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
	0010016	A. BUILDING: _____ B. WING _____	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE STREET HOME	2111 W BRIDGE ST MILWAUKEE, WI 53221

(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 04/15/2026, Surveyor conducted a standard survey at Bridge Street Home. As a result, one deficiency was identified. Census: 3	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 report to the Department within 24 hours, when 1 (Resident 1) of 1 resident reviewed experienced an accident, resulting in a serious injury. Resident 1 experienced a fall and was sent to the emergency room for evaluation and treatment. Resident 1 was found to have an elbow fracture. Findings include: On 04/15/2026, at approximately 7:30 AM, Surveyor completed a review of the Department facility folder. Surveyor did not observe any self-reports submitted to the Department in 2025.	M 134		

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

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M 134	Continued From page 1 On 04/15/2026, at 9:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/13/2019 with diagnosis including severe intellectual disability. On 04/15/2026, at 9:30 AM, Surveyor reviewed an incident report, dated 08/28/2025 at 12:15 AM. The incident report indicated Resident 1 sustained a fall and was treated in a hospital. Surveyor reviewed Resident 1's after visit summary (AVS), dated 08/28/2025. The diagnosis listed on the AVS indicated Resident 1 sustained a "closed bicondylar fracture of distal end of left humerus..." On 04/15/2026, at 10:30 AM, Surveyor interviewed Licensee A and House Manager B. House Manager A reported s/he reported the fall to Resident 1's case manager and guardian. House Manager A reported s/he was unaware of the code requirement to report the accident resulting in serious injury to the Department within 24 hours. Licensee A and House Manager B reported all staff would be trained on code requirement for self-reports.	M 134		