

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 04/22/2026
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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure unlicensed staff would not administer medications to 1 resident (R27) for 5 residents reviewed for medication administration in a sample of 23 residents. Certified Nursing Assistant (CNA) D was observed by Surveyor applying a Lidocaine external patch 4% to R27's back. Findings include: The facility policy titled Administering Medication, revised 01/22/2024, states, Only licensed staff may administer or record the administration of medications. certified medication technicians may administer specific medications under the direction of a licensed nurse if competency has been determined. R27 was admitted to the facility on [DATE] and has diagnoses of cerebral palsy and back pain. R27 has a physician's order for Lidocaine external patch 4% - apply to lower back topically two times a day for pain. On in AM and off in the evening. On 04/21/2026 at 9:05 AM, Surveyor observed CNA D apply a Lidocaine external patch to R27's lower back after completion of R27's bed bath. CNA D stated to Surveyor Nurses give to me to put on. Lidocaine patch was observed at R27's bedside prior to application. A facility licensed nurse was not observed by Surveyor in R27's room during application of Lidocaine patch to R27's back by CNA D. Surveyor observed Registered Nurse (RN) C administering medications to other residents on R27's wing. On 04/21/2026, record review of R27's medication administration record (MAR) indicated RN D's initials for administration of Lidocaine external 4% topical patch at AM time. Review of facility's staffing indicated CNA D did not work as a medication administration technician. On 04/22/2026 at 7:03 AM, Surveyor interviewed RN C, and asked which staff were permitted to administer medications within the facility. RN C stated registered nurses, licensed practical nurses and certified medication technicians could administer medications. On 04/22/2026 at 7:05 AM, Surveyor interviewed Director of Nursing (DON) B, and asked which staff were permitted to administer medications to residents at the facility. DON B stated all licensed nurses and certified medication technicians. DON B confirmed CNA D was not a certified medication technician and was not allowed to administer medications to residents. DON B confirmed to Surveyor a Lidocaine external patch was considered a medication as ordered by a physician. DON B stated RN C confirmed to DON B on 04/21/2026 a Lidocaine 4% patch was left by RN C in R27's room for CNA D to apply to R27's back. Certified Nursing Assistant (CNA) D, who is unlicensed, administered a medication (Lidocaine patch) to R27's lower back, which could result in an adverse event causing physical harm.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure standard and transmission-based precautions are followed to prevent spread of infections for 2 residents (R27, R25) of 23 residents reviewed for infection control precautions in a sample of 23 residents. The facility failed to prevent possible transmission of infection/disease to R25 and R27 as follows: Staff did not wear personal protective equipment (PPE) during cares performed for R27 who is on enhanced barrier precautions (EBP). Staff did not perform hand hygiene before and after cares performed for R27. Staff used contaminated gloves during application of topical cream to buttock and applying a new dressing to suprapubic catheter site for R27. Urinary catheter drainage bag lying on floor at foot of R25's bed without a protective barrier between drainage bag and floor. Findings include: The facility policies, titled Enhanced Barrier Precautions, dated 03/26/2024, and Hand Hygiene, last revised 05/08/2024, state, Staff will perform hand hygiene before applying gloves and after removing gloves or other PPE before moving from a contaminated body site to a clean body site for residents for whom EBP are indicated, EBP is employed when performing bathing, providing hygiene, changing briefs, device care including urinary catheter. Example 1R27 was admitted to the facility on [DATE] with diagnoses including cerebral palsy, a suprapubic catheter (indwelling urinary catheter), bowel/bladder incontinence, and history of frequent urinary tract infections. On 04/21/2026 at 9:08 AM, Surveyor observed Certified Nursing Assistant (CNA) D perform bathing/hygiene cares for R27. R27 was lying in bed and incontinent of bowel. R27 has EBP for a healing buttock wound and indwelling urinary catheter device. EBP precautions are posted outside R27's room. PPE is available for staff use inside of R27's room. CNA D did not perform hand hygiene prior to starting cares for R27. CNA D donned gloves but no other PPE including a gown. CNA D was observed cleansing R27's peri-area and buttocks of feces. Without performing hand hygiene or changing gloves, CNA D reached into a jar of Zinc Oxide cream with contaminated gloves and removed a large dollop of cream to apply to R27's right buttock. CNA D was then observed to cleanse around R27's suprapubic catheter insertion site without changing gloves. With same contaminated gloves, CNA D applied a new, clean gauze dressing to R27's suprapubic catheter insertion site. CNA D was observed to change gloves prior to performing personal hygiene to R27's torso but did not do hand hygiene in between. Example 2R25 was admitted to the facility on [DATE] and has an indwelling urinary catheter in place. On 04/21/2026 at 6:53 AM, Surveyor observed R25 lying in bed with indwelling urinary catheter lying on the floor near foot of R25's bed. The urinary catheter did not have a protective bag covering in place, nor was there a barrier device in place between the catheter and floor surface. R25's catheter was facing downward with urine drainage port touching floor. On 04/22/2026 at 7:03 AM, Surveyor asked Director of Nursing (DON) B when staff should wear PPE. DON B stated PPE is to be worn whenever a resident is on EBP. DON B stated staff is expected to perform hand hygiene before and after resident cares and remove contaminated gloves and do hand hygiene between contaminated areas.</p>		