Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019383	A. BUILDING: _____ B. WING _____	C 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA UPNORTH INC	**3041 KILBOURNE AVE EAU CLAIRE, WI 54703**

(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 09/15/2026, Surveyor conducted an abbreviated survey and complaint investigation at Casa UpNorth Inc. The complaint was substantiated. One deficiency was identified. Census: 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the department was notified within 24 hours when a resident experienced a significant change in status. Resident 1 fell on 06/14/2026 and was hospitalized for injuries. Findings include: On 07/06/2026, the department received a complaint regarding the provider's reporting	M 134		

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

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M 134	Continued From page 1 practices. On 09/15/2026, Surveyor reviewed the provider's correspondence with the department. The provider submitted a self-report indicating Resident 1 fell on 06/14/2026 and was hospitalized. The self-report was submitted on 06/29/2026. At approximately 2:00 PM, Surveyor interviewed Owner A and House Manager (HM) B. HM B stated they believed Resident 1 had a seizure when s/he fell in the bathroom. Resident 1 was sent to the emergency department and hospitalized for 2 days. Resident 1 sustained a facial fracture because of the fall. Surveyor asked Owner A if s/he reported the incident to the department. Owner A stated, "I was late in reporting it." Owner A stated s/he did report the incident timely to Resident 1's managed care organization. The provider did not ensure the department was notified within 24 hours when Resident 1 was hospitalized after a fall.	M 134		