

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44863</p> <p>Based on interview and record review, the facility did not provide a notice of transfer to residents or resident representatives. This affected 4 of 4 sampled residents (R8, R9, R20, and R73).</p> <p>-A notice of transfer was not provided prior to a facility-initiated discharge for R8, R9, R20, and R73.</p> <p>-The facility did not inform the residents or their representatives, prior to a transfer, of appeal rights, including the name, address, and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request.</p> <p>Findings include:</p> <p>The facility's policy, Policy & Procedure Admission, Readmission, Bed Hold, and Transfer/Discharge, read in part, Transfer/Discharge. Before the facility transfers or discharges a resident, the facility must-</p> <p>-Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.</p> <p>-Include in the notice-</p> <p>-The reason for the transfer or discharge</p> <p>-The effective date of the transfer or discharge which must be made at least 30 days before the resident is transferred or discharged .</p> <p>-A statement of the resident's right to appeal including the name, address, and telephone number of the entity which received such requests; information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request.</p> <p>Example 1</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R8 was admitted to the facility on [DATE], after a fall which resulted in a fracture of her right ankle. R8's Minimum Data Set (MDS) assessment, dated 12/14/24, confirmed R8 scored 13/15 during Brief Interview for Mental Status, indicating intact cognition. R8 makes her own healthcare decisions.</p> <p>R8 was admitted to the hospital on 11/26/24 related to urinary tract infection (UTI). R8 was readmitted to the facility on [DATE].</p> <p>On 02/04/25, Surveyor reviewed R8's record and was unable to locate a notice of transfer was provided to R8 prior to her transfer to the hospital.</p> <p>Example 2</p> <p>R9 admitted to the facility on [DATE], with primary diagnosis of Multiple Sclerosis and paraplegia. R9's MDS assessment, dated 01/29/25, confirmed R9 scored 04/15 during BIMS, indicating severe cognitive impairment. R9 has an activated Power of Attorney (POA) to assist with health care decision-making.</p> <p>R9 was admitted to the hospital on 12/06/24 related to wound infection. R9 was readmitted to the facility on [DATE], with hospice services.</p> <p>On 02/04/25, Surveyor reviewed R9's record and was unable to locate a notice of transfer was provided to R9 prior to her transfer to the hospital.</p> <p>Example 3</p> <p>R20 was admitted to the facility on [DATE], after a fall resulting in a fractured right lower leg. R20's MDS assessment, dated 01/05/25, confirmed R20 scored 15/15 during BIMS, indicating intact cognition. R20 has an activated POA to assist with health care decision-making.</p> <p>On 12/05/24, R20 was admitted to the hospital for UTI and pneumonia. R20 was readmitted to the facility on [DATE].</p> <p>On 12/09/24, R20 was admitted to the hospital for respiratory failure. R20 readmitted to the facility on [DATE].</p> <p>On 02/04/25, Surveyor reviewed R20's record and was unable to locate a notice of transfer was provided to R20 prior to her hospitalization s.</p> <p>Example 4</p> <p>R73 was admitted to the facility on [DATE], after a fall resulting in a pelvic fracture. R73's MDS assessment, dated 10/22/24, confirmed the facility did not complete BIMS due to R73 not being able to understand or be understood by others. Staff assessment of R73's mental status confirmed R73's cognition was severely impaired. R73 has an activated POA to assist with health care decision-making.</p> <p>On 11/27/24, R73 sustained a fall with injury and was transferred to the emergency room . R73 received stitches for treatment of the injury and returned to the facility on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/04/25, Surveyor reviewed R73's record and was unable to locate a notice of transfer was provided to R73 prior to his transfer to the ER.</p> <p>On 02/05/25 at 8:26 AM, Surveyor interviewed Business Office Manager (BOM) I. BOM I and Surveyor reviewed the criteria to be provided at time of transfer, including: an explanation of the right to appeal the transfer or discharge, the name, address (mail and email), and telephone number of the State entity which receives appeal hearing requests, information on how to obtain an appeal form, and information on obtaining assistance in completing and submitting the appeal hearing request. BOM I indicated the facility was not providing residents with this information at the time of transfer.</p> <p>On 02/05/25 at 9:38 AM, Surveyor interviewed Nursing Home Administrator (NHA) A. NHA A provided documentation to support the facility is providing a notification of transfer for resident-initiated discharges. Surveyor requested evidence this notification was provided for facility-initiated discharges, and did not receive this information.