

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 04/22/2026
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not immediately notify and consult with a resident's physician when there was a change in condition. This occurred for 1 of 15 Residents (R16) reviewed for notification of change in condition. R16 had weight gains or losses greater than three pounds in one day and a physician was not notified as ordered. This is evidenced by: The facility's policy, titled Change of Condition Process, effective 3/1/21, states in part: Policy Statement: The purpose of this policy is to promptly implement a system for a resident having a change in condition. A change in condition is defined as an improvement or decline in their physical, mental, or psychosocial status. Procedure: Change of Condition: 1. When a change of condition or change from baseline is observed and reported, the licensed nurse is responsible for evaluating the Resident's condition. Examples of a condition change are as follows, but not limited to: a. Weight loss, gain or change in appetite. 3. The physician will be notified. R16 was admitted to the facility on [DATE] with diagnosis that include pulmonary hypertension (high blood pressure in the lung arteries), acute respiratory failure with hypercapnia (respiratory failure due to too much carbon dioxide in the blood), and chronic kidney disease - stage 3 (mild to moderate kidney impairment). R16's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 3/23/26 indicates R16 has a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating she is cognitively intact. R16's physician orders include the following: Bumetanide (loop diuretic used to treat excess fluid retention) oral tablet 2 mg - Give 2 tablets by mouth two times a day for edema. Take in the morning and late afternoon. Start date: 3/17/26. -Daily weights: Call MD (medical doctor) if 3 # (pound) change overnight or 5 # change [per week] - Every day shift for weight monitoring due to diuretic. Start date: 3/18/26. R16's Medication Administration Records (MAR) for March and April 2026 document the following weight gains or losses greater than three pounds in one day without a physician notification: -3/18/26: 152.6 lbs (pounds)-3/19/26: 145.8 lbs [change of -6.8 lbs] -3/22/26: 144.8 lbs-3/23/26: 141 lbs [change of -3.8 lbs] -4/1/26: 136.2 lbs -4/2/26: 139.7 lbs [change of +3.5 lbs] -4/3/26: 139.9 lbs-4/4/26: 132 lbs [change of -7.9 lbs] -4/10/26: 133.9 lbs-4/11/26: 129.2 lbs [change of -4.7 lbs]-4/12/26: 135.2 lbs [change of +6 lbs] On 4/21/26 at 2:50 PM, Surveyor spoke with R16. R16 indicated she gets weighed early every morning before she eats breakfast. On 4/22/26 at 11:18 AM, Surveyor interviewed RN D (Registered Nurse) and asked how physicians are notified about resident changes, such as weight loss. RN D indicated nurses can communicate directly with physicians via a secure messaging app called Hucu. RN D logged into the app and pulled up the physician messaging history for R16. There was a message in March letting a physician know about weight loss, but RN D indicated there were no notifications regarding weight loss changes of three pounds in a day. On 4/22/26 at 12:02 PM, Surveyor spoke with DON B (Director of Nursing B) regarding R16's order to notify a physician of any weight loss changes of three pounds in a day. DON B told surveyor to speak with ADON C (Assistant Director of Nursing) about this. ADON C reviewed messages on the Hucu app for R16. On 3/18, there was a general notification about R16 being admitted to the facility. On 3/26, weight loss was reported. On 4/15, there was an additional notification regarding weight. ADON C indicated the facility (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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>tries to establish a baseline weight for the first three days a resident is admitted to the facility. Notifications regarding weights would be made via Hucu. ADON C indicated whether a physician is notified depends on when weights are taken. They should be taken right away in the morning to be consistent. Sometimes the resident refuses in the morning and they are done later in the day, so that may not be an accurate change. ADON C indicated she would look to see if she could find any other notifications for R16. On 4/22/26 at 2:40 PM, NHA A (Nursing Home Administrator) indicated a physician has been in the building to see R16 and has reviewed her weights. On 4/22/26 at 3:58 PM, Surveyor spoke with NHA A and DON B regarding R16. NHA A indicated ADON C was still looking through notifications to see if they corresponded to the weight changes. Surveyor let NHA A and DON B know that if the order to notify the physician isn't being followed, this is a