STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165081	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Retirement	600 Park Lane Waterloo, IA 50702

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Electronic Health Record (EHR) review, the Centers for Medicare and Medicaid Services (CMS) Long term Care (LTC) Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, and staff interviews the facility failed to accurately code 1 of 1 resident (Resident #9) Minimum Data Set (MDS) assessment for hospice services during the look back period. The facility reported a census of 66.Findings include:Resident #9's MDS assessment dated [DATE] lacked documentation for hospice care. The MDS documented diagnoses of coronary artery disease (poor blood flow from the heart), hypertension (high blood pressure), peripheral vascular disease (poor blood flow in the blood vessels returning to the heart), hyperlipidemia (high bad cholesterol) and depression. The MDS Coordinator electronically signed the MDS on 9/10/25 verifying assessment completion. In an interview on 9/24/25 at 4:02 PM, the MDS Coordinator acknowledged she is responsible for completing the MDS assessments. The MDS Coordinator identified Resident #9 received hospice care. The MDS Coordinator stated the MDS assessment dated [DATE] missed coding hospice care for Resident #9. The MDS Coordinator acknowledged she followed the RAI manual for coding MDS assessments.In an interview on 9/24/25 at 4:10 PM, the Director of Nursing (DON) acknowledged the MDS assessment dated [DATE] lacked documentation for hospice care. The DON verbalized she expected the MDS assessments completed accurately.The Centers for Medicare and Medicaid Services (CMS) Long term Care (LTC) Facility Resident Assessment Instrument (RAI) 3.0 User's Manual Version 1.20.1 October 2025 instructed to code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions.

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