STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 34307 Based on resident interview, staff interview, clinical record review and facility document review the facility staff failed to ensure 1 of 26 residents was clinically appropriate for self-administration of medications. The findings included: For Resident #56 the facility staff failed to complete a self-administration of medications assessment. Resident #56's face sheet listed diagnoses which included but not limited to traumatic subdural hematoma without loss of consciousness, quadriplegia, moderate persistent asthma, and personal history of other diseases of the respiratory system. Resident #56's most recent minimum data set with an assessment reference date of 01/21/24 assigned the resident a brief interview for mental status score of 15 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact. Resident #56's comprehensive care plan was reviewed, and surveyor could not locate a care plan for self-administration of medications. Resident #56's physician's order summary was reviewed and contained orders which read in part, Advair HFA Inhalation Aerosol 45-21 MCG-ACT (Fluticasone-Salmeterol). 2 inhalation inhale orally one time a day for Asthma unsupervised self-administration-start date 02/18/24 and Xopenex Inhalation Aerosol (Levalbuterol tartrate). 1 puff inhale orally every 4 hours as needed for SOB (shortness of breath) unsupervised self-administration. Resident #56's electronic medication administration record (eMAR) for the month of April 2024 was reviewed and contained entries as above. The entry for Advair was initialed U-SA, which is equivalent to unsupervised self-administered. Resident #56's clinical record was reviewed, and surveyor could not locate a self-administration of medications assessment. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor spoke with unit manager (UM) on 04/25/24 at 10:05 am regarding Resident #56. Surveyor asked UM who does the self-administration of medications assessments for residents, and UM stated they do. Surveyor asked if they had completed one for Resident #56, and UM stated that Resident #56 does not self-administer any medications. Surveyor spoke with Resident #56 on 04/25/24 at 10:10 am. Surveyor asked Resident #56 if they keep their inhaler to use when they need it, and Resident #56 stated, I don't have it right now, but sometimes I do. Surveyor asked Resident #56 if the nurse leaves the inhaler in their room for them the use, and Resident #56 stated, Yes, they leave it in here for me. Surveyor spoke with licensed practical nurse (LPN) #1 on 04/25/24 at 10:35 am regarding Resident #56. Surveyor asked LPN #1 if Resident #56 self-administered any medications, and LPN #1 stated, She keeps her Advair and Xopenex inhalers in her room, the FNP (family nurse practitioner said she can, and wrote an order. Surveyor spoke with FNP on 04/25/24 at 2:15 pm regarding Resident #56. FNP stated that resident can administer the inhalers herself, and that she understands how to use them. Surveyor asked FNP if facility should have completed a medication self-administration assessment for Resident #56, and FNP stated the facility should be aware if resident has any issues. Surveyor requested and was provided with a facility policy entitled Administering Medications which read in part, 17. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely. A self-administration assessment will be completed prior to allowing a resident to self-administer medication and repeated quarterly or as needed due to change in status. The assistant director of nursing provided the surveyor with a copy of Assessment For Self-Administration Of Medications forms on 04/25/24 at 2:25 pm. One form was dated 12/06/21 and the second form was dated 04/25/24. The concern of not completing quarterly self-administration of medication assessments was discussed with the administrator, director of nursing, assistant director of nursing, and regional vice president of operations on 04/25/24 at 4:35 pm. No further information provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. 34307 Based on observation, staff interview, clinical record review and facility document review the facility staff failed to ensure an accurate minimum data set (MDS) assessment for 1 of 26 residents, Resident #50. The findings included: For Resident #50 the facility staff failed to code the MDS assessment for use of a CPAP (continuous positive airway pressure) machine. Resident #50's face sheet listed diagnoses which included but not limited to encephalopathy, Parkinson's disease, and obstructive sleep apnea. Resident #50's most recent MDS with an assessment reference date of 03/22/24 assigned the resident a brief interview for mental status score of 11 out of 15 in section C, cognitive patterns. This indicates that the resident is moderately cognitively impaired. Section O, Special Treatments, Procedures and Programs, subsection G3, CPAP, was not coded at being used. Resident #50's comprehensive care plan was reviewed, and surveyor could not locate a care plan for use of CPAP. Resident #50's clinical record was reviewed and contained a physician's order summary for the month of April. This summary did not include an order for CPAP. Surveyor observed Resident #50 on 04/23/24 at 1:45 pm. Resident #50 was observed resting on bed with CPAP mask in place. Surveyor observed Resident #50 again on 04/24/24 at 9:30 am, Resident was resting in bed with CPAP mask in place. Surveyor spoke with licensed practical nurse (LPN) #9 on 04/24/24 at 10:30 am regarding Resident #50. LPN #9 stated that uses CPAP all the time when he's lying down, and he puts it on himself. Surveyor spoke with MDS coordinator on 04/25/24 at 9:40 am regarding Resident #50. Surveyor asked MDS coordinator if use of the CPAP should be included on the MDS, if resident was using CPAP during the look back period. Surveyor requested and was provided with a facility policy entitled Resident Assessment and Care Planning which read in part, A. The nursing facility shall conduct an initial and periodic assessment of each resident's needs. The assessment shall accurately describe the resident's capability to perform daily life functions and significant impairments in functional capacity. This comprehensive assessment shall include, but is not limited to: 6. Special treatment or procedures; The MDS coordinator provided the surveyor with a modified MDS on 04/25/24 at 11:05 am and stated that use of the CPAP was included on the MDS and added to the care plan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The concern of not ensuring an accurate MDS assessment was discussed with the administrator, director of nursing, assistant director of nursing, and regional vice president of operations on 04/25/24 at 4:35 pm. