| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016486 | A. BUILDING: _____ B. WING _____ | R-C 07/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BAHR CIRCLE HOME | 7 BAHR CIRCLE MADISON, WI 53719 |

| (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 |
|---|---|---|---|---|
| {M 000} | INITIAL COMMENTS<br><br>On 07/08/2024, with information gathered through 07/09/2024, Surveyor conducted a verification visit at Bahr Circle Home. Two deficiencies were identified.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br>Census: 2 | {M 000} | | |
| M 406 | 88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT<br><br>The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 2 resident (Resident 4) records reviewed were developed together with the placing agency, the person being admitted or person's guardian / designated representative and the provider.<br><br>Findings include:<br><br>On 07/08/2024, Surveyor reviewed Resident 4's record. | M 406 | | |

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

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| M 406 | Continued From page 1<br><br>Resident 4 was admitted to the facility, 03/28/2024, with diagnoses including depression with anxiety, Type 2 diabetes, intellectual disabilities, and trauma self-inflicted injury. Resident 4 was represented by Guardian L and managed care organization (MCO) Care Manager (CM) M.<br><br>Resident 4's "Behavior Support Plan (BSP) (individual service plan)," dated 12/13/2023 and 03/28/2024, did not contain Guardian L's, CM M's or the provider's signature.<br><br>The BSP documented Resident 4 lived at another location that is not licensed by the Department.<br><br>On 07/09/2024 at 10:27 AM, Surveyor emailed Licensee A, Care Coordinator B and House Manager C stating that Resident 4's BSP/ISP did not contain signatures and the residence was incorrect. Care Coordinator B stated, "We are still awaiting the signed documents from the guardian for Resident 4. Several follow-ups were made with [him/her], and [s/he] reported being out of town and busy with [his/her] [wife/husband] not being well which prevented [him/her] from checking [his/her] email and returning the documents." | M 406 | | |
| M 414 | 88.06(3)(d)2 LEVEL OF SUPERVISION<br><br>Identification of the level of supervision required in the home and community.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the | M 414 | | |

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|---|---|---|---|---|
| M 414 | Continued From page 2 | M 414 | | |

provider did not ensure 2 of 2 (Resident 2 and Resident 4) individual service plans (ISP) reviewed contained the level of supervision required in the home and community.

Findings include:

On 07/08/2024, Surveyor reviewed Resident 2's and Resident 4's record.

Example 1: Resident 2

Resident 2 was admitted to the facility, 05/06/2021, with diagnoses including autism, attention deficit disorder, and attention deficit disorder due to hyperactivity.

Resident 2's Behavior Support Plan (BSP), dated 04/09/2024, documented:
"Behavior Review: In the last six months , [Resident 2's] behaviors have increased with a change in roommates. [Resident 2] has hit other residents in the home, unprovoked while their backs are turned."
"Description of Challenging or Dangerous 'Target' Behaviors: [Resident 2] will become physically aggressive and will hit residents with [his/her] hands. [Resident 2] will engage in destruction of property and will punch holes in the walls of [his/her] room when [s/he] gets upset. [Resident 2] may have auditory hallucinations that cause [him/her] to become upset and [s/he] will exhibit one or several of the above behaviors."

Resident 2's ISP did not identify level of supervision required in the home and community.

Example 2: Resident 4

Resident 4 was admitted to the facility,

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| M 414 | Continued From page 3<br><br>03/28/2024, with diagnoses including depression w/anxiety, Type 2 diabetes, intellectual disabilities, and trauma self-inflicted injury.<br><br>Resident 4's ISP, dated 03/28/2024, documented: "Elopement: [Resident 4] will attempt to elope when agitated."<br>"History: [Resident 4] has obsessive thoughts about drugs, violence, sex, and drinking and has a difficult time communicating these thoughts."<br><br>Resident 4's ISP did not identify level of supervision required in the home and community.<br><br>On 07/09/2024 at 10:27 AM, Surveyor emailed Licensee A, Care Coordinator B and House Manager C stating Resident 2's and Resident 4's ISPs/BSPs did not identify supervision levels the residents required. Care Coordinator B responded, "The members at the facility have a supervision level of 1:2 meaning one staff caring for both members." | M 414 | | |