sending a written request within 10 days of the receipt of the discharge statement.The notice did not include the name, address and telephone number of the Departments regional office director, the name, address and telephone number of the regional office of the board on aging and long term care ombudsman program. On 06/05/2024 at approximately 12:45 PM, Surveyors interviewed Licensee A. Licensee A	N 328		

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N 328	Continued From page 2 stated s/he was not aware of the requirement for the 30-day notice.	N 328		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility did not support or promote the right of self-determination for 8 of 8 residents. The facility locked the refrigerator in the kitchen limiting residents' ability to make their own decisions related to daily routines and limiting residents' autonomy and decision-making skills. The facility had set visiting hours. Findings include: On 06/05/2024, at approximately 12:00 PM, Surveyor toured facility and observed the refrigerator in the kitchen had a pad lock on the side of the refrigerator door. As Surveyor was observing the kitchen, Resident 1 stood in the doorway and told Surveyor s/he could not go into the kitchen. Surveyor heard a staff member remind Resident 1 about the kitchen and Resident 1 responded, "I know, I am just in the doorway." Surveyor observed a sign of the kitchen door that stated, "kitchen closes at 10:00 PM."	N 355		

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N 355	Continued From page 3 On 06/05/2024, at approximately 12:30 PM, Surveyor interviewed Licensee A in his/her office. Licensee A stated Resident 1 and Resident 2 had been known to go into the kitchen and steal other resident's food and/or pocket food to sneak to their room. Licensee A stated s/he did not have a waiver for this restriction. Surveyor noted there was a sign on the wall that stated, "kitchen closes at 10:00 PM." On 06/05/2024, Surveyors reviewed Resident 1's and Resident 2's record. Resident 1 and Resident 2 did not have an ISP that defined dietary guidelines. On 06/05/2024, at approximately 1:30 PM, Surveyor observed the postings hanging near the entrance door. There were two postings that stated, "Visiting time is from 10:00 AM to 7:00 PM." On 06/05/2024, Surveyor reviewed the Department facility file and waivers had not been filed.	N 355		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will	N 386		

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N 386	Continued From page 4 provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on observation, record review and interview the provider did not develop a comprehensive individual service plan (ISP) for Resident 1 and Resident 2. Findings include: Example 1: Resident 2 On 06/05/2024 at approximately 12:00 PM, Surveyor reviewed Resident 2's facility file. Resident 2 was admitted to the facility on 07/22/2019. Resident 2 had an individual service plan dated 01/26/2024. Resident 2's individual service plan indicated Resident 2 wanted to lose weight. Resident 2's individual service plan did not identify his/her needs and desired outcomes, program service, frequency and approaches the provider will provide, establish measurable goals with specific time limits for attainment, or specify methods for delivering needed care and who is responsible for delivering the care. Example 2: Resident 1 On 06/05/2024, at approximately 11:45 AM, Surveyors arrived at the facility and was greeted by Resident 1, who was outside, and engaged in conversation. Resident 1 was very eager to talk with Surveyors but was difficult to understand.	N 386		

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N 386	Continued From page 5 On 06/05/2024, Surveyor requested Resident 1's record. Resident 1 admitted to the facility in 02/2023 with diagnoses including diabetes, depression, and intellectual functioning disability. Surveyor was unable to find evidence of an ISP in Resident 1's record. On 06/05/2024, at approximately 12:45 PM, Surveyors interviewed Licensee A. Surveyors stated that Resident 1's and Resident 2's record did not contain a comprehensive ISP. Licensee A stated s/he had behavior support plans (BSP). Surveyors reviewed these plans with Licensee A and stated the BSPs did not meet the requirements of a comprehensive ISP. Surveyors asked how staff knew what cares Resident 1 and Resident 2 required. Licensee A stated s/he provided training for all staff. Cross Reference: N0355 DHS 83.32(3)(k) Rights of Residents: Self-Determination Cross Reference: N0431 DHS 83.38(1)(g) Health Monitoring	N 386		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical	N 431		

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N 431	Continued From page 6	N 431		

health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 1 of 1 resident received appropriate health monitoring to meet his/her needs.

Resident 1's weight loss was not monitored.

Findings include:

On 03/28/2024, the Department received a concern that residents were losing weight.

On 06/05/2024, Surveyor reviewed Resident 1's record.

Resident 1 admitted to the facility in 02/2023 with

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N 431	Continued From page 7 diagnoses including diabetes, depression, hyperlipidemia (elevated level of lipids) and intellectual functioning disability. Resident 1's medical documentation stated: 02/06/2023 - weight of 182 pounds 11/15/2023 - weight of 136 pounds - 46-pound weight loss Resident 1's record did not contain an individual service plan. Resident 1's progress notes, dated 04/17/2024 to 06/05/2024, did not document observations/concerns regarding Resident 1's weight. On 06/05/2024, at approximately 12:30 PM, Surveyors interviewed Licensee A. Surveyors asked if s/he had any documentation to show that Resident 1's weight had been monitored. Licensee A stated, "Yes, [Resident 1] has lost weight but [s/he] eats all the time. [S/he] eats well. There are no concerns with [his/her] weight loss. The doctors did not say anything the last time [s/he] went." Surveyors observed Resident 1, who was sitting at the kitchen table, and noted that s/he looked thin and gauntly. Surveyor asked if there was a current weight for Resident 1. Licensee A stated we do not track weights. Licensee A stated s/he would reach out to Resident 1's doctor. Cross Reference: N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan	N 431		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the	N 452		

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N 452	Continued From page 8 CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator, the freezer and the pantry that were not properly sealed to avoid contamination. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. Findings include: On 03/28/2024, the Department received a concern that residents were not receiving nutritional meals. On 06/05/2024, at approximately 11:45 AM, Surveyor toured the facility and observed the following:	N 452		

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N 452	Continued From page 9 Refrigerators: - A red bowl that contained what appeared to be leftover food that was not sealed or dated. -An aluminum foil pan that was placed in a clear bag that was unsealed and undated which appeared to have a leftover bread like food in it. -A fast food container marked potato wedges which was not dated. -A Ziploc bag of deli meat, hard salami, that was dated 05/10/2024. -A 24-ounce opened jar of mushroom pasta sauce that was not dated. -A 14-ounce opened bag of turkey breast that was not dated. -An 8-count package of jumbo hotdogs that was not dated. -An 18-ounce container of original barbecue sauce with a best-by date of 12/12/2023. -A 28 ounce opened can of baked beans that was not sealed or dated. -A 1 pound bag of bologna that was not dated. -A rotisserie chicken that was in a bag that was not dated. Freezer: -A 11-ounce bag of vegetable burgers that was not sealed. -A 13-ounce box of beer battered cod filets that was not sealed. -A 32-ounce bag of crinkle cut fries that was not sealed. -A 32-ounce bag of seasoned fries that was not sealed. Pantry: -A 5-pound opened bag of flour that was not sealed. -A package of chocolate chip cookies that was not sealed.	N 452		

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N 452	Continued From page 10 There was a 1-pound tube of thawed ground turkey sitting on the counter. The ground turkey was on the counter during the entire survey process, approximately 11:45 AM to 1:30 PM. The interior of the refrigerator showed significant signs of food spillage throughout. "Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2017, Section 3-501.17) "Ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower. The count begins on the day the food was prepared or a commercial container was open. TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables." (ServSafe Coursebook, 7th edition, 2017, p. 1-7, p. 1-8, and p. 7-3)	N 452		

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N 452	Continued From page 11 On 06/05/2024, at approximately 12:30 PM, Surveyors interviewed Licensee A. Licensee A stated s/he would review the concerns with staff.	N 452		