STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019288	A. BUILDING: _____ B. WING _____	C 08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ANGEL HOME 2 LLC	**2110 HARRIET 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 07/27/2023, Surveyor conducted a complaint investigation at Guardian Angel Homes 2. As a result, 1 deficient practice was identified. Two complaints were unsubstantiated. Census: 4	M 000		
M 514	88.09(2)(a) SERVICE PROVIDER RECORD Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the following: This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure all service provider records were adequately safeguarded against destruction, loss, or unauthorized use in 3 of 3 employees. Licensee A was unable to provide files for Caregiver B, Caregiver C, and Caregiver D. Licensee A reported the personnel records were stolen by Former Coordinator E when s/he was terminated from employment. Findings include: On 07/27/2023, Surveyors requested 3 employee files. No employee files were provided. On 07/27/2023, at 11:00 AM, Surveyors interviewed Licensee A. Licensee A reported s/he could not locate Caregiver B, Caregiver C, and	M 514		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 514	Continued From page 1 Caregiver D personnel files. Provider A stated the files were stolen from her/his office on 06/30/2023. Licensee A reported s/he discovered the employee files were missing on 07/10/2023. Licensee A reported s/he watched video recording from her/his office. Licensee A reported Former Coordinator E was terminated at 6:00 PM on 06/30/2023. Former Coordinator E was seen on video entering Licensee A's office on 06/30/2023, at approximately 7:30 PM. Former Coordinator E was seen leaving Licensee A's office with a large trash bag. Licensee A reported s/he filed a police report to recover the missing files.	M 514		