

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  415044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/31/2025
NAME OF PROVIDER OR SUPPLIER  Friendly Home Inc The		STREET ADDRESS, CITY, STATE, ZIP CODE  303 Rhodes Avenue Woonsocket, RI 02895	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46118</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store drugs and biologicals in accordance with currently accepted professional principles relative to 1 of 1 unit observed.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled, Ordering and Receiving Controlled Medications dated January 2023 states in part, .Only authorized, licensed nursing and pharmacy personnel have access to controlled medications .</p> <p>Record review of a facility policy titled, Controlled Medication Storage dated January 2025 states in part, .A controlled medication accountability record is prepared when receiving inventory if any controlled substance to establish a record of receipt and disposition in sufficient detail to enable accurate reconciliation. The following information is completed: .Name of resident .Prescription number .Name, strength (if designated), and dosage form of medication .date received .quantity received .name of person receiving medication .</p> <p>Review of a facility reported incident submitted to the Rhode Island Department of Health on 3/27/2025 indicated that on 3/25/2025 narcotic patches were delivered to the facility but were not able to be located. The report further alleges that the nurse had no recollection of receiving the medication from the pharmacy.</p> <p>Record review revealed Resident ID #1 was admitted to the facility in February of 2025 with diagnoses including, but not limited to, a chronic inguinal (groin) wound and pain to the left hip.</p> <p>Record review revealed a physician order for Buprenorphine patch (a controlled opioid medication used to treat substance use disorder and pain) 10 micrograms (mcg) once every Tuesday.</p> <p>Review of a pharmacy shipping manifest revealed four Buprenorphine 10 mcg patches were delivered to the facility on [DATE] and signed by Nursing Assistant (NA), Staff A.</p> <p>Review of the controlled substance count book failed to reveal evidence that the Buprenorphine had been received and added to the count.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 3/31/2025 at 10:56 AM with Staff A, he indicated that he signed for the controlled medication on 3/25/2025 and should not have.</p> <p>During a surveyor interview on 3/31/2025 at 11:06 AM with Registered Nurse, Staff B, she indicated that she was the nurse on the unit on 3/25/2025 and does not recall receiving any medications from the pharmacy. She further indicated that NAs should not sign and receive medications from the pharmacy.</p> <p>During a surveyor interview on 3/31/2025 at approximately 12:30 PM with the Director of Nursing Services, he acknowledged that the NA signed that he received the Buprenorphine and should not have. He further acknowledged that the controlled medication had not been documented as received into the narcotic book as outlined in the facility policy.</p>		