

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 09/16/2025
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)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (continued on next page)		

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not make prompt efforts to document, investigate, and resolve grievances a resident may have for 1 of 3 residents reviewed for grievances (R2). R2 voiced a grievance to the facility, and the facility did not complete appropriate interviews or provide follow up with the complainant after the conclusion of the investigation. Evidenced by: The facility's policy titled Grievance Policy dated 4/1/25 states in part .4. The Grievance Officer will route the grievance to the appropriate department head related to the grievance filed, and an investigation of the grievance will be conducted. Based on the nature of the grievance, the Grievance Officer will initiate any additional interventions that are indicated at that time. When indicated, a review of the resident's medical record to obtain information regarding the resident's clinical condition will be completed.5. After thorough research has been conducted, the Department Head and/ or Grievance officer will work with staff identified as key individuals critical to problem resolution for the specifically identified concern.7. The resident will be provided with a verbal follow- up to their grievance, including the following information: a. The name of the Department Head conducting the investigation. b. The steps are taken to investigate the grievance. c. The final results of the grievance- a. Signature by resident or representative on grievance document. R2 was admitted to the facility on [DATE] with diagnoses that include fracture of left pubis (a break in the pubic bone (pelvis)), type 2 diabetes mellitus, major depressive disorder, and chronic pain. R2's most recent MDS (Minimum Data Set) dated 8/26/25 states that R2 has a BIMS (Brief Interview of Mental Status) of 15 out of 15, indicating that R2 is cognitively intact. R2's physician orders state in part: Hydrocodone- acetaminophen 10/325mg (milligrams) Give 2 tablets by mouth 6 times a day for pain. On 8/21/25, R2 reported to facility staff that she had concerns regarding a specific nurse and not getting the correct medications. The facility filed a grievance. The facility's document titled Grievance Form states in part Date grievance submitted: 8/21/25.Grievance Information: Nurse [Nurse's Name] gave medications on the night shift she was unsure of.Requested Grievance Resolution: Resident had no request immediately then informed [SSD (Social Services Director) Name] that she wanted it looked into.Summary of Investigation Findings/Conclusion: [R2] recognized a medication on 8/21 by [Nurse's Name] that she was not aware of She did not care for interaction with - see [SSD Name] attached. Was the grievance substantiated? Yes. The facility took the following corrective action: Med count was correct and accurate. [Nurse's Name] was called on 8/21/25 by [NHA (Nursing Home Administrator) Name] and [DON (Director of Nursing) Name] staff member was written up via verbal conversation on 8/21/25.The attached documentation mentioned above from SSD C states in part .The resident reported that she had an experience with the night nurse [Nurse's Name] she felt unsettled about. Resident stated on the NOC (night) shift the night before our conversation on 8/21/25 the nurse brought her medications to her room, and the resident requested that the meds be handed to her and not given directly from med cup.When she looked at the 3 medications in her cup, she recognized 2 of the medications but one of them looked different. When the resident questioned the nurse, [Nurse's Name] took the medications to the hall where the med cart was and returned within a reasonable amount of time with the correct medication. It is important to note that the grievance investigation does not have documentation of staff or resident interviews, other than SSD C's interview with R2. Additionally, the facility does not have documentation that the resolution of the grievance was communicated, in writing, with the resident. On 9/16/25 at 12:22 PM, Surveyor interviewed R2. Surveyor asked R2 to explain the incident, R2 reported that the nurse came into her room to administer her medications and attempted to pour the medications into her mouth, instead of handing them to her. R2 stated that she requested the medications to be placed into her hand and then realized that she did not have the correct medications, stating that she has taken these medications for 15 years and knows what they look like. R2 reported that the nurse then went back to the med cart and brought in the correct medications. Surveyor asked R2 who she reported her concerns to, R2 stated SSD C. Surveyor asked R2 if the facility followed up with her regarding a resolution, R2 stated no. On 9/16/25 at 12:30 PM, Surveyor interviewed SSD C. Surveyor asked SSD C what the process is once a resident expresses a grievance, SSD C stated that the facility initiates an investigation. Surveyor asked SSD C if facility staff follow- up with residents to discuss the resolution once the grievance has been fully investigated, SSD C stated that they follow- up with residents or their representatives verbally and it is signed off on the bottom of the grievance form by facility staff. Surveyor asked SSD C if they obtain a signature from the resident or their representative indicating that they agree or disagree with the resolution</p>		