STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019872	A. BUILDING: _____ B. WING _____	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C AND S ANGELS HELPFUL HANDS LLC	6843 DENNIS PATH WEST BEND, WI 53090

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M 000	INITIAL COMMENTS On 05/12/2026 with information gathered through 05/13/2026, Surveyors conducted a standard survey and monitoring visit for a request to switch to non-ambulatory status. As a result of the monitoring visit, the request is denied and facility is licensed for ambulatory residents. As a result of the standard survey, 7 deficiencies identified. Census: 1	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 1 of 2 caregivers reviewed were screened for illness detrimental to residents, including for tuberculosis within 90 days before the start of providing care. Licensee B did not have a communicable disease screening completed within 90 days prior to providing care.	M 232		

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

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M 232	Continued From page 1 Findings include: On 05/12/2026 at approximately 11:30 AM, Surveyors reviewed employee records and identified the following: -Licensee B was hired 05/23/2024. Licensee B's record did not include a communicable disease screening. On 05/12/2026 at approximately 11:45 AM, Surveyors interviewed Licensee A. Licensee A stated s/he and the other licensee are the only two caregivers right now and each of them work 12 hour shifts daily. Licensee A stated s/he thought Licensee B completed a communicable disease screening when the facility opened but must not have. Licensee A stated s/he would have Licensee B go complete one as soon as possible.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee reviewed	M 244		

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M 244	Continued From page 2 (Licensee A) received 15 hours of training prior to or within 6 months of hire. Licensee A did not have evidence of health, safety, welfare and treatment of residents training prior to or within 6 months of hire. Findings include: On 05/12/2026 at approximately 11:30 AM, Surveyors reviewed staff records for Licensee A and identified the following: -Licensee A was hired on 05/23/2024. -Licensee A did not have evidence of health, safety, welfare and treatment of residents training prior to or within 6 months of hire. On 05/12/2026 at approximately 12:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he had completed all of the approved Community-Based Residential Facility (CBRF) training. Licensee A stated s/he did not know s/he had to complete other training besides the CBRF training.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.	M 246		

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M 246	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 2 of 2 employees who required annual training. Licensee A and Licensee B did not receive annual training in 2025. Findings include: On 05/12/2026 at approximately 11:30 AM, Surveyors reviewed Licensee A and Licensee B and identified the following: -Licensee A and Licensee B were hired on 05/23/2024. -Licensee A and Licensee B did not have evidence of 8 hours of training for calendar year 2025. On 05/12/2026 at approximately 12:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did not do annual training for calendar year 2025 nor did Licensee B.	M 246		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure water samples were	M 282		

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M 282	Continued From page 4 taken from the well and tested at the state laboratory of hygiene or other approved laboratory at least annually for calendar year 2025. Findings include: On 05/12/2026 at approximately 11:30 AM, Surveyor requested to review the well water test from calendar year 2025. Licensee A stated that s/he would have to request the paperwork from the company that performed the water sample testing. Surveyor told Licensee A to send the information to Surveyor by 4:00 PM on 05/13/2026. As of 05/13/2026 at 4:00 PM, Licensee A could not provide documentation for a well water test in calendar year 2025.	M 282		
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 1 of 1 resident reviewed (Resident 1) was evaluated annually for evacuation time, using the department's form. Resident 1 had not been evaluated for evacuation time, using the department's form, since their admission.	M 346		

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M 346	Continued From page 5 Findings include: On 05/12/2026 at approximately 11:30 AM, Surveyors reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 04/03/2025. Resident 1's record did not include an evacuation assessment form since 04/01/2025. Resident 1 was due for his/her annual evacuation assessment on 04/01/2026. On 05/12/2026 at approximately 12:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did not know Resident 1's annual evacuation was not completed. Licensee A stated s/he would update Resident 1's evacuation assessment as soon as possible.	M 346		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the	M 380		

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M 380	Continued From page 6 provider did not ensure 1 of 1 resident (Resident 1) reviewed received a health exam including tuberculosis within 90 days prior to admission or within 7 days after admission. Findings include: On 05/12/2026 at approximately 11:30 AM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 07/31/2024. Resident 1's record did not include evidence of a health exam including tuberculosis skin test. On 05/12/2026 at approximately 12:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he could not locate it in Resident 1's record either. Licensee A stated s/he would have to reach out to Resident 1's physician to receive a copy of it. Surveyors gave Licensee A until 05/13/2026 at 4:00 PM. As of 05/13/2026 at 4:00PM, Surveyors did not receive any additional information regarding Resident 1's health exam including tuberculosis skin test.	M 380		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement.	M 404		

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M 404	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) was completed for 1 of 1 resident (Resident 1) within 30 days of placement. Findings include: On 05/12/2026 at approximately 11:30 AM, Surveyors reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 04/03/2025. -Resident 1's record did not contain a written assessment -Resident 1's record did not contain an ISP. On 05/12/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he could not locate the written assessment or ISP for Resident 1 in his/her record either. Surveyors gave Licensee A until 05/13/2026 at 4:00 PM. As of 05/13/2026 at 4:00 PM, no additional information was received regarding Resident 1's written assessment and ISP.	M 404		