STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018194	A. BUILDING: _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STABLE LIVING LLP 928 LAWRENCE AVE	928 LAWRENCE AVENUE ALTOONA, WI 54720

(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 06/13/2025, Surveyor conducted a licensure survey at Stable Living LLP 928 Lawrence Ave. Two deficiencies were identified. Census: 4	M 000		
M 234	88.04(2)(g)2 COMMUNICABLE DISEASE The licensee shall ensure that no one who has a communicable disease reportable under ch. HSS 145 may work in a position in the adult family home where the disease would present a significant risk to the health or safety of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider was screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse, or a physician's assistant, within 90 days before the start of providing service, for 2 of 2 staff (Assistant Program Manager [APM] D and Caregiver E) reviewed. Findings include: This facility is licensed to serve up to 4 residents in the client groups alcohol/drug dependent, correctional clients, traumatic brain injury, developmentally disabled, and emotionally disturbed/mental illness. On 06/13/2025 at approximately 10:00 AM, Surveyor requested to review employee records for APM D and Caregiver E.	M 234		

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
	0018194	A. BUILDING: _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STABLE LIVING LLP 928 LAWRENCE AVE	928 LAWRENCE AVENUE ALTOONA, WI 54720

(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 234	Continued From page 1 APM D had a hire date of 07/31/2024. APM D's record contained a communicable disease and TB screening, dated 07/31/2024, which had no signature by a physician, a registered nurse, or a physician's assistant. APM D's record did not contain documentation of TB test results. Caregiver E had a hire date of 12/18/2024. Caregiver E's record contained a communicable disease and TB screening, dated 12/18/2024, which had no signature by a physician, a registered nurse, or a physician's assistant. Caregiver E's record did not contain documentation of TB test results. On 06/13/2025 at approximately 10:30 AM, Surveyor interviewed Executive Director (ED) B. ED B confirmed they had not done TB skin tests on all their staff within the company yet due to the difficulty of accruing the quantity of TB skin tests needed. ED B stated they recently bought 150 TB skin tests to be administered to staff company wide. ED B stated one of their other program managers was a licensed practical nurse (LPN) and would be administering the TB skin tests to staff soon. On 06/13/2025 at 11:37 AM, Surveyor interviewed Integrator A, ED B, Program Manager (PM) C, and APM D. They understood the concern and were working to correct it throughout the whole company. The provider did not ensure each service provider was screened for illness detrimental to residents, including TB, by a physician, a registered nurse, or a physician's assistant, within 90 days before the start of providing service, when 2 out of 2 caregivers reviewed did not have a completed TB	M 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018194	A. BUILDING: _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STABLE LIVING LLP 928 LAWRENCE AVE	928 LAWRENCE AVENUE ALTOONA, WI 54720

(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 234	Continued From page 2 test in their record and the health screening was signed by the human resources staff that was not a physician, a registered nurse, or a physician's assistant.	M 234		
M 570	88.10(3)(I) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 4 of 4 residents were safeguarded from environmental hazards, when the dryer vent did not consist of rigid metal and the deck had loose boards. Findings include: "House fires caused by dryers are more common than many people realize, based on statistics from the National Fire Protection Agency and the Consumer Product Safety Commission, which cite that around 15,000 fires each year can be attributed to improper lint cleanup and maintenance of the home's clothes dryer. Fortunately, these fires are very easy to prevent.	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018194	A. BUILDING: _____ B. WING _____	C 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STABLE LIVING LLP 928 LAWRENCE AVE	928 LAWRENCE AVENUE ALTOONA, WI 54720

(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 570	Continued From page 3 The recommendations outlined below reflect International Residential Code (IRC) SECTION M1502 CLOTHES DRYER EXHAUST guidelines: M1502.5 Duct construction. Exhaust ducts shall be constructed of minimum 0.016-inch-thick (0.4 mm) rigid metal ducts, having smooth interior surfaces, with joints running in the direction of air flow. Exhaust ducts shall not be connected with sheet-metal screws or fastening means which extend into the duct. This means that the flexible, ribbed vents used in the past should no longer be used. They should be noted as a potential fire hazard if observed during an inspection." (Retrieved on 06/17/2025 from the International Association of Certified Home Inspectors web page at https://www.nachi.org/dryer-vent-safety.htm). On 06/13/2025 at 11:15 AM, Surveyor observed a flexible dryer vent in use. On 06/13/2025 at approximately 11:25 AM, Surveyor observed the deck on the back of the house had a loose handrail on the right side of the stairway leading down to the backyard. The deck also had a loose top railing board across from the patio door. On 06/13/2025 at 11:37 AM, Surveyor interviewed Integrator A, ED B, Program Manager (PM) C, and APM D. They understood the concerns and said they would correct them right away. The provider did not ensure 4 of 4 residents were safeguarded from environmental hazards when the dryer vent did not consist of rigid metal and the deck had loose boards.	M 570		