concern- especially since nurses can easily send a message to the physician using the Hucu app. On 4/22/26 at 4:30 PM, NHA A indicated she would send over the physician notifications that she could find regarding R16's weight changes. NHA A indicated sometimes physicians include generic orders like this for residents, but R16 is being seen by doctors on a weekly basis, and they review her weights and vitals. Surveyor reviewed documentation provided by NHA A. Nursing staff notified a physician on 3/26/26 of R16's weight loss since admission. Nursing staff also notified a physician of R16's weight gain from 4/11/26 to 4/15/26 via the Hucu app on 4/15/26 and was asked if R16 had any signs or symptoms of fluid overload. R16 had provider visits on the following dates: 3/18/26, 3/25/26, 4/6/26, 4/8/26, 4/15/26, and 4/20/26. There is no documentation that a physician was notified of weight changes on the following dates: 3/19/26, 3/23/26, 4/2/26, 4/4/26, 4/11/26, and 4/12/26.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, are reported immediately to the administrator of the facility and to other officials, including the State Survey Agency, in accordance with State law through established procedures for 1 of 3 incidents reviewed, affecting 1 of 2 residents (R34).R34 had a potential allegation of abuse and the facility did not submit a report to the State Agency (SA).Evidenced by:The facility's Abuse Prevention Program, undated, states, in part: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and secure environment. The purpose of this policy is to assure that the facility is going all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. This will be done by: . *filing accurate and timely investigative reports.R34 admitted to the facility on [DATE] and had diagnoses that include, in part: chronic obstructive pulmonary disease (a progressive lung disease causing breathing difficulty); chronic combined systolic and diastolic heart failure (a complex heart condition that presents with symptoms like fatigue and uncomfortable or difficult breathing); muscle wasting and atrophy (loss of muscle mass and reduction in size of muscle, often leading to reduced strength); weakness; cognitive communication deficit (a communication impairment stemming from cognitive issues such as memory, attention, or executive dysfunction-inability to regulate emotions, thoughts, actions-, rather than a language deficit); need for assist with personal care.R34's Progress Notes include:*3/12/26 11:53 AM BIMS (Brief Interview for Mental Status) Evaluation: Brief Interview of Mental Status should not be conducted. (Resident is rarely/never understood). Complete staff assessment for mental status. Resident was unable to complete Brief Interview for Mental Status. Seems or appears to recall after 5 minutes: Memory Problem. Seems or appears to recall long past: Memory problem. Resident can identify current season. Resident is able to recall he or she is in a nursing home/hospital swing bed. Resident made decisions regarding tasks of daily life: Moderately impaired.*3/12/26 1:48 PM Resident requested suppository for constipation. Writer and CNA (Certified Nursing Assistant) repositioned resident on left side writer inserted suppository. While inserting suppository resident screamed loudly stop, stop you are elbowing me.On 4/22/26 at 10:53 AM, Surveyor interviewed DON B (Director of Nursing) and asked what about if a resident says, Stop, stop you're elbowing me. DON B stated, stop, apologize, get another person to assist, report to the nurse. Surveyor asked if a nurse is involved, is this to be reported. DON B stated yes. Surveyor and DON B reviewed R24's progress note and DON B stated I don't recall this situation, but I feel I would've followed up on this; would've updated NHA A (Nursing Home Administrator) and we would start an investigation.On 4/22/26 at 11:43 AM, Surveyor interviewed NHA A stated I was in at the time of the incident. I spoke with the staff and the resident. Surveyor asked to review documentation of the interviews. NHA A stated there was no documentation. Surveyor asked if the incident was reported. NHA A stated no. Important to note: a facility report was not submitted to the state agency following the incident.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not complete a thorough investigation in response to allegations of abuse for 1 of 3 incidents reviewed affecting 1 of 2 residents (R34). On 3/12/26, the facility became aware of an alleged violation of abuse for R34. The facility did not interview other residents and staff about the allegation. Evidenced by: The facility's Abuse Prevention Program, undated, states, in part: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and secure environment. The purpose of this policy is to assure that the facility is going all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. This will be done by: . *implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences; . VI. Internal Investigation 1. All incidents will be documented, whether or not abuse neglect, exploitation, mistreatment or misappropriation of resident property occurred, was alleged or suspected. 