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 34307 Based on observation, staff interview, resident interview, clinical record review, and facility document review the facility staff failed to develop a comprehensive care plan for 2 of 26. residents, #50 and #56. The findings included: 1. For Resident #50 the facility staff failed to develop a care plan for use of a CPAP (continuous positive airway pressure) machine. Resident #50's face sheet listed diagnoses which included but not limited to encephalopathy, Parkinson's disease, and obstructive sleep apnea. Resident #50's most recent MDS with an assessment reference date of 03/22/24 assigned the resident a brief interview for mental status score of 11 out of 15 in section C, cognitive patterns. This indicates that the resident is moderately cognitively impaired. Section O, Special Treatments, Procedures and Programs, subsection G3, CPAP was not coded at being used. Resident #50's comprehensive care plan was reviewed, and surveyor could not locate a care plan for use of CPAP. Resident #50's clinical record was reviewed and contained a physician's order summary for the month of April. This summary did not include an order for CPAP. Surveyor observed Resident #50 on 04/23/24 at 1:45 pm. Resident #50 was observed resting on bed with CPAP mask in place. Surveyor observed Resident #50 again on 04/24/24 at 9:30 am, Resident was resting in bed with CPAP mask in place. Surveyor spoke with licensed practical nurse (LPN) #9 on 04/24/24 at 10:30 am regarding Resident #50. LPN #9 stated that uses CPAP all the time when he's lying down, and he puts it on himself. Surveyor spoke with MDS coordinator on 04/25/24 at 9:40 am regarding Resident #50. Surveyor asked MDS coordinator if use of the CPAP should be included in the care plan. MDS stated that it should be. Surveyor requested and was provided with a facility policy entitled Resident Assessment and Care Planning which read in part, Policy: The facility will develop a comprehensive care plan within 7 days of completion of the Comprehensive Assessment, which will include measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychological needs identified in the comprehensive assessment. In addition to the admission care plan, a comprehensive plan of care will be done annually or with any significant change in the resident's status. The MDS coordinator provided the surveyor with a modified MDS on 04/25/24 at 11:05 am and stated that use of the CPAP was included on the MDS and added to the care plan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The concern of not developing a care plan for use of a CPAP was discussed with the administrator, director of nursing, assistant director of nursing, and regional vice president of operations on 04/25/24 at 4:35 pm. No further information was provided prior to exit. 2. For Resident #56 the facility staff failed to develop a care plan for self-administration of medications. Resident #56's face sheet listed diagnoses which included but not limited to traumatic subdural hematoma without loss of consciousness, quadriplegia, moderate persistent asthma, and personal history of other diseases of the respiratory system. Resident #56's most recent minimum data set (MDS) with an assessment reference date of 01/21/24 assigned the resident a brief interview for mental status score of 15 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact. Resident #56's comprehensive care plan was reviewed, and surveyor could not locate a care plan for self-administration of medications. Resident #56's physician's order summary was reviewed and contained orders which read in part, Advair HFA Inhalation Aerosol 45-21 MCG-ACT (Fluticasone-Salmeterol). 2 inhalation inhale orally one time a day for Asthma unsupervised self-administration-start date 02/18/24 and Xopenex Inhalation Aerosol (Levalbuterol tartrate). 1 puff inhale orally every 4 hours as needed for SOB (shortness of breath) unsupervised self-administration. Resident #56's electronic medication administration record (eMAR) for the month of April 2024 was reviewed and contained entries as above. The entry for Advair was initialed U-SA, which is equivalent to unsupervised self-administered. Surveyor spoke with unit manager (UM) on 04/25/24 at 10:05 am regarding Resident #56. Surveyor asked UM who does the self-administration of medications assessments for residents, and UM stated they do. Surveyor asked if they had completed one for Resident #56, and UM stated that Resident #56 does not self-administer any medications. Surveyor spoke with Resident #56 on 04/25/24 at 10:10 am. Surveyor asked Resident #56 if they keep their inhaler to use when they need it, and Resident #56 stated, I don't have it right now, but sometimes I do. Surveyor asked Resident #56 if the nurse leaves the inhaler in their room for them the use, and Resident #56 stated, Yes, they leave it in here for me. Surveyor spoke with licensed practical nurse (LPN) #1 on 04/25/24 at 10:35 am regarding Resident #56. Surveyor asked LPN #1 if Resident #56 self-administered any medications, and LPN #1 stated, She keeps her Advair and Xopenex inhalers in her room, the FNP (family nurse practitioner) said she can and wrote an order. Surveyor spoke with FNP on 04/25/24 at 2:15 pm regarding Resident #56. FNP stated that resident can administer the inhalers herself, and that she understands how to use them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor spoke with the MDS coordinator on 04/25/24 at 2:20 pm regarding Resident #56. MDS coordinator stated if Resident #56 has been assessed as appropriate for self-administration of medications, then it should be care planned. MDS coordinator also stated they would expect to see a physician's order as well. Surveyor requested and was provided with a facility policy entitled Resident Assessment and Care Planning which read in part, Policy: The facility will develop a comprehensive care plan within 7 days of completion of the Comprehensive Assessment, which will include measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychological needs identified in the comprehensive assessment. In addition to the admission care plan, a comprehensive plan of care will be done annually or with any significant change in the resident's status. The concern of not developing a care plan for self-administration of medications was discussed with the administrator, director of nursing, assistant director of nursing, and regional vice president of operations on 04/25/24 at 4:35 pm. No further information provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 34307 Based on staff interview, clinical record review, facility document review and during a medication pass and pour observation the facility staff failed to ensure medications were available for administration for 4 of 26 residents, #57, #76, #18, and #44. The findings included: 1. For Resident #57 the facility staff failed to ensure the medication Tylenol 500 mg was available for administration. Resident #57's face sheet listed diagnoses which included but not limited to rheumatoid arthritis, anxiety disorder, osteoarthritis, and scoliosis. Resident #57's most recent minimum data set with an assessment reference date of 02/19/24 assigned the resident a brief interview for mental status score