</p> <p>Surveyor determined for emergent transfers, discharges with a return anticipated, or facility-initiated discharges, residents or their representatives did not receive a notification of transfer prior to the transfer.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46693</p> <p>Based on record review and interview, the facility did not accurately code the Minimum Data Set (MDS) for 2 of 2 residents (R) reviewed for Preadmission Screening and Resident Review (PASARR) screen. (R18 and R48)</p> <p>-The MDS assessments are coded in error stating that a PASARR level 2 screen had not been completed when it was completed at the time of assessment for R18.</p> <p>-The MDS assessments are coded in error stating R48 had a serious mental illness when, in fact, the mental illness was a result of progressive dementia.</p> <p>Findings include:</p> <p>Example 1</p> <p>R18 was admitted to the facility on [DATE] with diagnoses including depression, anxiety, and PTSD.</p> <p>Record review identified R18 had a PASARR level 2 screen completed on 03/03/22.</p> <p>R18's comprehensive MDS assessment, dated 01/13/25, indicated for question A 1500 that No PASARR level 2 had been completed.</p> <p>Example 2</p> <p>R48 was admitted to the facility on [DATE] with diagnoses that include dementia with severe agitation and delusional disorders.</p> <p>Surveyor was unable to find that a level 2 PASARR was completed for R48. R48's hospital discharge summary, dated 08/04/21, notes delusions were due to progressive dementia which indicates a PASARR level 2 was not necessary.</p> <p>R48's comprehensive MDS assessment, dated 04/24/24, indicated for question A 1500 that No PASARR level 2 had been completed which is correct but conflicts with question I 5950 that Yes R48 has a psychotic disorder (other than schizophrenia) which would require a level 2 PASARR screen.</p> <p>On 02/05/25 at 2:42 PM, Surveyor interviewed MDS Coordinator (MDSC) H and Social Worker (SW) G who completes the PASARR screenings for the facility. Director of Nursing (DON) B was present. Surveyor reviewed R18 and R48 with SW G and MDSC H. Both agreed that R18's MDS section A1500 should have been coded as yes a PASARR level 2 screen was completed. Also agreed that, R48's diagnosis should have been coded as dementia with psychotic disturbances, acknowledging the answer to I 5950 was inaccurate. MDSC H stated she she misinterpreted the guidance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51095</p> <p>Based on observation, interview and record review, the facility did not ensure the resident (R) maintained acceptable parameters of nutritional status for 1 out of 3 residents reviewed for nutrition.</p> <p>R5 did not receive the assistance R5 required with eating. Weights were not obtained in over 60 days when R5 had been identified for high risk for altered nutrition. R5 had a recorded significant weight loss, and the facility did not reassess significant weight loss or her ability to feed herself.</p> <p>Findings include:</p> <p>The facility policy titled, Resident Height and Weight last revised 1/7/2025, documents, in part:</p> <p>All residents will be weighed upon admission and subsequently as the policy directs to provide a baseline and ongoing record for monitoring stability of weight as an indicator of nutritional status and medical condition over a period of time. Nursing department staff and Registered Dietitian (RD) will cooperate to prevent. Monitor, and provide intervention for undesirable weight variances for our residents .</p> <p>8. Any weight change of 5 pounds or greater within 30 days will be retaken within 24 hours for verification, and re-weight will be documented in the EMR (electronic medical record) .</p> <p>10. Care Plan interventions to be considered include, but are not limited to:</p> <p>a. Implementation of Fortified or Caloric dense foods and snacks</p> <p>b. Review of medical status (e.g. change of condition including chewing/swallowing problems, edema, decline in ADLs (activities of daily living) /self-feeding skills, infections or other acute conditions) .</p> <p>R5 was admitted to the facility on [DATE] with a diagnosis which included primary generalized osteoarthritis, type 2 diabetes mellitus, major depressive disorder, dysphagia, muscle wasting and atrophy, weakness, and chronic pain.</p> <p>On R5's Quarterly Minimum Data Set (MDS) assessment, dated 1/6/2025, the facility assessed R5 as having intact cognition with a Brief Interview for Mental Status (BIMS) score of 14. R5 was assessed as having no impairment with upper extremity range of motion (ROM). R5 requires setup or clean-up assistance; resident completes activity, with eating. No swallowing disorder noted. No or unknown weight loss indicated and is on a therapeutic diet. R5 has an activated Power of Attorney (POA).