2. Any incident or allegation involving abuse, neglect, exploitation, mistreatment or misappropriation of resident property will result in investigation. 4. Investigation Procedures. The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable. Any written statements that have been submitted will be reviewed, along with any pertinent medical records or other documents. Resident whom the accused has regularly provided care, and the employees with whom the accused has regularly worked, will be interviewed. R34 admitted to the facility on [DATE] and had diagnoses that include, in part: chronic obstructive pulmonary disease (a progressive lung disease causing breathing difficulty); chronic combined systolic and diastolic heart failure (a complex heart condition that presents with symptoms like fatigue and uncomfortable or difficult breathing); muscle wasting and atrophy (loss of muscle mass and reduction in size of muscle, often leading to reduced strength); weakness; cognitive communication deficit (a communication impairment stemming from cognitive issues such as memory, attention, or executive dysfunction-inability to regulate emotions, thoughts, actions-, rather than a language deficit); need for assist with personal care R34's Progress Notes include: *3/12/26 11:53 AM BIMS (Brief Interview for Mental Status) Evaluation: Brief Interview of Mental Status should not be conducted. (Resident is rarely/never understood). Complete staff assessment for mental status. Resident was unable to complete Brief Interview for Mental Status. Seems or appears to recall after 5 minutes: Memory Problem. Seems or appears to recall long past: Memory problem. Resident can identify current season. Resident is able to recall he or she is in a nursing home/hospital swing bed. Resident made decisions regarding tasks of daily life: Moderately impaired. *3/12/26 1:48 PM Resident requested suppository for constipation. Writer and CNA (Certified Nursing Assistant) repositioned resident on left side writer inserted suppository (medication for constipation inserted rectally). While inserting suppository resident screamed loudly stop, stop you are elbowing me. On 4/22/26 at 10:41 AM, Surveyor interviewed RN E (Registered Nurse) and asked what staff does if a resident says stop. RN E stated you stop and ensure safety. Surveyor asked about R34. RN E stated R34 called out a lot for many things. In this situation, the resident has been many days without a bowel movement and it was mid insertion (of the suppository). A CNA (Certified Nursing Assistant) was with me to assist with positioning. R34's family had a camera in the room and they were listening to us. The family could've thought that we were abusing her, I wanted to document to show that we weren't. Surveyor asked if the incident was reported. RN E stated I'm certain that I told DON B (Director of Nursing) because this could sound abusive. On 4/22/26 at 10:53 AM, Surveyor interviewed (continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>DON B and asked what about if a resident says Stop, stop you're elbowing me. DON B stated, stop, apologize, get another person to assist, report to the nurse. Surveyor asked if a nurse is involved, is this to be reported. DON B stated yes. Surveyor and DON B reviewed R24's progress note and DON B stated I don't recall this situation, but I feel I would've followed up on this; would've updated NHA A (Nursing Home Administrator) and we would start an investigation. On 4/22/26 at 11:43 AM, Surveyor interviewed NHA A (Nursing Home Administrator) who stated I was in at the time of the incident. RN E stopped me and said R34 said we were elbowing her and we weren't. I spoke with CNA G and asked if the resident was elbowed; CNA G said no, I think it I was holding him/her with my hands. NHA A stated I went to see R34 to see how R34 was doing. R34 has some cognitive issues; sometimes was spot on, other times might not respond or could take a bit for response. I asked if there was anything wrong. R34 said no. Surveyor asked if other residents under the care of RN E and CNA G were conducted. NHA A stated no. Surveyor asked to review documentation of the interview with RN E, CNA G and R34. NHA A stated there was no documentation. Surveyor asked if there was a complete investigation of the incident. NHA A stated I talked with the staff involved and the resident. The staff stated there was no elbowing. Surveyor asked if holding a resident, without use of elbows, could be hurting a resident. NHA A stated it is possible. Surveyor asked if it is important to interview other residents regarding their care as part of an investigation. NHA A stated, I get that.