of 14 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact. Resident #57's comprehensive care plan was reviewed and contained a care plan for . reports frequent pain that she attributes to RA (rheumatoid arthritis) to hands that does not interfere with sleep and occasionally limits day-to-day activities . Interventions for this care plan include administer analgesia as per orders. Surveyor observed licensed practical nurse (LPN) #5 during a medication pass and pour on 04/24/24 at 8:30 am. LPN #5 prepared Resident #57's medications, then stated to surveyor that the resident's Tylenol 500 mg was not on the cart, and they had ordered it over the weekend. LPN #5 stated they would have to pull it from the iStat (emergency medication supply). LPN #5 went to the medication room the remove the Tylenol from the iStat, then stated to surveyor that the iStat only contained 325 mg Tylenol. LPN #5 then contacted the nurse practitioner to obtain a one-time order to administer Tylenol 325 mg ii tabs. Surveyor reconciled Resident #57's medications with the clinical record on 04/24/24. Resident #57's clinical record contained a physician's order summary which read in part, Tylenol Extra Strength Oral Tablet 500 mg (Acetaminophen). Give 2 tablet by mouth two times a day for pain max 3 grams/24 hours. Surveyor requested and was provided with a list of medications available in the iStat system. Tylenol 500 mg was not listed. The concern of not ensuring Resident #57's Tylenol was available for administration was discussed with the administrator, director of nursing, assistant director of nursing and regional vice president of operations on 04/25/24 at 4:35 pm. No further information was provided prior to exit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. For Resident #76 the facility staff to ensure the medication Thiamine was available for administration. Resident #76's face sheet listed diagnoses which included but not limited to acute and chronic respiratory failure, iron deficiency anemia, immunodeficiency, unspecified, and other malaise. Resident #76's most recent minimum data set with an assessment reference date of 03/03/24 assigned the resident brief interview for mental status score of 15 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact. Resident #76's comprehensive care plan was reviewed and contained a care plan for . has had desired weight gain . Interventions for this care plan include, Administer medications as ordered. Surveyor observed licensed practical nurse (LPN) #1 on 04/24/24 at 8:10 am during a medication pass and pour. LPN #1 prepared Resident #76's medications but stated to surveyor that resident's Thiamine was not on the cart, and they would have to order it from the pharmacy. Surveyor reconciled Resident #76's medications on 04/24/24. Resident #76's clinical record contained a physician's order summary which read in part, Thiamine HCl Oral Tablet 100 mg (Thiamine HCl). Give 1 tablet by mouth one time a day for supplement. Surveyor asked LPN #1 on 04/24/25 at 12:30 pm if resident's Thiamine had arrived from pharmacy, and LPN #1 stated that it had not. Surveyor asked LPN #1 on 04/25/24 at 8:50 am if they had received Resident #76's Thiamine and LPN #1 stated they still did not have it, that they had faxed the order to the pharmacy yesterday, that pharmacy would not deliver until after lunch today, and that the nurse practitioner is aware. Surveyor requested and was provided with a list of medications available in the iStat (emergency medication supply) system. Thiamine 100 mg was not listed. The concern of not ensuring Resident #76s Thiamine was available for administration was discussed with the administrator, director of nursing, assistant director of nursing and regional vice president of operations on 04/25/24 at 4:35 pm. No further information was provided prior to exit. 3. For Resident #18 the facility staff failed to ensure the medications Valium (diazepam) and Fibercon were available for administration Resident #18's face sheet listed diagnoses which included but not limited to multiple sclerosis, paraplegia, constipation, and muscle spasm. Resident #18's most recent minimum data set with an assessment reference date of 03/21/24 assigned the resident a brief interview for mental status score of 15 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #18's comprehensive care plan was reviewed and contained care plans for . receives anti-anxiety medication related to muscle relaxation and . has the potential for constipation r/t (related to) medications side effects and decreased mobility. Interventions for these care plans include administer medications as ordered and give anti-anxiety medications as ordered by physician. Resident #18's electronic medication administration record (eMAR) for the month of March 2024 was reviewed and contained entries which read in part, Valium Tablet 2 mg (diazepam). Give 1 tablet by mouth three times a day for muscle relaxation . and FiberCon (Calcium Polycarbophil). Give 2 tablets by mouth one time a day for constipation. The entry for Valium was marked MU on 03/05/24 at 1500 (3 pm), and the entry for FiberCon was marked MU on 03/11/24 at 1700 (5 pm). Surveyor spoke with licensed practical nurse (LPN) #1 on 04/25/24 at 8:50 am. Surveyor asked LPN #1 what MU on the eMAR indicated, and LPN #1 stated, MU means the medication was unavailable. Surveyor requested and was provided with a list of medications available in the iStat (emergency medication supply) system. Neither Valium 2 mg nor Fibercon were listed. The concern of not ensuring Resident #18's medications were available for administration was discussed with the administrator, director of nursing, assistant director of nursing and regional vice president of operations on 04/25/24 at 4:35 pm. No further information was provided prior to exit. 4. For Resident #44 the facility staff failed to ensure the medications Valproic acid and Atorvastatin were available for administration. Resident #44's face sheet listed diagnoses which included but not limited to diastolic (congestive) heart failure, bipolar disorder, hypothyroidism, and hyperlipidemia. Resident #44's most recent minimum data set with an assessment reference date of 03/22/24 assigned the resident a brief interview for mental status score of 7 out of 15 is section C, cognitive patterns. This indicates that the resident is severely cognitively impaired. Resident #44's comprehensive care plan was reviewed and contained a care plan for . receives psychotropic medication including an antidepressant and antipsychotic r/t (related to) BIPOLAR DISORDER, DEPRESSION, AND INSOMNIA. Interventions for this care plan include Administer medications as ordered. Resident #44's clinical record was reviewed and contained a physician's order summary which read in part, Atorvastatin Calcium Oral Tablet 10 mg (Atorvastatin Calcium). Give 1 tablet by mouth one time a day for HDL (hyperlipidemia) and Valproic Acid Oral Solution 250 mg/5 ml (Valproate Sodium). Give 5 ml by mouth three times a day related