</p> <p>R5's care plan indicates, in part:</p> <p>R5 has potential for altered nutritional status related to recent hospitalization with low back pain and history including PI (pressure injury) stage 4, ., need for adaptive equipment, medication regimen, and need for SNF (Skilled Nursing Facility) services.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Date Initiated: 9/30/2023. Revision on 12/10/2024 by RD C. Target date 3/31/2025.</p> <p>Goals:</p> <p>The resident will accept assistance with meals as needed through review date.</p> <p>The resident will maintain stable nutrition and hydration with no significant weight fluctuations through review date. Date Initiated 10/02/2023. Revision on 10/07/2024 by . (MDS Coordinator H). Target date 03/31/2025.</p> <p>Interventions:</p> <p>Adaptive Devices for meals: Light weight Built up silverware, built up soup spoon, and 2 handled cup with a straw hole in lid</p> <p>DIET TEXTURE - Level 7 - Regular, DIET TYPE - CCHO (Consistent Carbohydrate Diet), EATING - Prefers to eat in room, FLUIDS - Level 0 Thin (Regular), Monitor for s/s (signs and symptoms) of dehydration.</p> <p>Resident needs to be weight shifted on her right side during all meals so she can use LUE (left upper extremity) to feed self d/t (due to) limited ROM in RUE (right upper extremity), with bedside tray table within reach. can be weight shifted as needed between meals.</p> <p>Provide HS (hour of sleep) snack: Provide supplements with med pass as ordered for wound healing and to address malnutrition risk factors.</p> <p>Document and monitor acceptance.</p> <p>Weigh resident per facility policy or as ordered. Notify MD (Medical Doctor)/NP (Nurse Practitioner) per order or with significant changes.</p> <p>On 02/04/25 at 8:50 AM, Surveyor observed R5 awake lying on her side with her breakfast tray set up, lids off, on bedside table directly in front of her, food untouched. Surveyor asked R5 if she required help with eating or if she can feed herself. R5 said, They will come in and help me when they get time. R5 reported to Surveyor, I need help for all my care.</p> <p>On 02/04/25 at 9:00 AM, Surveyor interviewed Registered Nurse (RN) J, who reported R5's breakfast tray was not taken from room. RN J stated, She wants to work on it. RN J reported R5 usually will feed herself. Surveyor asked RN J about follow up when R5 does not eat. RN J reported, If she refuses to eat, she has supplements, and we encourage fluids.</p> <p>Record review indicated R5's intake at breakfast on 2/4/2025 at 11:50AM was -0-25%.</p> <p>On 2/04/25 at 12:32 PM, Surveyor observed Certified Nursing Assistant (CNA) K sitting in a chair, next to R5's bed, providing total assistance and feeding R5 lunch. R5 was alert and eating well.</p> <p>A review of R5's electronic medical record indicated on 12/01/2024, the resident weighed 183.5 lbs. On 02/02/2025, 60 days later, the resident weighed 163 pounds which is a -11.17 % loss.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Progress note, dated 12/3/2024, stated, Nutrition/Dietary Note, Note Text: RD C update:</p> <p>Resident notes recent weight loss over the past month following prior higher weight status the month before. Per recent observations resident had noted need for greater assistance with feeding following prior ability to consume meals independently. Writer reached out to head of therapy to have team evaluate as needed.</p> <p>Current OT (Occupational Therapist) directions noted as part of resident's care plan to better assist resident to eat independently via proper positioning and placement of meal items and utensils. Therapy to evaluate whether resident's feeding status has shown declines with potential need for additional aides including adaptive equipment or physical assistance upcoming as appropriate. Resident continues on multiple ONS (oral nutritional supplements) at this time to address appetite and wound healing. Will continue encouraging all current interventions at this time.</p> <p>Additional inter-communication documentation was provided to the Surveyor from therapy department, which indicated, in part: TEAMS communication note dated on 11/25/2024 from RD C, reported, in part, When our CNA students were here last Tuesday, one of them was pretty much fully feeding her [R5] and noted that R5 needs that level of assistance for all of her meals . wondering if therapy has been in there to work with her [R5] recently at all . or whether her feeding instructions maybe should be updated if she really is needing that level of assistance. This communication indicated that R5 stated to RD C in response to eating, I can't do it by myself.