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
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May 17, 2024

ELECTRONIC MAIL

SOD #1BRB11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER TO SUBMIT A PLAN OF CORRECTION

NOTICE OF SPECIAL ORDERS

Mustapha Kambi
105 Vista Dr.
Cottage Grove, WI 53527

C/O Licensee: Total Care Service Network

Re: Bahr Circle Home
7 Bahr Circle
Madison, WI 53719

Dear Mustapha Kambi:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Bahr Circle Home, located at 7 Bahr Circle, Madison, WI 53719, 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 04/08/2024, a complaint investigation was concluded for Bahr Circle Home 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) #1BRB11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #1BRB11 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 **Bahr Circle Home:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 5 days of receipt of this notice, the licensee shall provide the legal representative and case manager each current resident with a copy of Statement of Deficiency (SOD) 1BRB11 and a copy of this Notice and Order letter. The licensee shall retain evidence to verify compliance with Order #1. Acceptable documentation will include signed and dated verification letter or email, or certified mail receipt. Documentation will be made available to department representatives upon request.

Additionally, WITHIN 14 DAYS of receipt of this notice, the licensee shall hold a care conference for Resident 1 with his/her respective legal representatives and case managers (if any), for the purpose of developing (or revising) and discussing the resident's individual service plan (ISP). The ISP will include individualized services, approaches, and interventions to address resident services (i.e., type of assistance needed) and potentially

harmful behavior (i.e. aggression, suicidal ideation, substance use, and managing symptoms of mental illness).

The licensee will obtain a statement of agreement with the plan, dated and signed by all persons involved in developing the plan. All staff responsible for providing services will review the updated ISPs and will provide services in accordance with the plan.

* * *

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

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

Enclosure

KB/SS