to BIPOLAR DISORDER . Resident #44's electronic medication administration record for the months of February, March, and April 2024 were reviewed and contained entries as above. The entry for Atorvastatin was marked MU on 02/09/24. The entry for Valproic acid was coded 5 on 03/29/24 and coded 9 on 04/22/24. Chart coded 5 is the equivalent of hold/see nurse's notes and the chart code 9 is the equivalent of other/see nurse's notes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #44's nurse's notes were reviewed and contained notes which read in part, 03/29/2024 12:40. Note Text: Valproic Acid Solution 250 mg/5ml. Give 5 ml by mouth three times a day for hypomania pharmacy to send and Valproic Acid Oral Solution 250 mg/5 ml. Give 5 ml by mouth three times a day related to BIPOLAR DISORDER not on med cart. Surveyor spoke with licensed practical nurse (LPN) #1 on 04/25/24 at 8:50 am. Surveyor asked LPN #1 what MU on the eMAR indicated, and LPN #1 stated, MU means the medication was unavailable. Surveyor requested and was provided with a list of medications available in the iStat (emergency medication supply) system. Neither Valproic Acid Oral Solution nor Atorvastatin were listed. The concern of not ensuring Resident #44s medications were available for administration was discussed with the administrator, director of nursing, assistant director of nursing and regional vice president of operations on 04/25/24 at 4:35 pm. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 34307 Based on staff interview, clinical record review, and facility document review the facility staff failed to ensure 1 of 26 residents was free from unnecessary medications, Resident #44. The findings included: For Resident #44 the facility staff administered the blood pressure medication, Metoprolol outside of the physician ordered parameters. Resident #44's face sheet listed diagnoses which included but not limited to diastolic (congestive) heart failure, and hypertensive heart disease. Resident #44's most recent minimum data set with an assessment reference date of 03/22/24 assigned the resident a brief interview for mental status score of 7 out of 15 is section C, cognitive patterns. This indicates that the resident is severely cognitively impaired. Resident #44's comprehensive care plan was reviewed and contained a care plan for .has a health history of Alzheimer's Dementia with anxiety, AFIB (atrial fibrillation), HTN (hypertension [high blood pressure]), age related debility among other co-morbidities. Interventions for this care plan include provide medications/treatments as ordered. Resident #44's clinical record was reviewed and contained physician's order summary which read in part, Metoprolol Succinate ER (extended release) Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate). Give 1 tablet by mouth one time a day for Afib. Hold if DBP (diastolic blood pressure) < (less than) or = 60. Resident #44's electronic medication administration record for the months of February and March 2024 were reviewed and contained entries as above. The entry for 02/01/24 was coded as administered with a DBP of 60 and on 02/27/24 with a DBP of 58. The entries for 03/11/24 and 03/12/24 were coded as administered, both with a DBP of 60. Surveyor spoke with licensed practical nurse (LPN) #1 on 04/25/24 at 8:50 am. Surveyor asked LPN #1 to review Resident #44's physician's order for Metoprolol, and LPN #1 did so, and stated that the medication is to be held if DBP is 60 or less. Surveyor then asked LPN #1 to review Resident #44's electronic medication administration records for February and March. LPN #1 stated the medication had been administered when it should have been held per the physician's order. Surveyor requested and was provided with a facility policy entitled, Administering Medications which read in part, Medications shall be administered in a safe and timely manner, and as prescribed. The concern of not ensuring Resident #44 was free of unnecessary medications was discussed with the administrator, director of nursing, assistant director of nursing, and regional vice president of operations on 04/25/24 at 4:35. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 47299 Based on staff interview, clinical record review and facility document review, the facility staff failed to provide adequate monitoring for residents receiving psychotropic medications for one of 26 residents in the survey sample, resident # 65. This findings included: For resident # 65 the facility staff failed to implement behavior monitoring or nonpharmacologic interventions for several psychotropic medications prescribed. Resident # 65's diagnoses included but were not limited to, anxiety, depression, history of stroke, diabetes and obstructive sleep apnea. The minimum data set (MDS) assessment with an assessment reference date (ARD) of 3/6/24 assigned the resident a brief interview for mental status (BIMS) score of 15 indicating intact cognition . Resident # 65 was coded as feeling down or depressed 2-6 days in the lookback period. No behaviors were noted in the lookback period according to the MDS. Review of the clinical record revealed that resident # 65 was prescribed Abilify 2 mg everyday by mouth for a diagnosis of depression(Abilify is classified as an antipsychotic medication), Sertraline 100 mg daily for depression/anxiety (classified as an antidepressant), Trazodone 50 mg daily for insomnia (classified as an antidepressant, and Lorazepam 0.25 mg twice daily and .25 mg every 4 hours as needed for anxiety. There was no behavior monitoring on the Medication Administration Record (MAR) for the month of April 2024. The progress notes did not indicate that staff were consistently monitoring resident # 65's behaviors. This surveyor interviewed the Assistant Director of Nursing on 4/25/24 at 11:37 AM. When asked where I could expect to find behavior monitoring they stated, it would be on the MAR. Surveyor asked for them to check resident # 65's MAR and produce a copy of the behavior monitoring if they located it. They stated they could not locate it. Surveyor asked if they would expect that a resident on multiple types of psychotropic medications would be expected to have behavior monitoring in place, they stated, yes, I would. Surveyor requested and received a copy of the policy entitled, Behavior Monitoring Policy (psychotropic medications) with a policy date of 5/2017. The document read in part, To maintain the functional ability of the resident by managing behaviors issues that may place the resident or others at risk of injury. Using techniques customized to the residents's needs minimizing the use of medications to manage their behaviors. Regulatory monitoring, with focus on elimination or reduction of psychotropic medications when appropriate for resident. And under the heading Nursing, 1. The documentation of behaviors will be completed using the behavior flowsheets in the MAR; with focus on: a. Behaviors noted b. Non-pharmacological interventions attempted to address behaviors with effectiveness c. Side effects from the medications required noted. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/25/24 at 4:20 PM the survey team met with the Administrator, Director of Nursing, and the Assistant Director of Nursing. This concern was discussed at that time. No further information was provided to the survey team prior to the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 34307 Based on staff interview,clinical record review, and facility document review the facility staff failed to ensure 1 of 26 residents was free of significant medication errors, Resident #6. The findings included: For Resident #6 the facility staff failed to administer the medication Levothyroxine per the physcian's order. Resident #6's face sheet listed diagnoses which included but not limited to post procedural hypothyroidism. Resident #6's most recent minimum data set with an assessment reference date of 02/04/24 assigned the resident a brief interview for mental status score of 15 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact. Resident #6's comprehensive care plan was reviewed and contained a care plan for .has a health history of type II diabetes mellitus with neuropathic/ophthalmic complication, anemia, . and other co-morbidities. Interventions for this care plan include Provide medications/treatments as ordered. Resident #6's clinical record was reviewed and contained a physician's order summary which read in part, Levothyroxine Sodium Oral Tablet 50 mcg (Levothyroxine Sodium). Give 50 mcg by mouth one time a day for hypothyroidism-start date 04/06/2024 and Levothyroxine Sodium Oral Tablet 75 mcg (Levothyroxine Sodium). Give 75 mcg by mouth one time a day for hypothyroidism-end date 04/05/2024. Resident #6's electronic medication administration record for the months of March and April 2024 were reviewed and contained entries as above. The entry for 03/12/24 was coded 9. The entry for 04/09/24 was coded 9. Chart code 9 is the equivalent of other/see nurses notes. Resident #6's nurses progress notes were reviewed and contained notes which read in part, 3/12/2024 06:08. Note Text: Levothyroxine Sodium Tablet 75 mcg. Give 1 tablet by mouth one time a day for hypothyroidism not on med cart and 4/9/2024 5:52. Note Text: Levothyroxine Sodium Tablet 50 mcg. Give 1 tablet by mouth one time a day for hypothyroidism not on med cart. Surveyor requested and was provided with a facility policy entitled, Medication Unavailable, STAT/Emergency Medication Cart Usage which read in part, Medication Unavailable. 2. Review STAT medication list for medication available on site . 3. In the event that the medication is unavailable, notify MD to get further instructions/alternate medication or treatment. Surveyor was provided with a list of medications available in the STAT/Emergency Mediation Cart. Levothyroxine 50 mcg was listed as being available. Levothyroxine 75 mcg was not listed. The concern of failing to ensure Resident #6 was free of a significant medication error was discussed with the administrator, director of nursing, assistant director of nursing and regional vice president of operations on 04/25/24 at 4:35 pm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21227 Based on staff interviews, clinical record review, and facility document review, the facility staff failed to ensure complete and/or accurate clinical records for three (3) of 33 residents (Resident #50, Resident #60, and Resident #106). The findings include: 1. The facility staff failed to ensure Resident #106's medication allergy section of the electronic health record was complete and/or accurate. The facility staff failed to ensure Resident #106 initial skin assessment documented the presence of areas that were receiving medication and/or treatment. Resident #106's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 11/29/23, was signed as completed on 12/6/23. Resident #106 was assessed as being able to make self understood and as being able to understand others. Resident #106's Brief Interview for Mental Status (BIMS) summary score was documented as a 15 out of 15; this indicated intact and/or borderline cognition. Resident #106 was assessed as requiring assistance with or being dependent on another for toileting hygiene, dressing, and bathing. The following information was found in a facility policy and procedure titled Nursing Documentation (with a revised date of 2/20/24): - Documentation in the medical record facilitates communication among professionals from different disciplines and on different shifts. It provides information so that health care providers can deliver care in a coordinated manner. - PROCEDURE: . The admission assessment and all aspects of the admission process to include height, facility obtained weight and vital signs [sic]. - This policy indicated, Normal and abnormal staff observations should be documented. Resident #106's allergy section of the facility's electronic health record did not include the medication ampicillin/sulbactam. Resident #106's discharge summary, from their hospital stay prior to coming to the facility, included documentation that indicated the resident experienced a possible anaphylactic reaction after receiving a dose of ampicillin/sulbactam; Resident #106's symptoms were documented as flushing, hives, and low blood pressure. (Anaphylaxis is a severe allergic reaction that is potentially life-threatening without medical intervention.) This discharge summary advised Resident #106 to consider having formal allergy /desensitization testing on elective basis if penicillin therapy again [sic] needed in the future . On 4/24/24 at 3:55 p.m., Licensed Practical Nurse (LPN) #2 reported part of their job responsibilities was to admit new residents to the facility. LPN #2 reported to determine a resident's allergies on admission they would review the electronic health information provided by the sending facility; LPN #2 stated this information would include any provided discharge summary. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #106's admission skin assessment failed to capture areas where the resident had a rash and had treatment ordered by the provider at the time of admission. (At the time of admission Resident #106 had an order for Triamcinolone Acetonide External Cream to be applied twice a day to the areas of skin affected by a rash.) Resident #106 had a skin assessment completed five days after admission that indicated the resident had multiple red areas in skin folds. On 4/25/24 at 4:05 p.m., the surveyor discussed Resident #106's second skin assessment, which included documentation of the resident having red areas noted to multiple skin folds, with the facility's Assistant Director of Nursing (ADON). The ADON acknowledged that Resident #106's red areas in skin folds were not captured on the initial skin assessment but felt that the medical provider order for cream to be applied to rashes indicated the rash was present on admission and the rash was being treated by facility staff. 