STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510123	A. BUILDING: _____ B. WING _____	C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY CIRCLE	211 6TH AVE N PO BOX 187 STRUM, WI 54770

(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 01/23/2025, Surveyor conducted a complaint investigation at Family Circle. Data collection continued through 01/30/2025. The complaint was substantiated. Six deficiencies were identified. Census: 7	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written report was sent to the department when law enforcement was called to the CBRF (community based residential facility) in response to an incident that jeopardized the health, safety, or welfare of residents on 10/18/2024 and 11/13/2024. Findings include: On 11/21/2024, the department received a complaint regarding the provider's resident discharge practices and supervision of residents.	N 164		

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

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N 164	Continued From page 1 On 01/23/2025, at approximately 11:45 AM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted on 09/17/2024. -Resident 1 did not have a pre-admission assessment or Individual Service Plan (ISP.) -Resident 1 had a member care plan developed by his/her managed care organization (MCO.) At approximately 12:15 PM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 was discharged from the facility on 11/13/2024 after Resident 1's behavior had escalated, and it was determined Resident 1 exposed him/herself to another resident. Resident 1 had threatened suicide and threatened another resident. Administrator A stated law enforcement was called after the incident and arrived at the provider on 11/13/2024. Administrator A stated Resident 1 eloped in October of 2024 and law enforcement was called to assist in the search for Resident 1. Surveyor stated a review of the provider's self-report folder kept by the department did not show a self-report was sent by the provider to the department related to those events. When asked if the incidents were reported to the department, Administrator A stated, "not that I know of." On 01/28/2025, Surveyor emailed the local police department and requested police records involving Resident 1 for any incidents between 09/17/2024 and 11/13/2024. On 01/30/2025, Surveyor received a fax from the police department, including an incident report for a "Lost/Missing Person - Adult," with an incident date of 10/18/2024. The report identified Resident 1 as the missing person. The report added,	N 164		

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N 164	Continued From page 2 "Please understand these records are from a search of only the Trempealeau County Sheriff's Office's records and do not include records of other municipalities within our county or within the state of Wisconsin." Cross Reference N0310 DHS 83.29(2) Admission Agreement Include Services, Charges Cross Reference N0328 DHS 83.31(4)(c) Involuntary Discharge Notice Requirements Cross Reference N0384 DHS 83.35 (1)(d) Retain Written Report Of Assessment Cross Reference N0386 DHS 83.35(3)a Comprehensive Individualized Service Plan Cross Reference N0426 DHS 83.38(1)(b) Supervision	N 164		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding	N 310		

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N 310	Continued From page 3 charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's admission agreement was signed by the resident or the resident's legal representative. Findings include: On 01/23/2025, at approximately 11:45 AM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted on 09/17/2024. -Resident 1's admission agreement included Resident 1's name, date of admission, and address. It was not signed or dated by Resident 1 or his/her legal decision maker. On 01/28/2025, at approximately 2:15 PM, Surveyor interviewed Guardian B. Guardian B confirmed guardianship and stated s/he did not review or sign an admission agreement for Resident 1.	N 310		

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N 310	Continued From page 4 Cross Reference N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called Cross Reference N0328 DHS 83.31(4)(c) Involuntary Discharge Notice Requirements Cross Reference N0384 DHS 83.35 (1)(d) Retain Written Report Of Assessment Cross Reference N0386 DHS 83.35(3)a Comprehensive Individualized Service Plan Cross Reference N0426 DHS 83.38(1)(b) Supervision	N 310		
N 328	83.31(4)(c) Involuntary discharge notice requirements. Discharge or transfer initiated by CBRF. Notice requirements. Every notice of involuntary discharge shall be in writing to the resident or resident ' s legal representative and shall include all of the following: 1. A statement setting forth the reason and justification for discharge listed under par. (b). 2. A statement that the resident or the resident ' s legal representative may ask the department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the department ' s regional office with a copy to the CBRF. The notice shall state that the request must provide an explanation why the discharge should not take place. 3. The name, address and telephone number of the department ' s regional office director. 4. The name, address and telephone number of the regional office of the board on aging and long term care ' s ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62(2)(a), Stats.	N 328		

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N 328	Continued From page 5	N 328		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Resident 1 received an involuntary discharge notice 30 days prior to discharge. Resident 1 was sent to the emergency department on 11/13/2024, following a behavioral incident in the home and the provider immediately discharged Resident 1 due to his/her behavior.

