Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019294	A. BUILDING: _____ B. WING _____	C 04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ANGEL HOMES 2 LLC	1901 MOUNT PLEASANT 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 04/15/2026 with information gathered through 04/22/2026, Surveyor attempted to conduct standard survey and conducted 2 complaint investigations, at Guardian Angel Homes 2 LLC, an Adult Family Home (AFH) in Racine, WI. One deficiency was identified. Two of 2 complaints unsubstantiated. Census: 0	M 000		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not comply with Department requests for information during the survey process. Findings include: On 04/15/2026, at approximately 8:08 AM, Surveyor arrived at the home attempting to conduct a standard survey and two complaint investigations. Surveyor was informed by the current occupant of the home s/he had been living there since February 2026. Occupant reported home was not an adult family home.	M 204		

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

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M 204	Continued From page 1 On 04/15/2026, at approximately 8:12 AM, Surveyor called Licensee A. Licensee A reported facility was closed on September 25, 2025. Licensee A reported s/he sent a closure letter to the Department informing them of the facility closure. Licensee A reported the two residents (Resident 1 and Resident 2) moved out of the facility in July 2025 by their case managers. Licensee A reported the reason Resident 1 and Resident 2 were moved was due to their case managers finding a new placement. Licensee A reported s/he would email the Surveyor the closure letter today. On 04/15/2026, at approximately 3:38 PM, Surveyor spoke with Licensee A over the phone (due to facility being closed). Surveyor requested the consumer roster (with Resident 1's and Resident 2's admission date, discharge date and funding source at the time of discharge), staff roster (staff that were working in the home with Resident 1 and Resident 2), and Resident 1's and Resident 2's records. Licensee A reported s/he would send documentation to Surveyor via email by 5:00 PM on 04/16/2026. On 04/15/2026, at approximately 4:17 PM, Surveyor sent a follow-up email to Licensee A reiterating what Surveyor requested. On 04/15/2026, Surveyor reviewed the department's electronic file for the facility. Surveyor did not locate a notification of Licensee A's intent to close the facility. As of 04/22/2026 at 5:00 PM, Surveyor did not receive any of the above-mentioned documentation requested, including the closure letter.	M 204		