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 _____	09/25/2025

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 From 09/22/2025 to 09/25/2025, Surveyor conducted a standard survey at Bahr Circle Home, an AFH in Madison. Thirteen deficiencies were identified. Four deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) D39G11, dated 02/17/2022, SOD 2HOO12, dated 06/14/2022, SOD D39G12, dated 08/23/2022, SOD 5LF411, dated 12/29/2022 and 5LF413, dated 09/05/2023. Census: 3	M 000		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the home and its operations complied with Chapter DHS 88 and all other laws governing the home. Findings include: From 09/22/2025 to 09/25/2025, Surveyor conducted a standard survey. As a result of the survey, 13 deficiencies were identified, 4 which were repeat deficiencies. The following concerns were identified: Environment: - The provider's furnace had not been inspected in the past 3 years. - The provider's fire extinguishers had not been	M 216		

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

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M 216	Continued From page 1 inspected in the past year and each floor of the home did not contain a fire extinguisher. Employees: - One of 2 employees reviewed did not receive standard precaution training upon hire. - One of 2 employees reviewed did not receive 15 hours of training prior to or within 6 months of hire. - One of 1 employees reviewed that required continuing education did not receive continuing education for 1 of 2 years reviewed. - The provider did not request the out of state background check for 1 of 1 employees reviewed that indicated they had resided out of state in the past 3 years. Resident Care: - One of 1 residents reviewed that had admitted in the past year was not immediately evaluated for his/her ability to evacuate the home. - One of 1 residents reviewed that had resided in the home greater than 1 year was not evaluated annually for his/her ability to evacuate the home. - Two of 2 residents reviewed did not have their service agreements signed by their legal guardians prior to or at the time of admission. - One of 1 residents reviewed that had resided at the home greater than 6 months had his/her individual service plan (ISP) reviewed at least every 6 months and/or upon changes. - One of 2 residents reviewed did not have a physician order permitting the provider's staff to administer medications. - One of 2 residents reviewed did not receive medications as prescribed. On 09/22/2025 at approximately 2:30 p.m., Surveyor reviewed the above concerns with Licensee A. Licensee A acknowledged Surveyor's	M 216		

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M 216	Continued From page 2 concern and stated s/he may be able to provide documentation regarding some of the concerns. Licensee A was given until 09/23/2025 to provide follow up documentation. Documentation was not received. Cross Reference: M0235 DHS 88.04(2)(h) Comply With Osha M0244 DHS 88.04(5)(a) Training - 15 Hours Within 6 Months M0246 DHS 88.04(5)(b) Training - 8 Hours Annually M0290 DHS 88.05(3)(e)2.b Inspections - Gas Furnace M0332 DHS 88.05(4)(a) Fire Safety - Fire Extinguishers M0344 DHS 88.05(4)(d)2.a. Fire Safety Evacuation Plan Review M0346 DHS 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0424 DHS 88.06(3)(f) Review Of ISP M0464 DHS 88.07(3)(d) Medication - Written Order M0582 DHS 88.10(3)(q) Medications Z0012 DHS 50.065(2)(bm) Out Of State Background Checks	M 216		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of	M 235		

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M 235	Continued From page 3 blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the operation of the home complied with universal precautions. One of 2 caregivers reviewed had not received training in standard precautions. Findings include: On 09/22/2025 at 12:40 p.m., Surveyor conducted a standard survey and reviewed employee records provided by Licensee A. The employee record documented that Caregiver B was hired on 11/14/2024 and indicated s/he completed 9.25 hours within the first 6 months of hire. The training completed within the first 6 months of training did not include standard precautions. On 09/22/2025 at approximately 2:00 p.m., Surveyor reviewed concern that Caregiver B had not completed standard precaution training upon hire. Licensee A stated the provider did all the required trainings with employees and s/he wasn't sure why documentation wasn't in Caregiver B's record. Licensee A stated documentation of additional trainings for Caregiver B may be at the provider's office. Licensee A was given until 09/23/2025 to provide follow up documentation. No documentation was provided.	M 235		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS	M 244		

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M 244	Continued From page 4 The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers reviewed had received 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. Caregiver B completed 9.25 hours of training within 6 months and did not receive training in standard precautions within 6 months. Findings include: On 09/22/2025 at 12:40 p.m., Surveyor conducted a standard survey and reviewed employee records provided by Licensee A. The employee record documented that Caregiver B was hired on 11/14/2024 and indicated s/he completed 9.25 hours within the first 6 months of hire. On 09/22/2025 at approximately 2:00 p.m., Surveyor reviewed concern with Licensee A that documentation indicated Caregiver B did not receive required trainings prior to or within 6	M 244		

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M 244	Continued From page 5 months of hire. Licensee A stated the provider did all the required trainings with employees and s/he wasn't sure why documentation wasn't in Caregiver B's record. Licensee A stated documentation of additional trainings for Caregiver B may be at the provider's office. Licensee A was given until 09/23/2025 to provide follow up documentation. No documentation was provided.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents. Caregiver C did not complete continuing education in 2023. Findings include: On 09/22/2025 at 12:40 p.m., Surveyor conducted a standard survey and reviewed	M 246		