Findings include:

The provider is licensed to care for 16 residents in the client groups of advanced age, alcohol/drug dependent and emotionally disturbed/mental illness.

On 11/21/2024, the department received a complaint regarding the provider's discharge procedures.

On 01/23/2025, at approximately 11:50 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 was discharged on 11/13/2024, after s/he went to the emergency room (ER) for mental health issues. Administrator A stated Resident 1 exposed him/herself to another resident and was subsequently making suicidal statements and threats to others in the home. Administrator A stated it was Resident 1's third ER visit. When asked if Resident 1 was involuntarily discharged, Administrator A stated s/he was. When asked what led to the discharge, Administrator A stated s/he was concerned about the safety of other residents and Resident 1's safety. When asked if a notice was given, Administrator A stated a verbal notice was given to the guardian on the day Resident 1 was sent to

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N 328	Continued From page 6	N 328		

the ER. When asked if a written notice of discharge was provided to Resident 1's guardian to include the contact information for the regional office's director, or the contact information for the regional office ombudsman program, Administrator A stated it was not.

On 01/28/2025, at 8:59 AM, Surveyor requested records via email from Social Worker (SW) C, including Resident 1's guardianship and protective placement orders.

At 9:26 AM, Surveyor received an email with Resident 1's records from SW C that included the following:
-SW C stated a virtual team meeting took place with the provider on 11/08/2024, regarding Resident 1's needs. SW C stated the provider repeatedly stated they were able to support Resident 1 and his/her behavioral needs.
-An email dated 11/14/2024 at 5:11 AM, from Administrator A, sent to multiple recipients, including SW C. The email read, in part, "Last night [Resident 1] had an escalation in behavior ...First responders were contacted and deemed [Resident 1] appropriate for transfer to Eau Claire [Hospital] ER for further evaluation. I was contacted by [Hospital] at 2:00 AM stating [s/he] was ready for discharge ...Earlier this week I had a conversation with [Managed Care Organization] and gave a 30 day notice on [sic] [Resident 1]...stating we are not able to meet [his/her] needs or keep [him/her] safe. Due to the increased risk to others in the home we will not be accepting [him/her] back to the home ..." The email chain included a response from Care Manager (CM) D at 8:19 AM. CM D stated, in part, "I apologize but I do not believe we received a thirty day notice from you; when we spoke on Monday you shared that you were experiencing

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N 328	Continued From page 7 challenges with supporting [Resident 1] and asked that I put through a rate adjustment request. There was no mention of an actual 30 [sic] day notice and we had not received that in writing." At 2:15 PM, Surveyor interviewed Guardian B. When asked if Guardian B received a 30-day written notice from the provider for Resident 1, Guardian B stated s/he did not receive notice. Cross Reference N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called Cross Reference N0310 DHS 83.29(2) Admission Agreement Include Services, Charges Cross Reference N0384 DHS 83.35 (1)(d) Retain Written Report Of Assessment Cross Reference N0386 DHS 83.35(3)a Comprehensive Individualized Service Plan Cross Reference N0426 DHS 83.38(1)(b) Supervision	N 328		
N 384	83.35(1)(d) Retain written report of assessment. Assessment documentation. The CBRF shall prepare a written report of the results of the assessment and shall retain the assessment in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's pre-admission assessment was documented. Findings include: On 01/23/2025, at approximately 11:45 AM, Surveyor requested Resident 1's record, including his/her pre-admission assessment. Resident 1	N 384		

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N 384	Continued From page 8 was admitted on 09/17/2024 and discharged on 11/13/2024. Resident 1's record did not include a pre-admission assessment or temporary service plan. At approximately 12:05 PM, Surveyor interviewed Administrator A. Administrator A reviewed a binder with Resident 1's name on it. A pre-admission assessment was not located. Administrator A stated s/he did not have any other records for Resident 1. Administrator A stated s/he completed Resident 1's pre-admission assessment on 09/13/2024, at a hospital where Resident 1 was hospitalized. Administrator A stated s/he emailed Resident 1's managed care organization (MCO) as part of his/her assessment. Administrator A stated s/he did not have any formal pre-admission notes. Cross Reference N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called Cross Reference N0310 DHS 83.29(2) Admission Agreement Include Services, Charges Cross Reference N0328 DHS 83.31(4)(c) Involuntary Discharge Notice Requirements Cross Reference N0386 DHS 83.35(3)a Comprehensive Individualized Service Plan Cross Reference N0426 DHS 83.38(1)(b) Supervision	N 384		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the	N 386		

