

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/08/2024
NAME OF PROVIDER OR SUPPLIER COMFORT CARE GROUP HOME 2		STREET ADDRESS, CITY, STATE, ZIP CODE 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 11/08/2024, Surveyor conducted a verification visit at Comfort Care Group Home 2. One deficiency was identified. Under statutory provisions of Wis. ch. 50, a \$200 revisit fee is assessed. Census: 8	{N 000}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update 1 of 1 resident's Individual Service Plan (ISP) when there was a change in the resident's needs, abilities or physical or mental condition. Resident 3's ISP was not updated to reflect his/her dietary behaviors and incontinence. Resident 3's ISP did not identify who was responsible for his/her medical appointments.	N 389		

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

TITLE

(X6) DATE

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N 389	Continued From page 1 Findings include: On 11/08/2024, Surveyor reviewed Resident 3's record. Resident 3 moved into the facility in 03/2024 with diagnoses including autism, metabolic syndrome, transaminitis (high level of liver enzymes) and urinary frequency. Resident 3's "Vital History" documented a 15-pound weight gain between 10/02/2024 and 11/04/2024. On 11/08/2024, at approximately 3:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he had not contacted Resident 3's physician regarding the weight gain. Administrator A explained that Resident 3's Guardian B is the individual who makes all health care decisions for Resident 3 and the provider is not to contact Resident 3's physician. Administrator A explained that Guardian B does not feel that Resident 3 should be monitored for his/her food intake. Resident 3's "Observations," dated 09/01/2024 to 11/08/2024, documented: 09/04/2024 - [Resident 3] is almost finished with dinner [s/he] had spaghetti and garlic bread with pulled pork. he said [s/he] was still hungry so [s/he] asked for two chicken patties. 09/06/2024 - Summary Regarding [Resident 3] Urine Incontinence and Care Plan [Care Team], the senior mental health counselor treatment and support services. I am writing to summarize our recent meeting regarding [Resident 3] urine incontinence since moving into [facility]. We discussed several potential solutions, including	N 389		

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N 389	Continued From page 2 the involvement of [his/her] guardian. We agreed that [his/her] [Guardian B] should schedule an appointment with a urology specialist to check for any underlying infections or medical concerns. During our discussion, I mentioned that [Resident 3] has been having accidents in [his/her] bed and covering it with blankets, which has resulted in visible rashes and dry skin on [his/her] face due to prolonged contact with urine. The team suggested that [Resident 3] be encouraged to use the bathroom every two hours and refrain from consuming fluids after 6 PM. However, I explained that we cannot implement these measures without a doctor's order. Therefore, we will wait for [Resident 3] [Guardian B] to make the necessary appointment with the urologist. I have requested that [Resident 3's] [Guardian B] email me and keep me updated regarding the appointment and any further steps that need to be taken. 09/10/2024 - [Resident 3] finished dinner [s/he] had a cheeseburger with fries and I made [him/her] one [his/her] pizzas ... ate 75% of the pizza. 09/11/2024 - [Resident 3] is still eating dinner [s/he] is having taco roll ups with mixed veggies and half a sandwich from lunch [s/he] also had his last slice of [his/her] pizza from dinner yesterday. 09/24/2024 - [S/He] ate [his/her] breakfast then I gave [his/her] 8:00 am medicine, after the medicine I [s/he] asked me for more food from [his/her] cubby and [s/he] took it, after that [s/he] came to the kitchen asking me for more food then I did not give [him/her] from the house food, I told [him/her] that [s/he] can reach out to [his/her] food then [s/he] went to [his/her] room. 09/29/2024 - [Resident 3] urgently needs to be seen by a urologist as soon as possible. [S/He] has been consistently wetting [his/her] bed every	N 389		

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N 389	Continued From page 3 night, and this issue requires further medical evaluation. For instance, early this morning around 4 AM, [Resident 3] took a shower, which disturbed other residents due to the noise. [S/He] also frequently played with the water (turning it on and off), which is part of [his/her] OCD (obsessive compulsive disorder), further disrupting the other residents and waking them up. I believe its important to double-check whether [Resident 3] has any underlying infections. I request that [name] takes [him/her] to see the doctor for this purpose. In addition, I propose starting a toilet scheduling routine for [Resident 3], with checks every two hours, and limiting fluid intake after 6 PM. Please confirm if everyone agrees with this approach, as it has become a persistent issue. Lastly, [Resident 3] will need a new mattress, which can be arranged through [his/her] parents. I would appreciate your support in managing this, as I cannot handle everything alone. Thank you for considering this. I look forward to your confirmation and assistance. 09/30/2024 - I spoke with [Resident 3] and [his/her] mentor regarding the ongoing issue with [Resident 3] urinating in [his/her] bed. I explained to the mentor that [Resident 3] needs guidance and support in managing this issue. To help educate [him/her], we can implement a plan for [Resident 3] to use the bathroom every two hours and stop drinking fluids after 6 PM. Additionally, I have emailed the entire [care team] to keep them informed about the situation. It is crucial for [Resident 3's] [Guardian B] to schedule an appointment with a urologist as soon as possible to investigate the underlying cause of [Resident 3's] bedwetting. 10/02/2024 - I had a discussion with the case manager regarding the ongoing issue with [Resident 3] peeing in [his/her] bed and covering it with a blanket. I took the time to teach [Resident	N 389			