</p> <p>Surveyor noted no new interventions added to R5's plan of care to address R5's inability to feed herself or documentation that R5's recent weight loss was addressed. There was no documentation found notifying the physician or the POA prior to 2/04/2025. No orders to weigh R5 more frequently to follow up on the weight loss.</p> <p>On 2/05/25 at 8:05 AM, Surveyor interviewed CNA K, who reported usually [R5] would get weighed monthly, because everybody gets weighed at least monthly. CNAs do not document weights but report them to the nurse. CNA K reports that if R5 is in a lot of pain or refuses to get a weight then he would report this to the nurse. Surveyor noted there was no documentation of R5 refusing to be weighed in December 2025.</p> <p>On 2/05/2025 at 10:00 AM, Surveyor interviewed Director of Nursing (DON) B, who reported the facility does not have a documented weight for R5 in January and she is unsure of why a weight was not done. DON B was not able to provide documentation that an attempt was made to reweigh R5 after her last weight. DON B stated, Yes, we need to do better at tracking and documenting weights to follow up with.</p> <p>On 2/06/2025 at 9:28 AM, Surveyor observed R5 in bed lying on her left side with breakfast tray uncovered directly in front of her on bedside table. R5's food appeared to not to have been touched. Staff were not assisting R5.</p> <p>On 2/06/25 at 9:30 AM, Surveyor interviewed RN L, who reported R5's breakfast tray was delivered at approximately 8:10 AM. RN L stated that according to R5's care plan there were no changes made regarding R5's ability to feed herself and R5's care plan indicates assistance with meal set up. RN L stated, I know she requires more assistance with eating lately.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/06/25 at 11:10 AM, Surveyor interviewed Speech and Language Pathologist (SLP) M. SLP M confirmed RD C sent communication on 11/25/24 that R5 was not able to feed herself. SLP M reported, They ensured the previous recommendations of range of motion prior to eating and positioning were being followed. Surveyor asked if therapy had reevaluated R5 with the change in R5's status. SLP M replied No, because we had just discharged her from therapy.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30570</p> <p>Based on observation, record review and interview, the facility did not store resident foods brought in by visitors in a manner to prevent food-borne illness. The facility practice had the potential to affect 59 of 76 residents who reside on the main level of the facility on the 100, 200, 300 and 400 wings. The facility did not ensure the low temperature dishwasher chemical sanitizer maintained the correct concentration per manufacturer's guidelines. The facility practice had the potential to affect all 76 residents who are served foods from the facility's kitchen.</p> <p>Surveyor observed foods and beverages brought in for residents by visitors in 2 refrigerators/freezers in the nurses' station that were not labeled by resident or dated with received by and use by dates.</p> <p>Surveyor observed dish machine logs showing the low temperature dishwasher did not maintain appropriate chemical sanitizer minimal parts per million.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>Surveyor requested and reviewed the facility policy titled Resident Food Brought in by Family or Visitors which was not dated. The policy in part read:</p> <p>It is the goal of this facility to maintain safe food practices in accordance with professional standards for food service safety.</p> <p>If bringing food into the facility for a resident, please contact the kitchen or the Dietary Manager to ensure that food will be:</p> <p>~Covered, labeled, dated and stored in a way that maintains safe storage.</p> <p>~Leftover foods will be used within 7 days.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	

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>On [DATE] at 8:14 AM, Surveyor conducted an initial tour with Registered Dietician (RD) C. As part of the initial tour Surveyor and RD C observed 2 refrigerators/freezer units in the nurse station on the main level of the facility. The units are used for resident foods brought by family or visitors. Surveyor observed the units had a variety of foods and beverages stored in them which were not labeled with resident names. The foods and beverages were not dated with received dates and use by dates. Surveyor and RD C were joined by Nursing Home Administrator (NHA) A who indicated some of the foods/beverages may be staff's items. Surveyor asked RD C how the facility would know which foods/beverages are residents' items and how the facility would know the items are not outdated and safe for consumption. RD C responded you cannot tell who the foods/beverages belong to and whether the foods/beverages should be discarded. Surveyor requested a list of foods/beverages stored in the units and if the facility is able to identify resident foods/beverages. RD C expressed the refrigerator/freezers are for storage of foods/beverages for the residents who reside on the main level on 100, 200, 300 and 400 wings.