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N 386	Continued From page 9 resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop a comprehensive individual service plan (ISP), for 1 of 1 resident reviewed (Resident 1), within 30 days. Findings include: On 01/23/2025, at approximately 11:45 AM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted on 09/17/2024. -Resident 1's record did not include an ISP. -Resident 1 had a member care plan developed by his/her managed care organization (MCO.) At approximately 12:00 PM, Surveyor interviewed Administrator A. Administrator A reviewed a binder with Resident 1's name on it. An ISP was not located. Administrator A stated s/he did not have any other records for Resident 1. When asked if an ISP was completed, Administrator A stated it was not done and s/he did not have a good explanation why it was not done. On 01/28/2025, at 2:15 PM, Surveyor interviewed Guardian B. Guardian B stated s/he did not recall seeing or signing an ISP for Resident 1.	N 386		

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N 386	Continued From page 10 Cross Reference N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called Cross Reference N0310 DHS 83.29(2) Admission Agreement Include Services, Charges Cross Reference N0328 DHS 83.31(4)(c) Involuntary Discharge Notice Requirements Cross Reference N0384 DHS 83.35 (1)(d) Retain Written Report Of Assessment Cross Reference N0426 DHS 83.38(1)(b) Supervision	N 386		
N 426	83.38(1)(b) Supervision. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide supervision adequate to meet the needs of all residents. Staff did not respond appropriately when Resident 1 eloped and was found by law enforcement in a different county on 10/18/2024. Findings include: On 11/21/2024, the department received a	N 426		

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N 426	Continued From page 11 complaint regarding the provider's supervision of residents. On 01/23/2025, at approximately 11:45 AM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted on 09/17/2024. -Resident 1 did not have a Pre-admission Assessment, Temporary Individual Service Plan (ISP) or Comprehensive ISP in his/her record. -A Member Centered Plan, dated 09/24/2024, developed by Resident 1's Managed Care Organization (MCO). Under a section titled, "Behavioral Health and Wellness Plan," it read, in part, "[Resident 1's] mental health is fragile, and [s/he] is prone to depression. Significant history of suicidal ideation, ED (Emergency Department) visits, and hospital stays related to mental health. In an emergency, [s/he] would most likely need reassurance from [his/her] care team ..." -A court document titled, "Notice of Transfer of Protective Placement," filed 10/15/2024. -A document dated "Friday October 18th" and titled, "Re: [Resident 1]" read, in part, "10:00 [Resident 1] signed out to go to public library. This is [his/her] regular routine. [S/he] did not come back for lunch, however this is not unusual ...At around 3:40 I was thinking [s/he] should be back soon for supper. However, [s/he] was not in [his/her] room resting or in the smoking shed. [S/he] does have a phone [sic] however [s/he] was not answering it. We looked around town and area businesses, [sic] the last person who had seen [him/her] was the librarian. [S/he] said [s/he] had stated [s/he] was planning to go out of town. Knowing this, I contacted local authorities for assistance ...At 6:00 I received a call from Trempealeau Co. (County) authorities that [s/he] had been located. We discussed and agreed on a meeting location just outside of Black River Falls.	N 426		

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N 426	Continued From page 12 7:00 I drove and met with the officer and [Resident 1]. The officer reported [Resident 1] being well known to them from previous incidences in the La Crosse area ...[Resident 1] got into my vehicle and we returned home ..." -A document titled, "Policy and Procedure for missing person," read, in part, "The length of time between a person being missed and being confirmed as a missing person should be decided on an individual basis. For example [sic] in [sic] the missed person is known to be at increased risk of harm in [sic] unsupervised then they should be confirmed as missing immediately. If they are known to go for walks, fishing or to the store, then maybe wait a short time. Things to take into consideration would be 1. Weather 2. Time of day." At approximately 12:05 PM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 was discharged on 11/13/2024 and had significantly escalated behaviors since admission. Administrator A stated Resident 1 eloped sometime in October 2024, when s/he went to town and told a local dealership s/he wanted to test drive a car. Administrator A stated Resident 1 drove the car to the La Crosse area and an Amber alert was issued. Administrator A stated the police found him/her and s/he went to pick up Resident 1. Administrator A stated Resident 1 left the home at approximately 10:00 AM to go to the library. Administrator A stated Resident 1 was always back by 3:00 PM for dinner and police were called around 4:00 PM after staff attempts to locate Resident 1 were unsuccessful. Administrator A stated Resident 1 did not have a defined amount of independent time in the community. On 01/28/2025, at 8:59 AM, Surveyor requested	N 426		

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records via email from Social Worker (SW) C, including Resident 1's guardianship and protective placement orders.