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure adequate interventions were in place for safety to prevent accidents from occurring for 1 of 1 resident (R25) reviewed for elopement. The facility did not ensure that R25 was wearing a WanderGuard each shift from 12/23/25 to present. Evidenced by: The facility policy entitled Elopement Prevention and Missing Resident Policy, revised on 10/10/25. Policy states in part: .Residents who are at risk for elopement shall be provided with at least one of the following safety precautions. 1. A WanderGuard device that will notify facility staff when the resident has left the building without supervision. All WanderGuard safety devices and door alarms should be placed appropriately and maintained and tested per the manufacturer's instructions as part of the facilities Prevention Maintenance Program. The regular testing of all Wander Guard safety devices shall be documented and included as part of the Preventative Maintenance Program. R25 was admitted to the facility on [DATE] with diagnoses that include dementia (decline in brain function that severely affects memory, thinking, and daily activities), anxiety disorder, and depression (mood disorder including persistent sadness, loss of interest in activities, and fatigue). R25's Minimum Data Set (MDS) assessment, dated 6/24/2026, indicated a Brief Interview for Mental Status (BIMS) of 3 which indicates severe cognitive impairment. R25's physician order states as follows: Check Wanderguard function and placement every shift. Expires 11/13/26. Order Date 12/23/25 Start Date 12/23/26. (Of note, the order start date was entered as 12/23/26 instead of 12/23/25.) R25 has an Elopement risk assessment dated [DATE]. Conclusion: At risk for elopement. Plan: Wander Guard in place. R25's Treatment Administration Record (TAR) from admission on 6/2025 to 12/23/25 states as follows: Check Wander Guard function and placement every shift. Expires 12/23/25. Starting 12/23/25 to 4/22/26 there is no order in TAR for checking the Wander Guard. On 4/20/26 at 3:06 PM surveyor observed resident with WanderGuard on his L (left) wrist. On 4/22/26 at 11:03 AM, Surveyor interviewed RN E (Registered Nurse). Surveyor asked RN E what is your process when someone has a WanderGuard. RN E responded they get an assessment first, then activate the WanderGuard which has an expiration date, chart each shift after testing the WanderGuard. We also have a binder with a picture of each resident in the nurse's station. Surveyor asked RN E where is the WanderGuard check documented. RN E stated in the TAR. Surveyor asked RN E if R25 had a WanderGuard. RN E stated oh yes. Surveyor asked if RN E could show this surveyor the documentation in the TAR. RN E looked in the TAR and stated that she did not have any documentation in the TAR. On 4/22/26 at 11:20 AM, surveyor interviewed DON B. Surveyor asked where documentation with a WanderGuard would be found. DON B stated in the TAR every shift. Surveyor asked if DON B could look up R25's TAR for WanderGuard documentation. DON B was not able to find documentation on WanderGuards in the TAR. Surveyor showed DON B the physician order, and DON B stated that she wrote the wrong start date for the order, it was supposed to be 12/23/25 and it was written 12/23/26. DON B states I just put the wrong year for the start date. Surveyor asked DON B would you expect your nursing staff to document on the WanderGuard residents every shift. DON B stated yes.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure that a resident who needs respiratory care is provided such care consistent with professional standards of practice for 1 of 1 Residents (R7) reviewed for oxygen.R7 did not have oxygen tubing changed on a weekly basis.Evidenced by:The facility's Oxygen Tubing Change Procedure policy, undated, states, in part: Purpose: To ensure safe, sanitary, and effective delivery of oxygen therapy while minimizing the risk of infection and equipment malfunction. Policy Statement: Oxygen delivery devices (including cannulas, masks, and tubing) will be changed routinely and as needed based on resident condition, infection control standards, and manufacturer recommendations. Procedure 1. Routine Tubing Change Frequency- Oxygen tubing and delivery devices shall be changed: . *Every 14 days if humidification is in use. *Per manufacturer recommendations if more stringent .R7 admitted to the facility on [DATE] and has diagnoses that include, in part: acute on chronic diastolic (congestive) heart failure (a heart condition with symptoms including severe shortness of breath and fatigue); interstitial pulmonary disease (a group of lung disorders characterized by inflammation or scarring of the lung tissue, making it difficult to breathe and absorb oxygen); chronic respiratory failure (a long term condition where the lungs cannot adequately exchange oxygen and carbon dioxide, leading to low oxygen levels)R7's Physician Orders include: change oxygen tubing weekly Friday. Change oxygen supplies including cannula, tubing, humidifier bottles / wash filter on concentrator at this time. Initial and Date supplies.Start date 11/14/25On 4/20/26 at 10:34 AM, Surveyor observed R7 in his/her room, wearing an oxygen nasal cannula that was attached to an oxygen concentrator with humidification, running at 3 LPM (liters per minute). A green tag on the tubing was labeled with Change-Tuesday Date 3/31. On 4/20/26 at 10:53 AM, Surveyor interviewed CNA F (Certified Nursing Assistant) and asked about oxygen tubing. CNA F stated the tubing is changed weekly. Surveyor asked CNA F when R7's tubing was changed. CNA F looked at the label on R7's tubing and stated the date is 3/31.On 4/22/26 at 7:49 AM, Surveyor interviewed DON B (Director of Nursing) and asked about oxygen tubing. DON B stated it needs to be changed weekly, and we missed that for R7.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. This affected 1 of 1 sampled residents (R8) reviewed for medication errors. R8 was given morphine sulfate oral solution (an opioid prescribed to relieve pain) after the printed expiration date on the medication card. This is evidenced by: The facility's policy, titled Medication Storage in the Facility, revised 1/18, states in part: Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. Procedures: H. Outdated, contaminated, or deteriorated medications are immediately removed from inventory, disposed of according to procedures for medication disposal, and reordered from the pharmacy, if a current order exists. Expiration Dating (Beyond-use dating): A. Expiration dated (beyond-use date) of dispensed medications shall be determined by the pharmacist at the time of dispensing. E. The nurse will check the expiration date of each medication before administering it. F. No expired medications will be administered to a resident. G. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner. R8 was admitted to the facility on [DATE] and is currently enrolled in hospice services with diagnoses that include hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (right-sided paralysis and weakness following a stroke) and chronic pain. R8's physician orders include the following: 11/20/25: Morphine sulfate (concentrate) oral solution 20 mg/mL - Give 0.25 mL by mouth every 4 hours as needed for dyspnea (shortness of breath) / moderate to severe pain. Dose is 5 mg. On 4/22/26 at 12:09 PM, Surveyor observed the medication cart for the 300 wing with RN D (Registered Nurse). Surveyor noted that R8's morphine sulfate oral solution (20 mg/mL) had an expiration date of 12/28/25 with 5 syringes remaining in the bag. RN D confirmed the expiration date, pulled the syringes from the cart, and indicated that she was surprised they were still in the medication cart. On 4/22/26 at 12:20 PM, RN E entered the medication room and Surveyor asked her to verify the expiration date on R8's morphine sulfate oral solution. RN E confirmed the expiration date of 12/28/25. RN D verified the expiration date in the narcotic count binder as well. RN D asked RN E to dispose of the expired syringes with her. R8's Medication Administration Record (MAR) for February 2026 indicates the morphine sulfate oral solution was administered to R8 on 2/9/26 at 6:10 AM. R8's MAR for April 2026 indicates the morphine sulfate oral solution was administered to R8 on 4/1/26 at 3:15 AM and on 4/19/26 at 3:22 PM. On 4/22/26 at 2:42 PM, Surveyor interviewed DON B (Director of Nursing). DON B indicated medication carts should be gone through often to look for expired medications; in a perfect world, they would be gone through every shift. Surveyor informed DON B about R8's expired morphine sulfate being in the medication cart and having been administered in February and April. DON B indicated she would expect the morphine sulfate to be discarded and not used past the expiration date.