</p> <p>Surveyor confirmed the facility practice had the potential to affect 59 of 76 residents.</p> <p>Surveyor received a list of foods from the refrigerator/freezers confirmed to belong to residents on the main level. With some foods noted as presumably staff as the facility could not confirm who the foods/beverages belonged to. The list noted the following items:</p> <ul style="list-style-type: none"> ~prune juice ~Gatorade ~Miller Lite ~iced coffee ~carrots ~string cheese ~summer sausage ~Lipton teas ~pie (partially eaten) ~nutritional bars ~gluten-free bread ~Cousins sub sandwich dated [DATE], partially eaten ~chocolate cake ~orange juice <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	
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>~diet cranberry juice</p> <p>~apple juice</p> <p>~pickles</p> <p>~butter</p> <p>On [DATE] at 9:09 AM, Surveyor spoke with Dietary Manager (DM) D and RD C about food storage for food and beverages brought in for residents. RD C expressed both refrigerators/freezers were cleaned with foods/beverages removed yesterday due to the items not being dated/labeled correctly and not knowing the received by and use by dates. The facility policy indicates to discard foods in 7 days; however, the facility practice is to discard foods in 3 days to err on the side of caution and ensure foods are safe for consumption. The facility will be conducting staff education on the policy and doing audits going forward to ensure foods/beverages are labeled correctly and not expired.</p> <p>Example 2</p> <p>Surveyor requested and reviewed the facility policy titled Dishwashing Procedure which was not dated. The policy in part read:</p> <p>Scope: The policy is pertinent to all kitchen staff and has the potential to affect all residents.</p> <p>Purpose: It is developed to ensure consistency in dishwashing methods, as well as compliance with temperatures and concentrations of all chemical used for mechanical ware washing .including both hot water sanitizing and chemical sanitizing machines.</p> <p>~If the dish machine is not operating .including temperature and concentration of sanitizer .process must be stopped immediately and Dietary Manager and/or Maintenance Director must be notified.</p> <p>On [DATE] at 8:14 AM, Surveyor conducted an initial tour with RD C. RD C informed Surveyor the dish machine is a low temperature chemical sanitizing machine. Surveyor observed the dish machine log to be recorded for wash and rinse temperature along with ppm (parts per million) of the chemical sanitizer which had been recorded for February 2025. Surveyor noted the ppm recorded as 40 ppm for the supper meal on February 2, 2025. The log showed a note on bottom of the log stating Sanitizer concentration minimum of 50 ppm.</p> <p>Note: If any temperature or concentration is outside guidelines, notify Dietary Manager and/or maintenance immediately.</p> <p>Surveyor requested the dish machine log for [DATE] and noted the following:</p> <p>[DATE], breakfast: 32 ppm</p> <p>[DATE], breakfast: 40 ppm</p> <p>[DATE], lunch: 30 ppm</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	
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>[DATE], supper: 40 ppm</p> <p>[DATE], breakfast: 30 ppm</p> <p>[DATE], supper: 32 ppm</p> <p>Surveyor requested and received the manufacturer's guide for the dish machine. Surveyor reviewed the guide and noted the guide does not recommend a specific chemical to use or required ppm to ensure proper sanitation of dishes.</p> <p>Surveyor requested and reviewed the product information for the chemical used for the low temperature dish machine. The product information sheet noted the product as Sanitizer Lo Temp with description that read:</p> <p>Effective EPA registered .chlorine sanitizer for use in low temp dish machines.</p> <p>On [DATE] at 2:27 PM, Surveyor spoke with DM D, Assistant Dietary Manager (ADM) E and RD C about the low ppms as recorded on the dish machine logs. DM D expressed she recently returned from a leave of absence, approximately 2 weeks ago. Her expectation is for dietary staff to inform her as directed on the dish machine log when the ppm is low. DM D further expressed she then can check the ppm to determine if staff are correctly checking the ppm or if there are issues with the machine. In her absence the Assistant Dietary Manager should have been notified immediately. Surveyor asked ADM E if she had been notified in DM D's absence of low ppm of the dish machine. ADM E indicated she was not made aware of any low ppm readings in the absence of DM D.