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 09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ANGEL HOMES 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 09/05/2025, Surveyor conducted a complaint investigation, at Guardian Angel Homes 2 LLC, an Adult Family Home (AFH) in Racine, WI. One deficiency identified. Complaint substantiated. Census: 2	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke,	M 114		

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

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M 114	Continued From page 1 refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee (Caregiver B) reviewed had a background check. Caregiver B did not have a complete background check. At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: - A completed DHS form F-82064, Background Information Disclosure (BID). - A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript. - A Governmental Findings Report (previously "IBIS letter") from Department of Health Services (DHS) that reports the person' s status, including administrative finding or licensing restrictions. Findings include: On 07/24/2025, the Department received a complaint alleging a caregiver has a criminal history. On 09/05/2025, Surveyor reviewed Caregiver B's record and identified the following:	M 114		

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 114	Continued From page 2 -Caregiver B was hired on 10/30/2024. -Caregiver B's BID was completed and signed by him/her on 10/28/2024. -Caregiver B's DOJ record was requested and reported on 11/25/2024 and the following was identified: Licensee A entered the incorrect date of birth for Caregiver B. -Caregiver B's Governmental Findings Report was requested and reported on 11/25/2024 and the following was identified: Licensee A entered the incorrect date of birth and social security number for Caregiver B. On 09/05/2025, at approximately 9:30 AM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's date of birth and social security number was incorrect. Licensee A stated s/he would complete Caregiver B's background check while Surveyor was onsite. On 09/05/2025, at approximately 10:50 AM, Surveyor received Caregiver B's DOJ and Governmental Findings Report from Licensee A and the following was identified: -Caregiver B's Department of Justice (DOJ) record was requested and reported on 09/05/2025 and the following was identified: -"Date of offense: 08/24/2022... Charge: 940.19(1) - Battery... Disposition date: 08/25/2022. Disposition: Charge issued. Sequence number: 01." -"Date of offense: 08/24/2022... Charge: 947.01(1) - Disorderly conduct... Disposition date: 08/25/2022. Disposition: Charge issued. Sequence number: 03."	M 114		

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M 114	Continued From page 3 -Caregiver B's Governmental Findings Report was requested and reported on 09/05/2025 and the following was identified: -No findings. -No denials. -No rehabilitation review findings. -No exclusions. -No professional credential, license or certificate found. -Caregiver B's record did not include a copy of the criminal complaint and judgement of conviction from the clerk of courts for the charges indicated on Caregiver B's background check.	M 114		