| 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 09/05/2023 |

| 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 09/01/2023, with information gathered through 09/05/2023, Surveyor conducted a verification visit at Bahr Circle Home. Two deficiencies were identified.<br><br>Two of the 2 deficiencies were repeat violations (see Statement of Deficiency (SOD) 5LF412 and SOD D39G12).<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br>Census: 2 | {M 000} | | |
| {M 570} | 88.10(3)(I) Safe Physical Environment<br><br>Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not safeguard residents from environmental hazards.<br>The provider's water temperature exceeded 115° Fahrenheit (F).<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) D39G12 dated 08/23/2022. | {M 570} | | |

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

| 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 09/05/2023 |

| 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 570} | Continued From page 1<br><br>Findings include:<br><br>The licensee is able to serve up to 4 residents within the client groups of: Emotionally Disturbed/Mental Illness, Traumatic Brain Injury, Advanced Aged, Irreversible Dementia/Alzheimer's, Physically Disabled, and Developmentally Disabled.<br><br>On 09/01/2023, at approximately 3:50 PM, Surveyor toured the home's physical environment with Resident Assistant J. Surveyor tested the water in the provider's upstairs bathroom used by residents. The water temperature reached 128° F.<br><br>"Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017).<br><br>On 09/01/2023 at 7:46 PM, Surveyor emailed Coordinator D and informed him/her that the water temperature exceeded 115° F.<br><br>On 09/05/2023 at 12:59 PM, Surveyor received an email correspondence from Coordinator D that stated, "The manager will further adjust the water heater because when [s/he] last tested it, [s/he] | {M 570} | | |

| 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 09/05/2023 |

| 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 570} | Continued From page 2<br>got the correct reading." | {M 570} | | |
| {M 582} | 88.10(3)(q) Medications<br><br>Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not ensure 1 of 2 residents reviewed received all prescribed medications at the intervals prescribed by the resident's physician. The provider did not monitor 1 of 2 residents reviewed by following up with the prescribing physician when his/her medication was unavailable.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) 5LF412 dated 06/14/2023.<br><br>Resident 4 did not receive all prescribed Vyvanse medication for his/her attention deficit hyperactivity disorder (ADHD).<br><br>Findings include:<br><br>On 09/01/2023, Surveyor reviewed Resident 4's record.<br><br>Resident 4 was admitted to the facility, 03/01/2023, with the diagnoses including ADHD, | {M 582} | | |

| 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 09/05/2023 |

| 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 582} | Continued From page 3 | {M 582} | | |

traumatic brain injury and developmental delay.

Resident 4's "Authorization to Dispense Medication Form," dated 04/17/2023, documented:
"Patient requires reminders to take medications"
"Patient requires supervision to take medications"
"Patient requires medication administration by [provider]"

Resident 4's September 2023 Medication Administration Record (MAR) documented that Resident 4 did not receive his/her scheduled Vyvanse on 09/01/2023.

On 09/01/2023, at approximately 3:55 PM, Surveyor asked Resident Assistant (RA) J if Resident 4 had received his scheduled 8:00 AM dose of Vyvanse on this day. Resident Assistant J stated s/he did not receive Vyvanse. Resident Assistant J proceeded to show Surveyor Resident 4's bubble packs of the other 8:00 AM medications that s/he had received and the Vyvanse was not included in those bubble packs.

On 09/01/2023, at approximately 4:00 PM, RA J stated s/he had located Resident 4's blister card of Vyvanse. Surveyor observed the blister card of Vyvanse and noted that the fill date was 07/21/2023 for 30 caplets. Surveyor asked if there were any other blister packs of the Vyvanse and RA J stated, "No." Surveyor asked what day staff started to administer medications from the blister card and did staff dispense medications from the blister card in correlation with the day of the calendar month. RA J stated, "No." Surveyor stated that Resident 4's August 2023 MAR documented that s/he had refused the Vyvanse 4 times but there was only 1 caplet remaining in the blister card. RA J looked at the card and did not

| 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 09/05/2023 |

| 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 582} | Continued From page 4<br>respond.<br><br>On 09/01/2023 at 7:46 PM, Surveyor emailed Coordinator D and informed him/her that Resident 4 had not received his/her scheduled 8:00 AM Vyvanse as there was confusion as to the location of his/her blister card and how the medications were dispensed off of the blister card.<br><br>On 09/05/2023 at 12:59 PM, Surveyor received email correspondence from Coordinator D. Coordinator D stated, "'The staff ordered refill of Vyvanse on 08/30/2023 but it was not delivered. When the pharmacy was contacted, and we were informed that they requested refill from the prescriber on 08/30/2023 and made a follow up 09/05/23. This medication, although it is scheduled, is not sent in the regular cycle, so the last refilled date 07/21/2023 was the same one that was at the facility when you visited. The pharmacist explained that since it is a controlled substance, it has to be renewed whenever it is needed."<br><br>On`09/05/2023 at 2:14 PM, Surveyor received email correspondence from Coordinator D. Coordinator D stated, "The Vyvanse that was sent on 07/21/2023 was first used on 07/26/2023 after what was on hand was used."<br><br>Surveyor noted that Resident 4's blister card contained 30 caplets and would have been empty on 08/24/2023. Coordinator D stated staff requested a refill date on 08/30/2023. | {M 582} | | |