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M 246	Continued From page 6 employee records provided by Licensee A. The employee record documented that Caregiver C was hired on 12/06/2021. The record documented Caregiver C completed 9 hours of continuing education in 2024, but did not document any continuing education in 2023. On 09/22/2025 at 2:00 p.m., Surveyor interviewed Licensee A regarding Caregiver C's lack of continuing education in 2023. Licensee A stated Caregiver C went out of the country for 2 months in 2023, so s/he did not complete continuing education. Licensee A verified that Caregiver C had not termed his/her employment during the leave.	M 246		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the home's gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. The provider's furnace had not been serviced since 2020. Findings include: On 09/22/2025, Surveyor conducted a standard survey. On 09/22/2025 at approximately 12:30 p.m., Surveyor reviewed the provider's environmental records. Surveyor was unable to locate	M 290		

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M 290	Continued From page 7 documentation of a furnace inspection. On 09/22/2025 at approximately 1:30 p.m., Surveyor toured the provider's home with Licensee A and noted a "2020" date written on a sticker on the furnace from a heating contractor documenting the last time the furnace had been serviced. On 09/22/2025 at approximately 2:00 p.m., Surveyor reviewed concern with Licensee A that the provider did not have documentation to indicate the provider's furnace had been inspected in the past 3 years. Licensee A acknowledged Surveyor's concern and stated s/he would review records. Licensee A was given until 09/23/2025 to provide follow up documentation. Documentation was not received.	M 290		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire	M 332		

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M 332	Continued From page 8 extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers in the home were inspected annually and that each floor of the home was equipped with a fire extinguisher. Findings include: On 09/22/2025 at approximately 1:30 p.m., Surveyor toured the provider's home. The home has an upstairs, main level, lower level and basement. Surveyor observed the main level and basement were the only floors containing fire extinguishers. Surveyor observed the fire extinguishers were last inspected in November 2022. On 09/22/2025 at approximately 2:30 p.m., Surveyor reviewed concern with Licensee A that the home did not have a fire extinguisher on each floor and the fire extinguishers present had not been inspected since November 2022. Licensee A acknowledged Surveyor's concern and stated s/he knew where to go to have the fire extinguishers serviced.	M 332		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW	M 344		

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M 344	Continued From page 9 The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed that had admitted to the provider's home within the past year had his/her ability to evacuate the home immediately assessed using the department's form. Resident 2 had resided at the provider's home since 07/17/2025 and had not yet had his/her ability to evacuate the home evaluated using the department's form. Findings include: On 09/22/2025, Surveyor conducted a standard survey. On 09/22/2025 at 12:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 07/17/2025. Resident 2's record did not include an evacuation assessment. On 09/22/2025 at approximately 12:30 p.m., Surveyor interviewed Manager D and shared concern that Resident 2's record did not include an evacuation assessment, using the department's form. Manager D confirmed Surveyor's observation and stated s/he had not completed one. Licensee A stated, "[Resident 2] just admitted in July.	M 344		

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M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed that had resided at the provider's home for greater than 1 year had his/her ability to evacuate the home assessed annually using the department's form. Findings include: On 09/22/2025, Surveyor conducted a standard survey. On 09/22/2025 at 12:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 04/01/2024. Resident 1's record did not include an evacuation assessment completed within the past year. On 09/22/2025 at approximately 12:30 p.m., Surveyor interviewed Manager D and shared concern that Resident 1's record did not include an evacuation assessment, using the department's form, completed in the past year. Manager D confirmed Surveyor's observation and stated s/he had completed one upon admission, but wasn't aware of a more recent assessment.	M 346		

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M 384	Continued From page 11	M 384		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement was dated and signed by the resident or the resident's legal guardian prior to admission for 2 of 2 residents reviewed. Resident 1 and Resident 2's legal guardian did not sign their service agreement prior to or at the time of admission. This is a repeat deficiency. See Statement of Deficiency (SOD) 2HOO12, dated 06/14/2022 and SOD D39G12, dated 08/23/2022. Findings include: On 09/22/2025, Surveyor conducted a standard survey. On 09/22/2025 at 12:00 p.m., Surveyor reviewed resident records and identified the following concerns: - Resident 1 was admitted to the provider's home	M 384		

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M 384	Continued From page 12 on 04/01/2024. Resident 1 had a legal guardian. Resident 1's service agreement was signed by his/her legal guardian with a date of 07/22/2024, greater than 3 months after Resident 1's admission. - Resident 2 was admitted to the provider's home on 07/17/2025. Resident 2 had a legal guardian. Resident 2's service agreement was signed by his/her legal guardian with a date of 07/24/2025, 7 days after Resident 2's admission. On 09/22/2025 at approximately 12:30 p.m., Surveyor interviewed Manager D. Surveyor shared concern that Resident 1 and Resident 2's service agreements were completed after admission, rather than prior to or at the time of admission. Manager D acknowledged Surveyor's concern and stated the provider had a difficult time getting the guardians to sign the agreements.	M 384		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested	M 424		

