STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395015	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Rehab and Health	246 Friendship Circle Beaver, PA 15009

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to maintain a clean homelike environment in two of eight nursing units (3 Main North Hallway bathroom and 4 Main North Hallway bathroom).Findings include: Review of facility policy Resident Environment dated 10/1/25, indicated the facility will provide an environment that is safe, clean, comfortable, and homelike, allowing the resident to use his or her personal belongings to the extent possible. During an observation on 6/9/26, at 10:29 a.m. of the 3 Main North Hallway bathroom revealed the following:The second toilet stall had a black trash bag covering the toiletThe third toilet stall has visible yellow urine and smeared feces in the bowl During an interview on 6/9/26, at 10:32 a.m. Assistant Director of Nursing Employee E2 confirmed the above observations and stated, I think the bag over the toilet means that it is out of order. During an observation on 6/9/26, at 10:47 a.m. of the 4 Main North Hallway bathroom revealed the following:The first toilet stall privacy curtain had a large dried brown stain on the bottom and the raised seat over the toilet had dried yellow and brown stains in numerous spots on the lidThe third toilet stall had plastic wrap over the toilet, and the bowl appeared to have brown discoloration throughout During an interview on 6/9/26, at 11:02 a.m. Housekeeper Employee E3 confirmed the above observations and stated, It looks like the toilet got clogged and overflowed. The toilet has been out of order for probably two days. I was off yesterday, but it was fine when I last worked. During an interview on 6/9/26, at 11:30 a.m. the Director of Nursing confirmed that the facility failed to maintain a clean homelike environment in two of eight nursing units (3 Main North Hallway bathroom and 4 Main North Hallway bathroom). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1)(e)(2.1) Management.28 Pa. Code: 201.29(a) Resident rights.

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
	395015	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Rehab and Health	246 Friendship Circle Beaver, PA 15009

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review and staff interview, it was determined that the facility failed to promote a multidisciplinary approach with care conferences for of three out of 12 months (March, April, and May 2026).Findings include: Review of facility policy Interdisciplinary Care Conference Guidelines dated 101/25, indicated that a care conference will be held within 21 days of admission, and at least quarterly thereafter. Care conference may be held whenever the team feels it is necessary to review the plan of care for the resident. Documentation will be provided for the evaluation of effectiveness of the care plan. The following should have representation at the meeting: Social Services, Nursing, Recreation, and Dietary. Review of the clinical record indicated Resident R1 was admitted [DATE]. Review of Resident R1's MDS (minimum data set a periodic review of assessment needs) dated 3/31/26, indicated diagnosis of gastro esophageal reflux disease (GERD- a digestive condition when stomach acid repeatedly flows back into the throat area), age-related physical debility, and abnormal weight loss. Review of Resident R1's Multidisciplinary Care Conference sign in sheet dated 3/30/26, failed to indicate that a staff member from dietary was present. Review of Resident R1's Multidisciplinary Care Conference sign in sheet dated 4/7/26, failed to indicate that a staff member from dietary was present. Review of Resident R1's Multidisciplinary Care Conference sign in sheet dated 5/4/26, failed to indicate that a staff member from dietary was present. During an interview on 6/9/26 at 11:37 a.m. Director of Social Services Employee E4 confirmed that dietary was unavailable during care conference meetings dated 3/30/26, 4/7/26 and 5/4/26, as required. 28 Pa. Code 211.12(d)(3) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395015	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Rehab and Health	246 Friendship Circle Beaver, PA 15009

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on review of employee qualifications, employee file review, and staff interview it was determined that the facility failed to employ a qualified Food Service Director to manage the daily operations of the Dietary Department for approximately 1 month out of 12 months (May 2026 through June 2026).Findings include: During an interview on 6/9/26, at 10:27 a.m., Food Service Director Employee E1 stated he was not certified, did not possess any higher education beyond high school, and that the Registered Dietitian only works two to three days a week. During an interview on 6/9/26, at 11:26 a.m., the Director of Nursing stated that the Registered Dietitian (RD) was not employed full time she comes two to three times a week, and The RD was not on-site full time to oversee the operation of the kitchen in the absence of a full time qualified dietary manager. Review of Food Service Director Employee E1's Employee file revealed that he was hired on 5/12/26, and did not possess any required qualifications for Food Service Director. During an interview on 6/9/26, at 2:50 p.m., the Nursing Home Administrator (NHA) confirmed that the facility failed to provide documented evidence that Dietary Manager Employee E1 met the qualifications for the position of Food Service Director. Pa Code: 201.18(e)(6) Management.