

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/04/2024
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGEL HOMES 2 LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2110 HARRIET ST RACINE, WI 53404		
(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 On 10/04/2024, Surveyor conducted a verification visit and 1 complaint investigation. Two deficiencies were identified. Two of 2 were repeat deficiencies. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 4	{M 000}		
{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 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:	{M 332}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/04/2024
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGEL HOMES 2 LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2110 HARRIET ST RACINE, WI 53404		
(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 332}	Continued From page 1 Based on observation and interview, the provider did not ensure there was a fire extinguisher on each floor of the facility for 1 of 3 floors. There was no fire extinguisher for the second floor where all residents resided. This is a repeat deficiency. See Statement of Deficiency 0BDD12, dated 05/08/2024. Findings include: On 10/04/2024 at approximately 10:15 AM, Surveyor conducted an onsite tour. Surveyor observed fire extinguishers in the kitchen and basement. Surveyor observed a vacant mount for a fire extinguisher on the 2nd floor. Surveyor asked House Manager I where the fire extinguisher was located, House Manager I stated, "I don't know what happened to it." On 10/04/2024, at approximately 12:15 PM, Surveyor interviewed Licensee A. Licensee A reported having installed one but was unsure where it was.	{M 332}		
{M 334}	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every	{M 334}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/04/2024
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGEL HOMES 2 LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2110 HARRIET ST RACINE, WI 53404		
(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 334}	Continued From page 2 enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 1 of 7 required locations. The smoke detector in the dining room was missing. This requirement is being cited for a third time. See Statement of Deficiency (SOD) 0BDD11, dated 05/10/2023, and SOD 0BDD12, dated 05/08/2024. Findings include: On 10/04/2024, at 9:30 AM, Surveyor toured the home and observed the following: - A smoke detector mount on the ceiling of the southwest corner of the dining room with no smoke detector attached. On 10/04/2024 at 12:15 PM, Surveyor interviewed Licensee A. Licensee A expressed surprise the smoke detector was missing and stated s/he would have it reinstalled immediately.	{M 334}		