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M 424	Continued From page 13 by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed that had resided at the provider's home for greater than 6 months had their individual service plan (ISP) reviewed at least once every 6 months and/or when there was a change in need. Resident 1's ISP had not been reviewed in greater than 6 months. This is a repeat deficiency. See Statement of Deficiency (SOD) D39G11, dated 02/17/2022. Findings include: On 09/22/2025, Surveyor conducted a standard survey. On 09/22/2025 at 12:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 04/01/2024. Resident 1 had a legal guardian. Resident 1's ISP on file was dated 05/30/2024 and indicated Resident 1 required 24/7 supervision. Resident 1's record included a paper that stated "Instruction and guide for supporting [Resident 1] ... 1:1 24/7 line of sight supervision ...". On 09/22/2025 at approximately 2:30 p.m., Surveyor reviewed concern with Licensee A that Resident 1's ISP had not been updated since 05/30/2024. Licensee A stated s/he believed there was an ISP dated December 2024 at the office. Licensee A also stated Resident 1 had recent changes to his/her care, including "line of sight"	M 424		

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M 424	Continued From page 14 supervision due to a self-harm incident on 08/26/2025. Licensee A was given until 09/22/2025 to provide follow up documentation. Documentation was not received.	M 424		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written order to administer medications was obtained by the resident's physician prior to administering medications for 1 of 2 residents reviewed. The provider did not have a physician order permitting staff to administer medications to Resident 1. This is a repeat deficiency. See Statement of Deficiency (SOD) 5LF411, dated 12/29/2022. Findings include: On 09/22/2025, Surveyor conducted a standard	M 464		

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 _____	09/25/2025

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

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M 464	Continued From page 15 survey. On 09/22/2025 at 12:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 04/01/2024. Resident 1's record indicated staff administered Resident 1's medications. Resident 1's record did not include a physician order permitting staff to administer medications. On 09/22/2025 at approximately 12:30 p.m., Surveyor interviewed Manager D. Surveyor asked Manager D if the provider had a physician order permitting staff to administer Resident 1's medications. House Manager D stated s/he was sure s/he had an order. House Manager D reviewed Resident 1's record and was unable to locate documentation of an order. The provider was given until 09/23/2025 to provide follow up documentation. Documentation was not received.	M 464		
M 582	88.10(3)(q) Medications 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. This Rule is not met as evidenced by:	M 582		

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M 582	Continued From page 16 Based on observation, interview and record review, the provider did not ensure 1 of 2 residents reviewed received all prescribed medication. Resident 2 did not receive his/her Diphenhydramine Hcl 25 mg as prescribed. This is a repeat deficiency. See Statement of Deficiency (SOD) 5LF413, dated 09/05/2023. Findings include: On 09/22/2025, Surveyor conducted a standard survey. On 09/22/2025 at 12:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 07/17/2025. Resident 2 had a legal guardian. Resident 2 was admitted to the provider's home with a physician order for Diphenhydramine Hcl 25 mg 2 times daily. Resident 2's Medication Administration Record (MAR), dated 09/01/2025 to 09/22/2025, documented Diphenhydramine Hcl as out of stock or refused on 09/12/2025 PM, 09/13/2025 PM, 09/15/2025 AM, 09/19/2025 PM, 09/20/2025 PM and 09/22/2025. Surveyor checked Resident 2's medication storage and was unable to locate Diphenhydramine Hcl. On 08/22/2025 at 1:30 p.m., Licensee A confirmed s/he was unable to locate Resident 2's Diphenhydramine Hcl. Licensee A contacted the home's pharmacy, who stated they were waiting on a refill from Resident 2's doctor to send the Diphenhydramine Hcl. The representative from the provider's pharmacy encouraged Licensee A to contact Resident 2's physician in hopes of expediting the refill. On 09/22/2025 at 11:20 a.m., Surveyor spoke	M 582		

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M 582	Continued From page 17 with Pharmacist E, who stated the provider had last sent a 2 week supply of Diphenhydramine Hcl to the provider's home on 07/31/2025, indicating the provider did not have the medication available for administration through September.	M 582		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.	Z 012		

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Z 012	Continued From page 18 This Rule is not met as evidenced by: Based on record review and interview, the provider did not make a good faith effort to obtain a background check when a caregiver indicated s/he had resided out of state in the past 3 years on his/her background information disclosure (BID). The provider did not request a background check from the State of Illinois, where Caregiver C resided. Findings include: On 09/22/2025 at 12:40 p.m., Surveyor conducted a standard survey and reviewed employee records provided by Licensee A. The employee record documented that Caregiver B was hired on 11/14/2024. The record included a background information disclosure (BID), dated 09/19/2024, that indicated Caregiver B resided in the State of Illinois. The record did not include a background check with the State of Illinois. On 09/22/2025 at approximately 2:00 p.m., Surveyor reviewed concern with Licensee A that Caregiver B resided out of state, yet his/her record did not include a background check from that state. Licensee A acknowledged Surveyor's observation and stated historically the provider had a hard time obtaining background checks from the State of Illinois.	Z 012		