

Tony Evers
Governor



Kristen L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
NORTHWESTERN REGIONAL OFFICE
PO BOX 48
EAU CLAIRE WI 54702

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November 6, 2025

ELECTRONIC MAIL
SOD #6M2211

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

Cody Anderson
3540 Jeffers Road
Eau Claire, WI 54703

C/O Licensee: Stable Living LLP

Re: 1925 Taft Ave Stable Living LLP, 0019150
1925 Taft Ave
Eau Claire, WI 54701

Dear Cody Anderson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of 1925 Taft Ave Stable Living LLP, located at 1925 Taft Ave, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.033(2), and Wis. Admin. Code § DHS 88.

NOTICE OF VIOLATION

On November 05, 2025, an abbreviated survey & complaint investigation were concluded for 1925 Taft Ave Stable Living LLP by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, or both, which set forth requirements for the administration and operation of an adult family home (AFH). The Department is issuing Statement of Deficiency (SOD) #6M2211 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #6M2211 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes

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the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements.

* * *

If you have questions about this letter, please contact the regional office, at (715) 836-4790.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a long horizontal line extending from the end.

Kenneth Brotheridge, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure

KB/IAJ