STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019463	A. BUILDING: _____ B. WING _____	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDSTONE HOME	6225 SANDSTONE DR MADISON, WI 53719

(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 09/18/2025, Surveyor conducted a standard licensing survey at Sandstone Home, an AFH located in Madison, WI. As a result of the survey, 5 violations of Chapter DHS 88 were issued. Census: 1	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, refuse to renew or suspend a license,	M 114		

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

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M 114	Continued From page 1 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 that criminal background checks were conducted for Caregiver A and Caregiver B. There were not Department of Justice (DOJ) or Integrated Background Information System (IBIS) checks in Caregiver A or Caregiver B's employee files. Findings include: On 09/18/2025 at 10:15 AM, Surveyor reviewed Caregiver A's employee file. Caregiver A was hired 01/01/2024. There were no documented DOJ or IBIS background checks in Caregiver A's file. On 09/18/2025 at 10:15 AM, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 02/01/2024. There were no documented DOJ or IBIS background checks in Caregiver B's file. On 09/18/2025 at 10:30 AM, Surveyor interviewed Caregiver A. Caregiver A stated that there were DOJ and IBIS background checks for Caregiver A and Caregiver B.	M 114		

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M 114	Continued From page 2 Surveyor gave Caregiver A until 09/22/2025 at 10:00 AM to provide further information. As of 09/22/2025 at 10:00 AM, no further information was provided.	M 114		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that employees were trained in universal precautions. Caregiver B did not have documented training in universal precautions. Findings include: On 09/18/2025 at 9:30 AM, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 02/01/2024. There was no documented training for universal precautions in Caregiver B's file. On 09/18/2025 at 10:00 AM, Surveyor interviewed Caregiver A. Caregiver A acknowledged that Caregiver B is able to work alone and provide assistance to residents. Caregiver A stated that Caregiver B should be	M 235		

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M 235	Continued From page 3 trained in universal precautions. Caregiver A acknowledged that Caregiver B did not have documented training in universal precautions.	M 235		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that employees were trained in first aid. Caregiver B did not have documented training in first aid. Findings include: On 09/18/2025 at 9:30 AM, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 02/01/2024. There was no documented training for first aid in Caregiver B's file. On 09/18/2025 at 10:00 AM, Surveyor interviewed Caregiver A. Caregiver A acknowledged that Caregiver B is able to work alone and provide assistance to residents. Caregiver A stated that Caregiver B should be trained in first aid. Caregiver A acknowledged	M 244		

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M 244	Continued From page 4 that Caregiver B did not have documented training in first aid.	M 244		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that resident rights and grievance procedures were explained and provided to Resident 1. There was no documented resident rights or grievance policy in Resident 1's file. Findings include: On 09/18/2025 at 9:45 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 05/24/2025. There were no documented copies of resident rights policy or grievance policy in Resident 1's file. On 09/18/2025 at 10:00 AM, Surveyor interviewed Caregiver A. Caregiver A stated that Resident 1 was advised of resident rights and grievance policy but no copies were put in Resident 1's file.	M 402		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a	M 474		

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M 474	Continued From page 5 sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that food was stored in a safe, sanitary way. There were multiple food containers that were not labeled. Findings include: On 09/18/2025 at 9:00 AM, Surveyor observed the facility refrigerator. OBSERVATIONS: There was a Tupperware container of an unknown food item that was not labeled. There was a Tupperware container of rice that was unlabeled. There was a Tupperware container what appeared to be corn that was not labeled. There was a Tupperware container of left over meat that was not labeled. There was a Tupperware container of vegetables that was not labeled. On 09/18/2025 at 9:30 AM, Surveyor interviewed Caregiver A. Caregiver A stated s/he did not know that food items must be labeled and that they were only a couple days old. Caregiver A stated that s/he understood that food items in Tupperware containers should be labeled for safety. Caregiver A acknowledged that the food	M 474		

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M 474	Continued From page 6 items above were not labeled, but would be in the future.	M 474		