STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020689	A. BUILDING: _____ B. WING _____	C 03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL HOUSE 1	**7021 N 40TH ST MILWAUKEE, WI 53209**

(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 03/26/2026, Surveyor completed a standard and complaint survey at Angel House 1. As a result, 3 deficiencies were identified. One of 1 complaint was unsubstantiated. Census: 4	M 000		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW 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 review the fire safety evacuation plan with 3 (Resident 1, Resident 2, and Resident 3) of 4 residents reviewed immediately following his/her placement. Resident 1, Resident 2, and Resident 3 did not have a fire evacuation plan within 3 days of admission. Findings include: On 03/24/2026 at approximately 10:00 AM, Surveyor reviewed residents' records. The following was identified: Resident 1 was admitted to the facility on	M 344		

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

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M 344	Continued From page 1 05/21/2025. Resident 1 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. Resident 2 was admitted to the facility on 01/24/2025. Resident 2 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. Resident 3 was admitted to the facility on 01/24/2025. Resident 3 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. On 03/24/2026 at approximately 10:30 AM, Surveyor interviewed Licensee A. Licensee A was not aware fire safety evacuation plan was not reviewed with Resident 1, Resident 2, and Resident 3 in 2025, within 3 days of their admission. Licensee A reported the previous house manager was responsible for reviewing the fire safety evacuation plan with each resident, however, the previous house manager was terminated. Licensee A believes the previous house manager did not review the fire safety evacuation plan with each resident out of spite. Licensee A reported it was his/her responsibility to ensure the previous house manager reviewed the fire safety evacuation plan with each resident, and will ensure the fire safety evacuation plan is reviewed with each resident moving forward.	M 344		
M 502	88.09(1)(d)7 RESIDENT RECORD-MEDICAL EXAMINATIONS The report of the medical examination required under s. HSS 88.06(2)(a).	M 502		

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M 502	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 (Resident 1, Resident 2, and Resident 3) of 3 resident's records reviewed included the report of his/her health examination, including a communicable disease screen and a tuberculosis screen, by his/her physician within 90 days prior to or within 7 days after his/her admission. Findings include: On 03/24/2026 at approximately 10:00 AM, Surveyor reviewed resident's records. The following was identified: Resident 1 was admitted to the facility on 05/21/2025. Resident 1's record did not contain evidence of a health examination completed for Resident 1 by his/her physician within 90 days prior to or within 7 days after his/her admission. Resident 2 was admitted to the facility on 01/24/2025. Resident 2's record did not contain evidence of a health examination completed for Resident 1 by his/her physician within 90 days prior to or within 7 days after his/her admission. Resident 3 was admitted to the facility on 01/24/2025. Resident 3's record did not contain evidence of a health examination completed for Resident 1 by his/her physician within 90 days prior to or within 7 days after his/her admission. On 03/24/2026 at approximately 10:30 AM, Surveyor interviewed Licensee A. Licensee A reported he/she completed a change of ownership in January 2025. Resident 2 and Resident 3 were residents of the adult family home prior to the change of ownership. Licensee	M 502		

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M 502	Continued From page 3 A was not sure where Resident 2's and Resident 3's health examination report could have been placed but would work on completing a new communicable disease screening, including TB for Resident 2 and Resident 3. Licensee A confirmed Resident 1 received a health examination prior to admission but could not state where the health examination report was placed. Surveyor asked that the health examination report be emailed to this Surveyor by 8:30 AM on 03/25/2026. Surveyor received additional documents, however, Resident 1's health examination report was not included in the additional documents.	M 502		
M 532	88.09(2)(a)9 HEALTH SCREENING The results of screening for communicable disease. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider record contained documentation of a completed communicable disease screening, including the results of a TB test for 2 (Caregiver B and House Manager C) of 2 service providers reviewed. Caregiver B's and House Manager C's records did not include completed documentation of the communicable disease screening, including the results of a tuberculosis (TB) test. Findings include: On 03/24/2026 at approximately 10:45 AM, Surveyor reviewed employee records. The following was identified:	M 532		

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M 532	Continued From page 4 Caregiver B was hired on 01/06/2026. Caregiver B's record did not contain evidence of a completed communicable disease screening or the results of a TB test. House Manager C was hired on 01/05/2026. House Manager C's record did not contain evidence of a completed communicable disease screening or the results of a TB test. On 03/24/2026 at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B and House Manager C received a TB test prior to hire, and the company nurse screened company staff for communicable disease. Licensee A reported the company nurse had the results of Caregiver B's and House Manager C's TB test as he/she needed it to complete the communicable disease screening. Licensee A called the company nurse while Surveyor was onsite requesting the results be emailed to him/her to forward to this Surveyor. Surveyor asked that the TB results and communicable disease screening be emailed to this Surveyor by 8:30 AM on 03/26/2025. Surveyor received additional documents, however, Caregiver B's and House Manager C's TB test results and communicable disease screening was not apart of the additional documents.	M 532		