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N 389	Continued From page 4 3] that it would be beneficial for [him/her] to take a shower after breakfast and stay active by going for a walk while the weather is still nice. I also suggested that [s/he] reduce his fluid intake after 6 PM and go to the bathroom every two hours to prevent accidents during the night. I explained to [him/her] that frequent bed-wetting could lead to skin infections and other medical issues. Although [s/he] initially became frustrated, [s/he] understood that these measures are important for [his/her] health and well-being. We will continue to encourage [Resident 3] to use the bathroom regularly. The case manager acknowledged the concern and mentioned they would contact [Resident 3's] parents, who are [his/her] guardians, to involve them in addressing this issue and seek their support in helping [him/her] with these adjustments. 10/03/2024 - the Infection Control specialist from [managed care organization (MCO)] conducted the annual visit to assess [Resident 3's] condition. During the visit, I explained the ongoing issue of [Resident 3] urinating in [his/her] bed, which results in a constantly wet mattress. This situation poses serious health concerns, as it is not safe or sanitary for [Resident 3]. Prolonged exposure to moisture could lead to skin infections and other health risks. Despite repeated discussions, [Resident 3's] parents, who serve as [his/her] guardians, do not seem to fully understand the gravity of the situation. As a result, a meeting will be scheduled with the entire care team to address this issue and explore potential solutions that prioritize [Resident 3's] health and well-being. 10/07/2024 - update [Resident 3] had pizza, chicken, potato salad, and chicken alfredo with apple cider for dinner. 10/10/2024 - Today, we had a meeting with the [community support program (CSP)], the case manager from [MCO], and [Resident 3's] parents	N 389		

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N 389	Continued From page 5 (both his guardians) to discuss concerns regarding [Resident 3]'s habit of urinating in [his/her] bed. This behavior may cause skin infections and is not healthy for [him/her]. As a provider, I raised my concerns about the importance of maintaining [Resident 3's] health and safety. I emphasized that it is crucial for [Resident 3] to allow the staff to clean [his/her] room regularly and dispose of the garbage to ensure a hygienic living environment. The CSP team acknowledged my concerns, especially the potential risk of infection from [Resident 3] sleeping in a soiled bed. They discussed the issue directly with [Resident 3] and asked [him/her] to commit to cleaning [his/her] room three times a week. It was agreed that if no progress is made or [Resident 3] is unwilling to cooperate, I will contact the CSP team to address the situation further. 10/17/2024 - My staff and I assisted in cleaning [Resident 3's] room, which required a lot of work. During the process, we discovered a bottle filled with urine in [his/her] closet. The only items we discarded were used tissues, as we found that [Resident 3] had been using tissues to wipe [him/herself] after urinating in the bottle and storing them in [his/her] closet. Additionally, I found some over-the-counter flu and cold medications, which I threw away since there is no doctors order for them. I have already informed [Resident 3's] parents about the situation and clarified that [Resident 3] is not allowed to have any over-the-counter medications without a doctor's prescription. They understood and agreed with this. 11/08/2024 - [Resident 3] was of [his/her] diet today and [s/he] went back to [his/her] usual habit when [s/he] finish eating [s/he] mix [his/her] pepsi with [his/her] creamer and drink it i told [him/her] it was not good for [him/her] to do so because	N 389		

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N 389	Continued From page 6 [s/he] just got of is [sic] diet and [s/he] will fall in the same condition again [s/he] say [s/he] will not so i leave [him/her] alone. Resident 3's individual service plan (ISP), dated 03/21/2024, documented: "Behavior Patterns - Aggressive/Combative: The goal for [Resident 3] is to be accepting of taking a shower weekly through January 2025." "Eating - Independent with eating. Does not have dietary restrictions. To maintain adequate food/nutrition intake and independence with eating. Does resident require consumption monitoring. No." "Daily Snacks - Resident prefers to have a snack between meals. He has a special area in the kitchen that [s/he] keeps [his/her] snacks and has access to snacks at will. Staff offer a snack twice daily. To remain independent with accessing snacks daily and as needed through January 2025." "Toileting - Is continent and independent with toileting. Maintain proper hygiene and independence with toileting. Caregivers will watch for incontinence episodes, document, record and assist resident with any incontinent episodes. Does resident require bowel movement monitoring? No." "Meals - Resident requires community to prepare meals. To receive assistance with meal preparation three times daily." The ISP also did not identify who was responsible for medical appointments since Guardian B had been identified as not sharing medical information. On 11/08/2024, at approximately 3:15, Surveyor interviewed Administrator A. Surveyor reviewed Resident 3's ISP with Administrator A. Administrator A stated s/he would review the ISPs	N 389		

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N 389	Continued From page 7 to ensure they are updated to include behaviors.	N 389			