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
	0018697	A. BUILDING: _____ B. WING _____	R 04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS ASSISTED LIVING LLC	**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 04/24/2024, Surveyor conducted a desk review for Helping Hands Assisted Living LLC. One deficiency was identified. One of 1 was a repeat deficiency (see Statement of Deficiency (SOD) IOFN11, dated 02/12/2024).	{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. This is a repeat deficiency. See Statement of Deficiency (SOD) IOFN11, dated 02/12/2024.	{M 122}		

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

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{M 122}	Continued From page 1 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 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 02/15/2024, the department issued Statement of Deficiency (SOD) IOFN11 with an Order to Comply with Requirements within 10 days of receipt of the SOD and Notice and Order letter. On 04/24/2024, 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. On 04/24/2024, Surveyor reviewed department records and found no evidence a biennial report and license fees were received from the provider. Surveyor found no evidence the provider submitted a notice of closure. The license expired on 12/31/2023.	{M 122}		

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