34307 2. For Resident #50 the facility staff failed to ensure the Virginia Department of Health Durable Do Not Resuscitate (DDNR) for was complete. Resident #50's face sheet listed diagnoses which included but not limited to encephalopathy, Parkinson's disease, and obstructive sleep apnea. Resident #50's face sheet also indicated that the resident has a do not resuscitate order. Resident #50's most recent MDS with an assessment reference date of 03/22/24 assigned the resident a brief interview for mental status score of 11 out of 15 in section C, cognitive patterns. Resident #50's comprehensive care plan was reviewed and contained a care plan for . has Advance Directives-Code Status: DDNR Interventions for this care plan were, Advance Directives will be maintained in medical record with review/revision as indicated. Resident #50's clinical record was reviewed and contained a physician's order summary which read in part, Do Not Resuscitate (DNR). Resident #50's clinical record contained a Virginia Department of Health DDNR form which read in part, I, the undersigned, state that I have a [NAME] fide physician/patient relationship with the patient named above .I further certify (must check 1 or 2): .If you checked 2 above, you must check A, B, or C below: . None of the specified boxes were checked. The concern of Resident #50 incomplete DDNR form was discussed with the administrator, director of nursing, assistant director of nursing, and regional vice-president of operations of 04/25/24 at 4:35 pm. No further information was provided prior to exit. 42353 3. For Resident #60, the facility staff failed to document in the clinical record the responsible party's decision to decline the influenza, pneumococcal, and updated 2023-2024 formula COVID-19 vaccines. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #60's diagnosis list indicated diagnoses, which included, but not limited to Alzheimer's Disease, Panic Disorder, and Psychotic Disorder with Delusions. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 3/17/24 coded the resident as being severely impaired in cognitive skills for daily decision making with short-term and long-term memory problems. According to Resident #60's immunization history documented in the clinical record, the resident had previously received COVID-19 vaccines on 1/25/21, 2/15/21, 6/14/22, 10/20/22 and the most recent influenza vaccine was received on 10/12/22. The resident's immunization documentation did not include a history of any previous pneumococcal vaccines. Surveyor reviewed Resident #60's clinical record and was unable to locate evidence of the resident being offered a 2023 influenza vaccine, pneumococcal vaccine, or an updated 2023-2024 formula COVID-19 vaccine. On 4/25/24 at 12:30 PM, surveyor met with the Infection Preventionist (IP) who stated the Unit Manager (UM) offered the vaccines to the resident's responsible party (RP) however, the RP declined the vaccines due to the resident's condition and the UM failed to document this in the clinical record. On 4/25/24 at 12:43 PM, surveyor spoke with the UM (licensed practical nurse #4) who stated they offered the vaccines to Resident #60's RP and they declined but failed to document it in the clinical record. Surveyor requested and received the facility policy titled Influenza/Pneumococcal/COVID-19 Immunization and Education with a reviewed/revised date of 1/16/24 which read in part .4. Documentation of the resident acceptance or refusal of the immunization or the medical contraindications of the immunization will be made in each resident's medical record . On 4/25/24 at 4:35 PM, the survey team met with the [NAME] President of Operations, Administrator, Director of Nursing, and the IP and discussed the concern of facility staff failing to document Resident #60's RP's decision to decline offered vaccinations. No further information regarding this concern was presented to the survey team prior to the exit conference on 4/25/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 21227 Based on observations, staff interviews, and facility document review, the facility staff failed to ensure individuals providing resident care correctly performed hand hygiene. The findings include: A contract staff member (SM #20) failed to perform hand hygiene between facility residents when providing toenail care. The following information was found in a facility policy and procedure titled Handwashing (with a revised date of 3/18/23): - It is the policy of this facility that hand washing be regarded as the single most important means of preventing the spread of infections. - The use of gloves does not replace the need for hand hygiene by either alcohol based waterless hand rubs or hand washing with soap and water. - Handwashing to be performed for at least twenty (20) seconds under the following conditions: . Before and after having contact with a resident (i.e., bed bath, changing linen, etc.) . After contact with inanimate objects to include medical equipment in the vicinity of the patient . On 4/25/24 at 1:10 p.m., a contract staff member (SM #20) was observed to finish providing toenail care to Resident #38 and to start providing toenail care to Resident #68; SM #20 was observed to change their gloves but did not perform hand hygiene. On 4/25/24 at 1:16 p.m., SM #20 was observed to finish providing toenail care to Resident #68 and to start providing toenail care to Resident #61; SM #20 was observed to change their gloves but did not perform hand hygiene. On 4/25/24 at 1:24 p.m., SM #20 stated they had changed their gloves, between residents, while providing toenail care to the aforementioned residents. SM #20 stated they had not performed hand hygiene between the aforementioned residents. On 4/25/24 at 4:33 p.m., the survey team met with the facility's Administrator, Director of Nursing, Assistant Director of Nursing, and Vice-President of Operations. During this meeting, the surveyor discussed observations of SM #20 not performing hand hygiene when changing gloves between residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42353 Based on staff interview, clinical record review, and facility document review, the facility staff failed to offer a pneumococcal vaccine to 2 of 5 sampled residents (Resident #24 and #76) in accordance with nationally recognized standards. 1. For Resident #24, the facility staff failed to offer the resident a pneumococcal conjugate vaccine 20 (PCV20) or a pneumococcal polysaccharide vaccine 23 (PPSV23) following admission to the facility. Resident #24's diagnosis list indicated diagnoses, which included, but not limited to Osteomyelitis of Vertebra, Sacral, and Sacrococcygeal Region, Paroxysmal Atrial Fibrillation, Atherosclerotic Heart Disease of Native Coronary Artery, and Thoracic Aortic Aneurysm. