

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER Aria at Villa Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Park St. Friendship, WI 53934	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility did not ensure for 2 of 7 residents (R2 and R5), each resident received food with at a palatable temperature. An anonymous complainant voiced concerns regarding food temperatures. R2 and R5 voiced concern related to cold food. Test tray found food was not served at appropriate temperatures. In addition, the cauliflower/broccoli was mushy. Evidenced by Facility policy, Food Temperatures, undated, states, as follows: Procedure: All hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees F (Fahrenheit). All cold food items must be stored and served at a temperature of 41 degrees F or below. Food preparation and service areas will follow these methods: Hold foods at or below 41 degrees F for cold foods and at or above 135 degrees F for hot foods (to keep food out of the temperature danger zone.)The facility serves the halls in the following order: 300, 100, 200. Surveyor requested a room test tray after all the residents on the 200 wing were served lunch. On 8/5/25 at 11:50 AM, Surveyors observed staff begin tray line. At 12:40 PM, the food cart was brought to the 200 wing (the last wing served). At 12:46 PM, Surveyor was provided with a test tray after the last person on the 200 wing was served lunch. The food temperatures were as follows: Chicken Tetrazzini 128.7 F (Fahrenheit), Cauliflower /Broccoli 130.5 F, Milk 50.5 F. The food was cold and not palatable. The cauliflower/broccoli was mushy and not palatable. On 8/5/25 at 9:43 AM, Surveyor spoke with R2. R2 stated, half the times her eggs are cold. On 8/5/25 at 10:00 AM, Surveyor spoke with R5. R5 stated, the food is not always hot enough. On 8/5/25 at 2:10 PM, Surveyor spoke with DM C (Dietary Manager). DM C stated, staff were running late for tray line today. DM C stated, staff usually start tray line at 11:50 AM and are done at 12:10 PM. DM C added, there is a new staff member in training in the kitchen and that may have slowed the tray line process. Surveyor asked DM C, what temperature should food be when it's served to residents. DM C stated, we do not want food to be under 140 degrees F (Fahrenheit) when it reaches the residents. DM C stated, cold foods should not be served less than 40 degrees F. Surveyor stated, Chicken Tetrazzini on the Test Tray was 128.7 degrees F. DM C stated, that is cold, it should be at least 140 degrees F. DM C stated, she has not had complaints regarding cold food just the food items themselves. Surveyor shared the milk was 50.5 degrees. DM C stated, the milk needs to be at 40 degrees F or below. Surveyor shared with DM C the food was not palatable due to the temperature of the foods and the broccoli/cauliflower being overcooked and mushy.</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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