

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/12/2024
NAME OF PROVIDER OR SUPPLIER HELPING HANDS ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2624 19TH STREET RACINE, WI 53403		
(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 02/12/2024, Surveyor conducted a desk review for Helping Hands Assisted Living LLC. One deficiency was identified.	M 000		
M 122	88.03(4)(b) RENEWAL REQUIREMENTS To renew a license, the licensee shall submit to the licensing agency not less than 30 days prior to the date of expiration of the current license, a completed application form, a new program statement if there have been any program changes, the licensure fee required under s. 50.033(2), Stats., and any required fee for a criminal records check. If the license is not renewed, the licensing agency shall give the licensee written notice before expiration of the license. The notice shall clearly and concisely state the reasons for not renewing the license and shall inform the licensee of the opportunity for a hearing under sub. (7). This Rule is not met as evidenced by: Based on record review, the licensee did not ensure the biennial report and license fee were submitted to the department within 30 days prior to the license expiration date. Findings include: On 10/25/2023, the department sent a notice to Licensee A informing them the license for Helping Hands Assisted Living LLC, would expire on	M 122		

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: 0018697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/12/2024
NAME OF PROVIDER OR SUPPLIER HELPING HANDS ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2624 19TH STREET RACINE, WI 53403		
(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 122	Continued From page 1 12/31/2023. The notice indicated the biennial report and license fee were due to the department by 12/01/2023. On 12/07/2023, the department sent a second notice to Licensee A by certified letter, indicating the biennial report and license fee were past due. The notice indicated if the biennial report and license fee were not received by 01/30/2024, the Division of Quality Assurance will proceed with enforcement action, which may include license revocation. On 12/16/2023, the department received a confirmation of delivery. On 02/12/2024, Surveyor reviewed department records and found no evidence a biennial report and license fees were received from the provider. On 02/12/2024, Surveyor reviewed the Wisconsin Department of Financial Institutions (WDFI) website to review the corporate records of the license. According to the WDFI, Helping Hands Assisted Living LLC was delinquent on 07/01/2023. The license expired on 12/31/2023.	M 122		