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 2/08/24 assigned the resident a brief interview for mental status (BIMS) summary score of 15 out of 15 indicating the resident was cognitively intact. According to Resident #24's immunization history documented in the clinical record, the resident had previously received a Prevnar13 vaccine on 2/01/16 with no other documented pneumococcal vaccines. Resident #24's clinical record included a Influenza and Pneumococcal Vaccines Consent signed by the resident on 11/07/23 with a checkmark by the statement Yes, I have received the pneumococcal vaccine in the recent past (date), on the line for the date, unsure was written. The Centers for Disease Control and Prevention (CDC) guideline titled, Pneumococcal Vaccination: Summary of Who and When to Vaccinate last reviewed 9/22/23, read in part, for adults [AGE] years or older who have only received PCV13, CDC recommends one dose of PCV20 or PPSV23 at least one year after PCV13. Surveyor reviewed Resident #24's clinical record and was unable to locate evidence of the resident being offered a PCV20 or a PPSV23 vaccine. Surveyor met with the Director of Nursing (DON) and Infection Preventionist (IP) on 4/25/24 at 12:34 PM and discussed Resident #24's pneumococcal vaccination status. The DON stated the resident was unsure if their pneumococcal vaccine was up to date and he had been sick. The DON and IP were unable to provide evidence of the facility offering the resident a PCV20 or PPSV23 vaccine according to CDC guidelines. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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	Surveyor requested and received the facility policy titled, Influenza/Pneumococcal/COVID-19 Immunization and Education with a reviewed/revised date of 1/16/24 which read in part, .Purpose: To provide a means for the facility to track .pneumococcal immunization administration and education ensuring all eligible residents receive immunization as recommended by the Center for Disease Control .3. The facility will determine if the resident is eligible to receive the immunizations and will administer per the facility's protocol .4. Documentation of the resident acceptance or refusal of the immunization or the medical contraindications of the immunization will be made in each resident's medical record .10. Persons sixty-five (65) years of age and older who have not received the pneumococcal vaccine is [sic] the past five (5) years should receive another dose of vaccine . On 4/25/24 at 4:35 PM, the survey team met with the [NAME] President of Operations, Administrator, DON, and IP and discussed the concern of Resident #24 not being offered a PCV20 or PPSV23 vaccine following admission to the facility. No further information regarding this concern was presented to the survey team prior to the exit conference on 4/25/24. 2. For Resident #76, the facility staff failed to offer the resident a pneumococcal conjugate vaccine 20 (PCV20) or a pneumococcal polysaccharide vaccine 23 (PPSV23) following admission to the facility. Resident #76's diagnosis list indicated diagnoses, which included, but not limited to Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Emphysema, Congestive Heart Failure, Hypertensive Heart and Chronic Kidney Disease with Heart Failure, Myelodysplastic Syndrome, Immunodeficiency, and Atherosclerotic Heart Disease of Native Coronary Artery. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 3/03/24 assigned the resident a brief interview for mental status (BIMS) summary score of 15 out of 15 indicating the resident was cognitively intact. According to Resident #76's immunization history documented in the clinical record, the resident had previously received a Prevnar13 vaccine on 12/09/16 with no other documented pneumococcal vaccines. Resident #76's clinical record included an Influenza and Pneumococcal Vaccines Consent signed by the resident on 7/03/23 with a checkmark by the statement Yes, I have received the pneumococcal vaccine in the recent past (date), on the line for the date, unsure was written. The Centers for Disease Control and Prevention (CDC) guideline titled, Pneumococcal Vaccination: Summary of Who and When to Vaccinate last reviewed 9/22/23, read in part adults between 19 through [AGE] years old with conditions or risk factors such as Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and Emphysema who have only received PCV13, CDC recommends one dose of PCV20 or PPSV23 at least one year after PCV13. On 4/25/24 at 12:20 PM, surveyor met with the Infection Preventionist (IP) who stated the resident should have received a PCV20 or PPSV23. IP stated the facility offers PCV20 vaccines and to their recollection, Resident #76 consented to receiving it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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	On 4/25/24 at 12:27 PM, surveyor spoke with the Director of Nursing (DON) who stated at one point, the facility was having issues with insurance not paying for pneumococcal vaccines but currently the facility has ten doses on hand. Surveyor requested and received the facility policy titled, Influenza/Pneumococcal/COVID-19 Immunization and Education which read in part, .Purpose: To provide a means for the facility to track .pneumococcal immunization administration and education ensuring all eligible residents receive immunization as recommended by the Center for Disease Control .3. The facility will determine if the resident is eligible to receive the immunizations and will administer per the facility's protocol .4. Documentation of the resident acceptance or refusal of the immunization or the medical contraindications of the immunization will be made in each resident's medical record .10. Persons sixty-five (65) years of age and older who have not received the pneumococcal vaccine is [sic] the past five (5) years should receive another dose of vaccine . On 4/25/24 at 4:35 PM, the survey team met with the [NAME] President of Operations, Administrator, DON, and IP and discussed the concern of Resident #76 not being offered a PCV20 or PPSV23 vaccine following admission to the facility. No further information regarding this concern was presented to the survey team prior to the exit conference on 4/25/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 42353 Based on staff interview, clinical record review, and facility document review, the facility staff failed to offer an updated 2023-2024 formula COVID-19 vaccine for 3 of 5 sampled residents, Resident #3, #24, and #75. The findings included: 1. For Resident #3, the facility staff failed to offer the resident an updated 2023-2024 formula COVID-19 vaccine. Resident #3's diagnosis list indicated diagnoses, which included, but not limited to Hypertensive Chronic Kidney Disease, Chronic Embolism and Thrombosis of Left Femoral Vein, and Osteoarthritis. