

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/22/2023
NAME OF PROVIDER OR SUPPLIER Friends Extended Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 150 East Herman Street Yellow Springs, OH 45387	
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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39967</p> <p>Based on record review, staff interview and review of a facility policy, the facility failed to ensure residents were offered pneumococcal vaccines. This affected two residents (#02 and #18) out of the five residents reviewed for immunizations. The facility census was 43.</p> <p>Findings include:</p> <p>1. Review of the Resident #02's chart revealed the resident was admitted to the facility on [DATE] with diagnoses including, but not limited to, cerebral palsy, muscle weakness, hyperlipidemia, hypertension, chronic obstructive pulmonary disease (COPD) and anemia.</p> <p>Review of Resident #02's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident to be moderately cognitively impaired.</p> <p>Review of immunization history for Resident #02, revealed the resident received a Pneumovax 23 vaccine on 12/27/07. Resident #02 had no education on pneumococcal vaccines, no consents on file, and there was no documented evidence Resident #02 was offered or received an updated pneumococcal vaccine since 12/27/07.</p> <p>Interview on 06/21/23 at 9:36 A.M. with Registered Nurse (RN) #27 verified Resident #02 received a Pneumovax 23 vaccine on 12/27/07 and Resident #02 did not have any updated consents offering Resident #02 an updated pneumococcal vaccine.</p> <p>2. Review of the Resident #18's chart revealed Resident #18 admitted to the facility on [DATE] with diagnoses including, but not limited to, unspecified dementia, pain in the right hand, muscle weakness, anxiety disorder, anemia, hypothyroidism, other symbolic dysfunctions, and mixed hyperlipidemia.</p> <p>Review of Resident #18's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident to be severely cognitively impaired.</p> <p>Review of the immunization history for Resident #18, revealed the resident received a Pneumovax 23 vaccine on 01/01/16. Resident #18 had no education on pneumococcal vaccines, no consents on file and there was no documented evidence Resident #18 was offered or received an updated pneumococcal vaccine since 01/01/16.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365538
		If continuation sheet Page 1 of 3

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/04/2025
Form Approved OMB
No. 0938-0391

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/21/23 at 9:36 A.M. with RN #27 verified Resident #18 last received a pneumococcal vaccine on 01/01/16 and Resident #18 did not have any updated consents offering Resident #18 an updated pneumococcal vaccine. Review of the facility's pneumococcal vaccine policy dated 10/26/15 revealed all residents will be offered pneumococcal vaccines to aid in preventing pneumococcal infections.		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39967</p> <p>Based on interview and record review, the facility failed to ensure a resident was offered a Coronavirus (COVID-19) vaccine. This affected one resident (#17) out of five residents reviewed for immunizations. The facility census was 43.</p> <p>Findings include:</p> <p>Review of the Resident #17's chart revealed the resident was admitted to the facility on [DATE] with diagnoses including cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery, hyperlipidemia, type two diabetes mellitus, malignant neoplasm of prostate, major depressive disorder, and abnormal posture.</p> <p>Review of Resident #17's admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident to be severely cognitively impaired.</p> <p>Review of Resident #17's COVID-19 vaccine consents revealed Resident #17 did not have a COVID-19 vaccine consent on file declining or accepting the vaccine.</p> <p>Review of Resident #17's COVID-19 vaccine history revealed Resident #17 did not have a history of receiving a COVID-19 vaccine.</p> <p>Interview on 06/21/23 at 9:36 A.M. with Registered Nurse (RN) #27 verified Resident #17 did not have a consent declining or accepting the COVID-19 vaccine and Resident #17 did not have any documentation that he received a COVID-19 vaccine prior to admission to the facility.</p> <p>Review of the facility's undated offering residents COVID-19 immunizations policy revealed the facility will notify all residents that the vaccination is available to them.</p>		