</p> <p>On [DATE] at 8:59 AM, Surveyor spoke with [NAME] Brothers Representative (MBR) F, who is responsible for periodic checks and maintenance of dish machine, DM D and RD C regarding the parts per million (ppm) levels of the dish machine and the process of checking the ppms. MBR F indicated the minimal temperature on the low temperature dish machine should be minimally 120 degrees Fahrenheit. The ideal temperatures for both wash and rinse is .d+[DATE] degrees Fahrenheit as long as the ppm is at least 50 ppm. Lower than 50 ppm would not meet the minimal requirements which could affect the cleaning solution and affect proper cleaning and sanitizing of dishes. Surveyor asked DM D if she was aware of the low ppm readings which were evident on the log and if she or maintenance had checked the dish machine with the low ppms. DM D expressed she has no evidence of staff notifying maintenance or ADM E of the low ppms and there is no evidence the dish machine was checked or serviced. Going forward staff will be educated on the process and audits will be conducted to ensure proper ppm is maintained to ensure proper cleaning and sanitizing of the dishes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>30570</p> <p>Based on interview and record review, the facility did not ensure the mandatory staffing data that had been submitted from 7/1/24-9/30/24 was complete, accurate, and auditable. This has the potential to affect all 76 residents that reside in the facility.</p> <p>This is evidenced by:</p> <p>The facility policy titled Payroll Based Journal dated as revised on 2/26/22 in part read:</p> <p>Policy: Long-term facilities must electronically submit to CMS (Centers for Medicare and Medicaid Services) complete and accurate direct care staffing information, including information for agency and contracted staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.</p> <p>Procedure:</p> <p>~The facility must submit to CMS complete and accurate direct care staffing information, including:</p> <p>The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, other type of medical personnel as specified by CMS).</p> <p>~Information on direct care .the hours of care provided by each category of staff per resident day.</p> <p>The Payroll Based Journal (PBJ) Staffing Data Reports that were generated quarterly document the facility triggered for Excessively low weekend staffing from 7/1/24-9/30/24 for specified dates.</p> <p>The specified dates are as follows:</p> <p>FY (Fiscal Year) Q4 (Quarter 4) 2024 (July 1-September 30).</p> <p>The facility provided Surveyor with Payroll-Based Journal Quarterly Totals 4th Quarter (7/01/24-9/30/24) report. The data that was submitted during this time frame for the specified dates showed an average daily census of 73.95. The data showed a decrease staffing percents from previous quarter as follows:</p> <p>Total Nurse Staff: (weekend): -2.4%</p> <p>Non-Administrative nurse staff: (weekend) -2.5%</p> <p>Registered Nurse (weekend): -15.7%</p> <p>Nurse Aide (weekend): -2.8%</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Friendly Village Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Boyce Dr Rhineland, WI 54501	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor reviewed the facility's daily schedule sheets for each date for the last four weeks and all dates had appropriately licensed staff on duty for each shift.</p> <p>Surveyor reviewed the facility's daily schedules for each date from 07/01/24 to 09/30/24 and all dates had appropriately licensed staff on duty for each shift.</p> <p>On 2/05/24 at 10:49 AM, Surveyor spoke with Director of Nursing (DON) B and Nursing Home Administrator (NHA) regarding the facility's process for reporting of nursing staff hours per PBJ. NHA A expressed the Human Resource Director (HRD) is the staff person in-house who usually enters the electronic timekeeping staff hours on a form that is submitted to the corporate office for reporting of staff hours. The facility's HRD is new to the facility and is still working on training in this process. The former HRD is no longer on staff.</p> <p>The corporate office enters the hours submitted by the HRD into the system for PBJ reporting. NHA A and DON B expressed agency staff that are used were not in the facility's system for electronic timekeeping thus their hours were not being accurately reflected in the PBJ hours report. In addition, the facility has medication assistants (MA) that are also Certified Nursing Assistants (CNA). The MAs were not coding CNA hours when working in the capacity of a CNA thus the certified nursing hours on the PBJ were inaccurate.</p> <p>The facility has also identified staff who are working longer than an 8-hour shift are not coding hours correctly, with the facility having several nursing staff on 12 hour shifts. The hours were not being accurately reflected in the PBJ. The facility was not aware of this issue until brought to their attention by Surveyor thus a plan has not yet been developed to correct the issue.</p>		