STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019288	A. BUILDING: _____ B. WING _____	R-C 04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ANGEL HOMES 2 LLC	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 04/30/2026, Surveyor concluded a standard survey, two verification visits and two complaint investigations at Guardian Angel Homes 2 LLC for Statement of Deficiency (SOD) YP2912 and 0BDD15. Four deficiencies were identified. Three of four deficiencies were repeat deficiencies identified in the following SODs: SOD YP2911, dated 09/05/2025, 88.03(3)(b) Criminal Records Check was a repeat deficiency. SOD 0BDD14, dated 08/14/2025, 88.05(3)(a) Homelike Environment and 88.05(4)(d)2b Fire Evacuation Annual Evaluation were repeat deficiencies. One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on	M 114		

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

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M 114	Continued From page 1 the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 service provider had a complete background check. Caregiver C did not have a complete background check. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report on the findings from the Department of	M 114		

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M 114	Continued From page 2 Justice (DOJ). - A Governmental Findings Report (previously "IBIS letter") from DHS that reports the person's status, including administrative finding or licensing restrictions. This is a repeat deficiency. See Statement of Deficiency (SOD) SOD YP2911, dated 09/05/2025. Findings include: On 04/29/2026, at approximately 11:15 a.m., Surveyor reviewed Caregiver C's records. The following was identified: Caregiver C was hired on 07/10/2025. Caregiver C's end date of employment was 02/20/2026. Caregiver C's file contained a BID form, dated 07/10/2025. On 04/29/2026, at approximately 12:10 p.m., Licensee A stated s/he did not know why Caregiver C's DOJ report and Governmental Findings Report were not in his/her employee file. Licensee A stated the manager at the time was supposed to handle obtaining that. Caregiver C worked approximately 5 months and 11 days in the facility without a criminal background check completed.	M 114		
{M 276}	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	{M 276}		

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{M 276}	Continued From page 3	{M 276}		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure a clean, well-maintained, and homelike environment for 3 of 3 residents (Resident 6, Resident 7 and Resident 8) in the home. The home required cleaning and repairs.

This is a repeat deficiency. See Statement of Deficiency (SOD) 0BDD14, dated 08/14/2025.

Findings include:

On 04/29/2026, Surveyor toured the facility and observed the following:

Kitchen

-Darkened areas on ceiling around missing tiles, consistent with water damage. Thirteen tiles missing from ceiling, exposing wood beams.
-In the ceiling above the large exhaust fan in the wall, one kitchen tile was missing.
-Ceiling fan was missing 1 of 3 light bulbs and 3 of 3 light covers.
-Ceiling fan blades contained a thick accumulation of dust and grease.

Dining Room

-Ceiling fan was missing 1 of 3 light bulbs and 3 of 3 light covers.

Former Resident 3's Room

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{M 276}	Continued From page 4 -Ceiling fan was missing 1 of 4 light bulbs and 3 of 4 light covers. On 04/29/2026 at 9:01 a.m., Surveyor interviewed Licensee A who stated someone was coming to work on the kitchen ceiling. On 04/29/2026 at 9:05 a.m., Resident 8 pointed to the kitchen ceiling and stated, "That's from the bathroom upstairs. It overflowed." On 04/29/2026 at 1:50 p.m., Licensee A confirmed understanding of findings and stated s/he would get light covers and lightbulbs on the fixtures right away.	{M 276}		
{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 2 of 2 residents' (Resident 3 and Resident 6) reviewed were evaluated annually for evacuation time, using the Department's form. Resident 3 had not been evaluated for evacuation for calendar years 2024, 2025, and to date in 2026 using the Department's form. Resident 6 had not been evaluated for evacuation for calendar years 2024, 2025 and to	{M 346}		

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{M 346}	Continued From page 5 date in 2026 using the Department's form. This is a repeat deficiency. See Statement of Deficiency (SOD) 0BDD14, dated 08/14/2025. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of emotionally disturbed/mental illness, traumatic brain injury, correctional clients, advanced aged, and developmentally disabled. On 04/29/2026, Surveyor reviewed residents' records and identified the following: -Resident 3 was admitted to the provider's home on 04/07/2023. Resident 3's record did not contain evidence of an evacuation assessment for calendar year 2024, 2025 and to date in 2026 using the Department's form. -Resident 6 was admitted to the provider's home on 04/12/2022. Resident 6's record did not contain evidence of an evacuation assessment for calendar years 2024, 2025 and to date in 2026 using the Department's form. On 04/29/2026, at 1:50p.m., Surveyor interviewed Licensee A. Licensee A confirmed s/he did not have annual evacuation assessments for residents completed. Licensee A stated the manager at the time was supposed to handle obtaining the completed documents.	{M 346}		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents,	M 570		

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M 570	Continued From page 6	M 570		

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.

This Rule is not met as evidenced by:
Based on observation and staff interviews, the home did not provide a safe physical environment. Two of 2 bathrooms did not contain hand soap and paper towels for handwashing, and the kitchen did not contain hand soap and paper towels for hand washing. Caregiver D did not wash his/her hands before s/he touched food and prepared lunch.

Findings include:

On 04/29/2026, Surveyor toured the facility and observed the following:

-The kitchen did not have soap, paper towels, or hand sanitizer near/around the kitchen sink.
- The downstairs bathroom did not have soap, paper towel, or hand sanitizer on the counter or near the sink. On the bathroom mirror, there was a sticker that read, "Be a germ buster. Wash your hands."
- The upstairs bathroom did not have soap, paper towels, or hand sanitizer on the counter or near the sink.

On 04/29/2026 at 11:32 a.m., Surveyor observed

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M 570	Continued From page 7 Caregiver D walked into the kitchen. from the living room. Caregiver D opened the refrigerator, retrieved the hot dogs, and proceeded to open the package of hot dogs. Surveyor observed Caregiver D touching the hot dogs, the pot to fill water all before any hand hygiene had been practiced. The Center for Disease Control (CDC) states, "Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics, and protects healthcare personnel and patients." Source: The CDC website. About Hand Hygiene for Patients in Healthcare Settings. February 27, 2024. https://www.cdc.gov/handhygiene/ (retrieval date-May 1st, 2026).) On 04/29/2026 at 9:15 a.m., Surveyor interviewed Licensee A, who stated that the facility was completely out of soap and paper towels in the bathrooms. Licensee A stated they ran out yesterday and they were going to go shopping but ran out of time. On 04/29/2026 at 1:45 p.m., Surveyor provided information to Licensee A regarding Caregiver D handling the lunch food. Licensee A stated, "S/He didn't even wear gloves? I will reeducate him/her."	M 570		