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview, and record review, the facility did not ensure that it was free of medication error rates of 5% or greater. There were 2 errors out of 25 opportunities with an error rate of 8%. R 21 received isosorbide mononitrate ER (extended release) 30 mg tab crushed. R15 received 24-hour metoprolol succinate 25 mg ER tablet crushed. Evidenced by: Facility policy titled Medication Administration-General Guidelines dated Dec. 2019 states in part: .Orders to crush medications should not be applied to medications which, if crushed, present a risk to the resident. For example: 1. Long-acting or enteric-coated dosage forms should not be crushed. An alternative should be sought. Example 1 R21's physician order states Isosorbide Mononitrate ER Oral Tablet Extended Release 24-hour 30 mg. (Isosorbide Mononitrate). Give 60 mg by mouth one time a day for essential HTN. R21's Medication Administration Record (MAR) for 4/21/26, shows: Isosorbide Mononitrate ER oral Tablet Extended Release 24 hour 30 MG (Isosorbide Mononitrate) Give 60 mg by mouth one time a day for essential hypertension. HTN. On 4/21/26 at 7:31 AM, surveyor observed MT H (Medication Technician) administer two tablets of Isosorbide Mononitrate ER Oral Tablet Extended Release crushed in applesauce to R21. Example 2 R15's physician order states Metoprolol Succinate ER Oral Tablet Extended Release 24-hour 25 MG (Metoprolol Succinate) Give 0.5 tablet by mouth one time a day for Ventricular rate control in A-Fib. R 15's MAR for 4/21/26 states Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate) Give 0.5 tablet by mouth one time a day. On 4/21/26 at 7:50 AM surveyor observed MT H (Medication Technician) administer Metoprolol Succinate ER Oral Tablet Extended Release 24-hour tab crushed in apple sauce to R15 On 4/22/26 at 7:23 AM, surveyor interviewed MT H. Surveyor asked if there is anything special you need to do with an extended-release medication. MT H responded you are not supposed to crush it. Surveyor asked if Isosorbide ER and metoprolol ER be crushed. MT H stated no. Surveyor asked during med pass with this surveyor did you crush these medications. MT H stated yes. I should have known that they couldn't be crushed. On 4/22/26 at 10:00 AM, surveyor interviewed DON B. Surveyor asked DON B should extended-release medication be crushed. DON B (Director of Nursing) stated no. Surveyor asked DON B would you expect your staff not to crush extended-release medications. DON B stated yes.</p>		

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 04/22/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 33 residents who reside in the facility. Surveyor observed the stove hood to have dust directly above the food preparation area and attached to the light fixtures, the sprinklers, the 5-foot shelving, and a metal box. Surveyor observed the facility's stand mixer to be stored with a plastic covering. When staff removed the plastic covering, Surveyor observed food particles on the undercarriage. Surveyor observed one dented can in circulation. Evidenced by: Example 1 Facility policy, titled Cleaning Instructions: Hoods and Filters, includes: . To clean the interior and exterior of the hood, use a cloth soaked in soapy detergent water. Rinse thoroughly and air dry. A more abrasive cleaning agent may be needed in some cases. A cleaning agent that can handle grease may be needed. Hoods and filters should be cleaned professionally at least yearly. On 4/20/26 at 9:43 AM, Surveyor and DM J (Dietary Manager) observed the facility's stove hood to have dust on the filter, the sprinklers, the light fixtures, a metal box and a 5-foot shelf. The dust was directly above the food preparation area. On 4/20/26 at 9:43 AM, DM J indicated the stove hood needed to be cleaned and there is potential for the dust to dislodge and fall into the food being prepared directly underneath. DM J indicated the Maintenance department are responsible for cleaning the stove hood. On 4/22/26 at 10:37 AM, Surveyor and [NAME] I observed the stove hood, noting the metal box is still covered with dust. [NAME] I indicated the Maintenance Man was supposed to clean it, but he missed this section. [NAME] I indicated there is potential for the dust to dislodge and fall into food being prepared under the dust covered box in the facility's stove hood. Example 2 On 4/20/26 at 9:43 AM, during initial tour of the kitchen, Surveyor observed 1 dented can on the shelf in the dry storage unit. On 4/20/26 at 9:43 AM, DM J indicated the can should be removed from the shelf and sent back to the supplier for credit. Example 3 Facility policy, titled Food Preparation Appliances, undated, includes: Small appliances such as mixers. will be cleaned and sanitized after each use. On 4/20/26 at 9:43 AM, DM J indicated the stand mixer is clean and stored under a plastic covering. Surveyor asked DM J to uncover the stand mixer for observation. DM J and Surveyor observed food particles to be hardened on the undercarriage. On 4/20/26 at 9:43 AM, DM J indicated the mixer was not cleaned thoroughly before being stored and it should have been.</p>		

