Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 07/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025	
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 con	tact 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)			
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 47939 Based on record review and staff interview, it has been determined that the facility failed to ensure that services provided by the facility meet professional standards of quality relative to following physician's orders for 1 of 4 residents reviewed, Resident ID #1. Findings are as follows: 1a. Record review of a community reported complaint submitted to the Rhode Island Department of Health on 5/20/2025 alleges that Resident ID #1 was prescribed a pain patch from the hospital to be given to Resident ID #1 on 5/15/2025 and it wasn't administered to him/her until 5/16/2025 at 8:00 PM. According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients. Record review revealed Resident ID #1 was readmitted to the facility in May of 2025 with diagnoses including, but not limited to, spinal fusion and orthopedic aftercare. Record review revealed a physician's order dated 5/15/2025, to administer Buprenorphine patch (a medication prescribed to treat pain) 5 micrograms (mcg) per hour; apply patch once a week on Thursday. Record review of the May 2025 Medication Administration Record (MAR) revealed that the Buprenorphine was signed off as administered as ordered on 5/15/2025. During a surveyor interview on 5/22/2025 at 11:01 AM with the Unit Manager, Registered Nurse, Staff A, she indicated that the Buprenorphine patch was not available in the facility on 5/15/2025 for administration to the resident, although it was signed off as administered by Registered Nurse, Staff B, she acknowledged she signed off the Buprenorphine patch as administered to the resident although it was not. 1b. Record review of an interview provided by the facility, dated 5/16/2025, to administer Dilaudid (a medication prescribed to treat pain) 4 milligrams			

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 415044

If continuation sheet Page 1 of 2

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			No. 0938-0391	
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 05/22/2025	
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 con	tact 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)			
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	signed off as administered on 5/21/ Record review of the Narcotic book times and not the 4 mg, as ordered -5/21/2025 at 11:45 AM -5/22/2025 at 11:00 AM During a surveyor interview on 5/22 she acknowledged that she administrated of the 4 mg, as ordered. During a surveyor interview on 5/22 acknowledged that Resident ID #1	revealed the resident received Dilaudi 2/2025 at approximately 12:15 PM with stered 2 mg of Dilaudid to the resident 2/2025 at approximately 2:10 PM with t did not receive his/her Buprenorphine uld be his expectation for the resident t	d 2 mg on the following dates and Licensed Practical Nurse, Staff C, on 5/21/2025 and 5/22/2025 he Director of Nursing Services, he as ordered on 5/15/2025.	