

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013540	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/07/2026
NAME OF PROVIDER OR SUPPLIER BRIDGE PATH		STREET ADDRESS, CITY, STATE, ZIP CODE 503 S WATER SPARTA, WI 54656		
(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
N 000	Initial Comments On 08/04/2026, Surveyor conducted a complaint investigation at Bridge Path. Data collection continued through 08/07/2026. The complaint was substantiated. One deficiency was identified. Census: 38	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Findings include: On 05/05/2026, the Department received a complaint regarding the provider's medication management. The provider is licensed to care for 40 residents in the client groups: irreversible dementia/Alzheimer's disease and advanced aged. On 08/04/2026 at 1:15 PM, Surveyor requested	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 352	Continued From page 1 Resident 1's record. Resident 1 was admitted on 10/15/2025 and was his/her own decision maker. Resident 1 had diagnoses that included adenocarcinoma of the right lung, non-small cell cancer of the right lung, and severe chronic obstructive pulmonary disease (COPD). The individual service plan (ISP) last reviewed on 10/15/2025, indicated staff managed and administered Resident 1's medications. The November 2025 medication administration record (MAR) indicated Resident 1 was prescribed Umeclidinium Bromide to inhale one puff daily for his/her COPD on 11/19/2025. The December 2025 MAR indicated Resident 1 did not receive his/her first dose of Umeclidinium Bromide until 12/02/2025. On 08/04/2026 at approximately 4:20 PM, Surveyor interviewed Nurse Care Coordinator (NCC) A. NCC A indicated Significant Other (SO) B typically went with Resident 1 to appointments. NCC A stated SO B had not turned in the appointment paperwork when Umeclidinium Bromide was originally ordered. NCC A stated the order was missed until it was discovered in December 2025 when s/he reviewed Resident 1's medications on the portal system. NCC A indicated s/he had started to check resident's appointment records in the portal system after their medical appointments to make sure new orders were not missed. The provider did not ensure Resident 1 received an inhaler medication when it was initially prescribed.	N 352			

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