STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018877	A. BUILDING: _____ B. WING _____	C 09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HOMES HILLVIEW	8414 W HILLVIEW MEQUON, WI 53097

(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 09/09/2025, Surveyor conducted investigations into 2 complaints at Caring Homes Hillview. Additional information was received through 09/11/2025. Two (2) of 2 complaints were unsubstantiated. One (1) deficiency was identified. Census: 3	M 000		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.	Z 012		

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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CARING HOMES HILLVIEW	**8414 W HILLVIEW MEQUON, WI 53097**

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Z 012	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct an out of state background check for Caregiver A, after caregiver A reported s/he resided out of state in the 3 years prior to the date of employment. Findings include: On 09/09/2025 at 11:00 AM, Surveyor reviewed Caregiver A's record for compliance with background check requirements. Caregiver A was hired on 09/12/2022. On 10/09/2022, Caregiver A completed a background information disclosure form and indicated s/he resided in Ohio during the preceding 3 years. Caregiver A's record did not contain evidence a background check for the state of Ohio was completed. Surveyor interviewed Licensee B at 11:14 AM. S/he confirmed Surveyor's review of the record and stated s/he was unaware of the requirement. Licensee B said s/he would implement a system to ensure compliance with the requirement in the future.	Z 012		