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 2/12/24 assigned the resident a brief interview for mental status (BIMS) summary score of 13 out of 15 indicating the resident was cognitively intact. According to Resident #3's immunization history documented in the clinical record, the resident had previously received COVID-19 vaccines on 1/30/21, 2/20/21, and 12/15/21. Surveyor reviewed Resident #3's clinical record and was unable to locate evidence of the resident being offered an updated 2023-2024 formula COVID-19 vaccine. Surveyor met with the Director of Nursing (DON) and Infection Preventionist (IP) on 4/25/24 at 12:55 PM and discussed Resident #3's COVID-19 vaccination status. The DON and IP were unable to provide evidence of the facility offering the resident an updated 2023-2024 formula COVID-19 vaccine. Surveyor requested and received the facility policy titled Influenza/Pneumococcal/COVID-19 Immunization and Education with a reviewed/revised date of 1/16/24 which read in part .8. COVID-19 vaccines are provided by the facility weekly. A resident's vaccination status will be determined at time of admission. Consent will be obtained for resident requesting a vaccine. Pharmacy will verify vaccination status prior to administration through VIIS [Virginia Immunization Information System] portal. The vaccines will be administered per the CDC [Centers for Disease Control and Prevention] guidelines. 9. A master list of residents .receiving the .COVID immunizations will be maintained by the organization's occupational nurse as a means to track all residents .receiving the vaccination annually . On 4/25/24 at 4:35 PM, the survey team met with the [NAME] President of Operations, Administrator, DON, and IP and discussed the concern of facility staff failing to offer Resident #3 an updated 2023-2024 formula COVID-19 vaccine. No further information regarding this concern was presented to the survey team prior to the exit conference on 4/25/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. For Resident #24, the facility staff failed to offer the resident an updated 2023-2024 formula COVID-19 vaccine. Resident #24's diagnosis list indicated diagnoses, which included, but not limited to Osteomyelitis of Vertebra, Sacral, and Sacrococcygeal Region, Atherosclerotic Heart Disease of Native Coronary Artery, Paroxysmal Atrial Fibrillation, Thoracic Aortic Aneurysm, and Polyneuropathy. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 2/08/24 assigned the resident a brief interview for mental status (BIMS) summary score of 15 out of 15 indicating the resident was cognitively intact. According to Resident #24's immunization history documented in the clinical record, the resident had previously received COVID-19 vaccines on 3/05/21 and 4/02/21. Surveyor reviewed Resident #24's clinical record and was unable to locate evidence of the resident being offered an updated 2023-2024 formula COVID-19 vaccine. Surveyor met with the Director of Nursing (DON) and Infection Preventionist (IP) on 4/25/24 at 12:34 PM and discussed Resident #24's COVID-19 vaccination status. The DON stated the resident's physician did not want the COVID-19 vaccine given while Resident #24 was receiving IV (intravenous) antibiotics, and the resident did not meet the requirements at the time the vaccine was being administered. The DON and IP were unable to provide evidence of the facility offering the resident an updated 2023-2024 formula COVID-19 vaccine or documentation of contraindications to receiving the vaccine. Surveyor requested and received the facility policy titled Influenza/Pneumococcal/COVID-19 Immunization and Education with a reviewed/revised date of 1/16/24 which read in part 1. Upon admission the resident or their responsible party will be provided the option for the resident to receive the .COVID-19 immunization .4. Documentation of the resident acceptance or refusal of the immunization or the medical contraindications of the immunization will be made in each resident's medical record .8. COVID-19 vaccines are provided by the facility weekly. A resident's vaccination status will be determined at time of admission. Consent will be obtained for resident requesting a vaccine. Pharmacy will verify vaccination status prior to administration through VIIS [Virginia Immunization Information System] portal. The vaccines will be administered per the CDC [Centers for Disease Control and Prevention] guidelines. 9. A master list of residents .receiving the . COVID immunizations will be maintained by the organization's occupational nurse as a means to track all residents .receiving the vaccination annually . On 4/25/24 at 4:35 PM, the survey team met with the [NAME] President of Operations, Administrator, DON, and IP and discussed the concern of facility staff failing to offer Resident #24 an updated 2023-2024 formula COVID-19 vaccine. No further information regarding this concern was presented to the survey team prior to the exit conference on 4/25/24. 3. For Resident #75, the facility staff failed to offer the resident an updated 2023-2024 formula COVID-19 vaccine. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495421	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Health and Rehab Center - South	5647 Starkey Road Roanoke, VA 24018

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #75's diagnosis list indicated diagnoses, which included, but not limited to Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure with Hypoxia, Congestive Heart Failure, and Type 2 Diabetes Mellitus. The most recent minimum data set (MDS) with an assessment reference date (ARD) of 3/05/24 assigned the resident a brief interview for mental status (BIMS) summary score of 15 out of 15 indicating the resident was cognitively intact. According to Resident #75's immunization history documented in the clinical record, the resident had previously received COVID-19 vaccines on 6/25/21 and 7/15/21. Surveyor reviewed Resident #75's clinical record and was unable to locate evidence of the resident being offered an updated 2023-2024 formula COVID-19 vaccine. Surveyor met with the Director of Nursing (DON) and Infection Preventionist (IP) on 4/25/24 at 12:55 PM and discussed Resident #75's COVID-19 vaccination status. The DON and IP were unable to provide evidence of the facility offering the resident an updated 2023-2024 formula COVID-19 vaccine. Surveyor requested and received the facility policy titled Influenza/Pneumococcal/COVID-19 Immunization and Education with a reviewed/revised date of 1/16/24 which read in part .8. COVID-19 vaccines are provided by the facility weekly. A resident's vaccination status will be determined at time of admission. Consent will be obtained for resident requesting a vaccine. Pharmacy will verify vaccination status prior to administration through VIIS [Virginia Immunization Information System] portal. The vaccines will be administered per the CDC [Centers for Disease Control and Prevention] guidelines. 9. A master list of residents .receiving the .COVID immunizations will be maintained by the organization's occupational nurse as a means to track all residents .receiving the vaccination annually . On 4/25/24 at 4:35 PM, the survey team met with the [NAME] President of Operations, Administrator, DON, and IP and discussed the concern of facility staff failing to offer Resident #75 an updated 2023-2024 formula COVID-19 vaccine. No further information regarding this concern was presented to the survey team prior to the exit conference on 4/25/24.