

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Friendship Health and Rehab Center - South		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>28169</p> <p>Based on interviews and clinical record review, the facility staff failed to provide the necessary activities of daily living (ADL) care to maintain appropriate grooming, personal and oral care for one (1) of 26 sampled residents, Resident #62.</p> <p>The findings were:</p> <p>The facility staff failed to provide appropriate activities of daily living (ADLs), specifically combing hair, washing hands, washing face, shaving, and brushing teeth, for Resident #62.</p> <p>Resident #62's admission record listed diagnoses which included but were not limited to hemiplegia (total or partial paralysis of one side) and hemiparesis (one-sided muscle weakness) following cerebral infarction affecting right dominant side, aphasia (language disorder), dysphagia (difficulty swallowing), and apraxia (speech disorder) following cerebral infarction, lack of coordination, and repeated falls.</p> <p>The minimum data set assessment with an assessment reference date of 09/12/22 indicated Resident #62 should not have a brief interview for mental status conducted due to the resident being rarely/never understood. In Section C (cognitive patterns) the resident was coded as having a problem with long-term memory. The resident's short-term memory was coded as ok. Resident #62's cognitive skills for daily decision making was coded as Severely impaired - never/rarely made decisions. Section G (functional status) coded the resident required extensive assistance and one-person physical assist for ADL Self-Performance of personal hygiene (how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands). For Functional Limitation in Range of Motion, Resident #62 was coded as having impairment on one side for both upper and lower extremities.</p> <p>Resident #62's care plan documented a focus area which included but was not limited to the resident having a self-care deficit in ADL performance. This focus area, with a revision date of 9/26/22, listed interventions which included but were not limited to staff assisting with oral/personal care extensive assist with 2 persons.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #62's ADL documentation forms (titled Documentation Survey Report v2) for August, September, and October 2022 were reviewed. On 04/25/24 at 1:15 p.m. the Assistant Director of Nursing (ADON) explained the code/legend for the ADL documentation. The ADL titled personal hygiene (defined on the form as how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands) provided space for documentation for every day and every shift (day, evening, and night shift). For the month of September 2022, there were seven (7) shifts left blank; no documentation noted. For the month of October 2022, there were 11 shifts left blank; no documentation noted. At 1:40 p.m. on the same day, the director of nursing (DON) and ADON were shown the ADL documentation the surveyor was reviewing and asked what the blank spaces indicated. Both the DON and ADON acknowledged blank spaces provided no way to know whether the care was provided. The ADON stated, there was education needed.</p> <p>On 04/25/24 at 2:47 p.m. licensed practical nurse (LPN #4) and certified nursing assistant (CNA #3) were interviewed and shown Resident #62's ADL documentation from August, September, and October 2022. Both staff were familiar with Resident #62. When asked how the blank spaces were interpreted, LPN #4 stated blank spaces means someone did not chart. The nurse acknowledged there was no evidence the care was provided on those shifts.</p> <p>During an end of day meeting on 04/25/24 at 4:30 p.m., the administrator, vice president of operations, DON, and ADON were informed of the blank spaces within Resident #62's ADL documentation. No further information was provided prior to the exit conference.</p>		