At 11:20 AM, Surveyor received an email from SW C with records for Resident 1. An order titled, "Determination and Order on Petition for Guardianship Due to Incompetency (Adult Guardianship)" was signed on 09/17/2024. An order titled, "Order on Petition for Protective Placement for Protective Services" was signed on 09/17/2024. When asked about the provider's staff supervision expectations, SW C stated within the email, "Given the protective placement status, it was expected that [Resident 1] had 24/7 supervision where staff would be aware of [Resident 1] and [his/her] location at all times." When asked about Resident 1's history, SW C stated, in part, "[Resident 1] has a significant history of suicidal ideation and has been hospitalized multiple times prior to being protectively placed ... [Resident 1] has diagnoses of: Major Neurocognitive disorder due to head trauma, bipolar, and schizophrenic disorders." When asked about Resident 1's hospital admission prior to moving to the provider, SW C stated, "[Resident 1] had originally been hospitalized due to being placed on an emergency protective placement (Chapter 55) due to being unable to take care of [him/herself.] It later was dropped when [Resident 1] agreed to voluntarily admit to behavioral inpatient. The county had already received recommendation at this point for protective placement and were pursuing."

At approximately 2:15 PM, Surveyor interviewed Guardian B. When asked about the provider's staff supervision expectations, Guardian B stated there were certain guidelines that should have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510123	A. BUILDING: _____ B. WING _____	C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY CIRCLE	211 6TH AVE N PO BOX 187 STRUM, WI 54770

(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
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automatically been followed by the provider. Guardian B stated s/he had talked to Administrator A multiple times about Resident 1's needs. When asked what s/he thought about the provider's response to Resident 1's elopement, Guardian B stated, "They did not handle it ...They failed." Guardian B stated they waited until somebody else found Resident 1. Guardian B stated that given that Resident 1 was protectively placed, there should have been a specific amount of time identified when law enforcement should have been called. Guardian B stated Resident 1 was gone longer than s/he should have been and should have been checked on by staff after one hour. Guardian B stated Resident 1 was gone from the home for approximately 6 hours before the home contacted law enforcement. Guardian B stated s/he was not contacted for several hours after Resident 1 was unaccounted for. Guardian B stated the provider knew Resident 1 was a flight risk and could not take care of [him/herself.] Guardian B stated the provider knew Resident 1 needed supervision.

On 01/28/2025, Surveyor emailed the local police department and requested police records involving Resident 1 for any incidents between 09/17/2024 and 11/13/2024.

On 01/30/2025, Surveyor received a fax from the police department, including an incident report for a "Lost/Missing Person - Adult," with an incident date of 10/18/2024. The report identified Resident 1 as the missing person. The report stated a call came in at approximately 4:10 PM from the provider, stating a male was missing. It stated Resident 1 was protectively placed and left the provider at approximately 10:30 AM to go to the library in town. When Resident 1 did not return, the staff checked the library and discovered

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	510123	A. BUILDING: _____ B. WING _____	C 01/30/2025

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Resident 1 had not been to the library that day. The report stated, in part, "I arrived at [Provider] and met with [Administrator A.] [Administrator A] said that [Resident 1] might be going to the Viroqua area because that is where [s/he] is from and [s/he] talks a lot about going back there. [Resident 1] does not have a vehicle, but [Administrator A] speculated that [s/he] may have had someone pick [him/her] up. [Administrator A] gave me [Resident 1's] phone number and told me that [s/he] tried to call [him/her] but had no luck. [Administrator A] also advised that [Resident 1] is schizophrenic and made suicidal comments on the previous Monday."

The provider did not provide supervision adequate to meet the needs of Resident 1. Resident 1 was diagnosed with a Schizophrenic disorder and was protectively placed with the county. Resident 1 had a history of suicidal ideation and was reported to have been making suicidal statements on days prior to the elopement. The provider did not have a clear protocol in place in response to Resident 1's elopement and did not contact law enforcement for assistance until approximately 6 hours after Resident 1's location was known.

Cross Reference N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called
Cross Reference N0310 DHS 83.29(2) Admission Agreement Include Services, Charges
Cross Reference N0328 DHS 83.31(4)(c) Involuntary Discharge Notice Requirements
Cross Reference N0384 DHS 83.35 (1)(d) Retain Written Report Of Assessment
Cross Reference N0386 DHS 83.35(3)a Comprehensive Individualized Service Plan