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NAME OF PROVIDER OR SUPPLIER Aria at Villa Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Park St. Friendship, WI 53934	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Number of residents sampled: Number of residents cited: Based on observation, interview and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and help prevent the development and transmission of communicable diseases and infection. This has potential to affect the census of 33 residents.</p> <p>The facility did not add the residents with COVID infection during an outbreak to the January infection Control Rates.</p> <p>CNA F (Certified Nursing Assistant) had a breach in infection control when performing pericare (cleansing of the genital area) and catheter care (cleansing of the catheter tubing).</p> <p>Evidenced by:</p> <p>Facility policy Management of Covid-19, Influenza, and other ARI Outbreak, revised 11/11/25 states in part: .7. The Infection Preventionist/Designee will initiate tracking log/line lists.</p> <p>Facility policy Infection Prevention and Control-Surveillance of Infections, revised 11/11/25 states, in part: .11. Outbreak Resolution d. Complete all section of log. e. Complete the monthly rate and analysis for the month.</p> <p>Example 1</p> <p>Surveyor reviewed January 2026 resident line list. The line list showed 11 residents with COVID-19 during a facility outbreak. Surveyor reviewed January 2026 Monthly infection control record which had 3 residents with lower respiratory infections. The 11 residents with COVID were not on the infection control record for January.</p> <p>Of note, the infection control rates for January 2026 will not be accurate with the 11 residents left off the list.</p> <p>On 4/22/26 at 1:15 PM surveyor interviewed DON/IP B. Surveyor asked DON/IP B what is included on the monthly surveillance DON/IP B stated Infection log, maps, graphs, and staff/resident illnesses. Surveyor asked should all infections including COVID-19 be on the monthly infection control record. DON B stated yes, otherwise our infection rates are not going to be correct. Surveyor asked DON /IP B should you have added the COVID-19 positive residents during the outbreak to the January infection control record. Yes, I should have. DON/IP B stated I will add them and resubmit with correct infection rates.</p> <p>Example 2</p> <p>The facility's Infection Control & Standard and Transmission Precautions, dated 4/1/25, states, in part: It is the facility's policy to ensure that appropriate infection prevention and control measures are taken to prevent the spread of communicable diseases and infections in accordance with State and Federal Regulations and national guidelines.1. All staff are to adhere to Standard Precautions. (continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Aria at Villa Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Park St. Friendship, WI 53934	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's Infection Control-Indwelling Catheter Care policy, dated 4/4/25, states, in part: The facility's policy is to ensure that the residents receive care and services to prevent urinary tract infections in those residents with an indwelling catheter, per standards of practice.13. Secure catheter tubing with non-dominant hand and with a single downward, cleansing stroke cleanse catheter tubing from labia or meatus.16. Discard supplies, remove gloves and perform hand hygiene.</p> <p>The facility's Perineal Care policy, dated 4/8/25, states in part: .9. Cleanse. 10. Remove gloves, perform hand hygiene and apply new gloves prior to continuing care.</p> <p>On 4/22/26 at 8:11 AM Surveyor observed CNA F perform pericare / catheter care for R7. CNA F applied gown and gloves and then cleansed, rinsed, and dried the perineal area and catheter tubing. Without removal of gloves and hand hygiene, CNA F then adjusted R7's bedding, repositioned the catheter drainage bag and assisted R7 with application of clean undergarments. Surveyor interviewed CNA F and asked about infection control when moving from dirty to clean tasks. CNA F stated you need to wash your hands. Surveyor asked if peri care / catheter care is considered a dirty task. CNA F stated yes. Surveyor asked if hand hygiene needs to be performed prior to assisting with clean clothing and bedding. CNA F stated yes, I should've washed my hands.</p> <p>On 4/22/26 at 8:37 AM, Surveyor interviewed DON B (Director of Nursing) and asked if gloves are considered contaminated after pericare/catheter care. DON B stated yes, I expect gloves to be changed after cleansing, prior to touching resident bedding and new clothing.</p>		