STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675744	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Haven Healthcare and Rehabilitation Cen	1500 Sunset Dr Friendswood, TX 77546

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51036 Based on interview and record review, the facility failed to ensure each resident had the right to be informed, in advance, of the care to be furnished for 1 (Resident #50) of 9 residents reviewed for pharmacy services The facility failed to provide a signed consent for Cogentin for Resident #50. Cogentin is a medication used to symptoms of Parkinson's disease such as stiffness or tremors or Parkinson like symptoms caused by using certain medications. The failure could place residents at risk of not having an opportunity to refuse medications or ask questions regarding medications. Findings include: Record Review of Resident #50's face sheet revealed resident is a [AGE] year old female with an admitted [DATE] with diagnoses of Unspecified Dementia, Drug Induced Subacute Dyskinesia (Abnormal movements associated with the use of Neuroleptic medications which are medication that block dopamine receptors in the nervous system), Schizoaffective Disorder (Bipolar Type), Depression (Unspecified), and Anxiety Disorder (Unspecified). Record Review of Resident #50's MDS assessment revealed that resident's BIMS was 14 indicating cognition was intact. Record review of Resident #50's Consents for Antipsychotic or Neuroleptic Medication Treatment found that there was an unsigned consent dated and signed by the psychiatric-mental health nurse practitioner on 9/21/24. There was a letter that stated resident remembered giving consent for dates of 9/11/24 and 9/26/24. Original consent was not in the records. During an interview with LVN A on 11/6/24 at 3:27 p.m., LVN A said that the signed medication consent forms should be uploaded in the facility's electronic medical records system. LVN A stated that the psychiatrist would upload the consent to the facility's electronic medical records system when the medication was ordered but that the facility would upload the signed consents into facility's medical records system after they were signed. LVN A said they would check their book where the signed copies are kept and would provide surveyor with a copy. (continued on next page)

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
	675744	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Haven Healthcare and Rehabilitation Cen	1500 Sunset Dr Friendswood, TX 77546

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	During an interview with LVN A on 11/6/24 at 4:06 p.m., LVN said she was unable to find the signed consent for Cogentin. LVN A provided letter signed by Resident #50 that Resident #50 remembered giving consent for Cogentin but it is unknown where the original consent is at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675744	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Haven Healthcare and Rehabilitation Cen	1500 Sunset Dr Friendswood, TX 77546

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 26867 Based on observation, interview, and record review, the facility failed to ensure residents received meals at regular times comparable to normal mealtimes in the community or in accordance with resident needs and preferences for three of three days (11/04/24, 11/05/24, and 11/06/24) reviewed for frequency of meals. -The facility failed to ensure residents received meals at regularly scheduled times for breakfast and lunch on 11/04/24, breakfast and lunch on 11/05/24, and breakfast on 11/06/24. This failure could place residents who eat from the facility's kitchen, at risk of loss of appetite, weight loss, increased hunger, thirst, frustration, and decreased feelings of self-worth. Findings included: Observation and interview with the Dietary Manager on 11/04/24 at 8:25 AM, revealed the posted mealtime was 7:30 AM for breakfast,: 11:30 AM for lunch, and 4:30 PM for dinner. During an interview with the dietary Manager, she said mealtime were 7:30 AM for breakfast, 11:30 AM for Lunch, and 4:30 PM for dinner. Observation and interviews on 11/04/24 at 9:00AM revealed no breakfast trays were served on the 500 and 600 halls. During an interview, with 2 anonymous Residents, the first resident said, his main concerns with the facility were the food. He further explained that the trays are were always late, cold, small sizes and no taste. Observation on 11/04/24 at 10:30 AM, revealed an Anonymous third anonymous resident was sleeping and her Breakfast tray was covered on her bed side table. Observation indicated she did not eat her breakfast. Observation on 11/04/24 at 12:30 PM revealed lunch had not been served on hall 500 and 600 . During an interview with the Dietary Manager at 12:35PM, she said lunch was running late because the dining room was served first, and she was in the process of serving the halls . Observation and interview on 11/04/24 at 12: 50 PM, Anonymous Resident #4 a (third/fourth) anonymous resident appeared s angry. During an interview, she said the meal trays are always late, sometimes cold, the sizes are small like a child's plate, and no test. She said, she did not eat her breakfast because she was served the wrong food. She said she was waiting for lunch, and it had not arrived. Observation and interview on 11/04/24 at 1:00 PM revealed Anonymous Resident #3 was eating her lunch. During an interview she said she did not eat her breakfast because, she was hungry and slept off since she was tired of waiting. She said she had her dinner at about 5:00 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
	675744	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Haven Healthcare and Rehabilitation Cen	1500 Sunset Dr Friendswood, TX 77546

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview on 11/05/24 at 8:50 AM, revealed Anonymous Resident #2 was observed in his room fully dressed. During an interview he said he was waiting for his breakfast. He said he had his dinner at about 5:00PM. He said the only complaint he had was the food. He said the breakfast and lunch trays are always late and sometimes cold. Observation and interview on 11/05/24, revealed breakfast trays were served to the 500 halls at 9:00 AM. During an interview, CNA K said the breakfast always arrived between 8:40 AM and 9:00AM. She said the dining room was served first at about 7:50 to 8:00 AM. She said the CNAs on the halls passed the trays out as soon as they are delivered to the floor because the Residents are always waiting for their breakfast trays in the morning. Observation on 11/05/24 at 12:50 AM, revealed Residents were having lunch in the dining room. Observation on 11/05/24 revealed the lunch trays were delivered to the 500 halls at 1:05 PM and to the 600 halls at 1:08 PM In an interview with the Corporate Manager on 11/05/ 24 at 2:00 PM, she said the appearance of the food on the tray needs more color. She said the trays were late because the fish was hand breaded and fried in the kitchen because the company try to cook all meals from scratch to preserve freshness and nutritive value. She said the trays to the hallways are delivered to the hall on time and but not being distributed immediately. She said she would have an in-service with the Dietary Manager and the staff on the delivery time and she would come up with a plan. During an interview with the Dietary Manager on 11/05/24 at 3:00 PM, she said the trays to the halls are late because the tickets are printed by the Dietary Manager and send back to the unit Manager for verification. She said sometimes the tickets are returned unsorted and the kitchen aide had to sort out the tickets. During the Confidential Resident Council Meeting on 11/05/24 at 2:00PM, 17 anonymous, alert and oriented residents stated that meals were not always on time. All residents said they had to wait up to 1 to 2 hours for a meal be served especially the breakfast. During an interview with the Facility Administrator on 11/05/24 at 4:00 PM, he said the food service department had always been a problem and the facility was actively working on the dietary department to turn things around. He said the facility had changed from one food service company to another and was still working with the present company to ensure that the residents are always served with balance nutritive meals. He said not serving meals on time, may lead to increase hungry and cold food may lead to loss of appetite and possible weight loss. Observation on 11/06/24 revealed breakfast trays was served to 500 halls at 8:26AM and to 600 halls at 8:28 AM. Observation revealed the DON was assisting with the trays on 400 halls. During an interview on 11/06/24 at 9:00 AM LVN D said the meal trays were distributed immediately. LVN D said sometimes the delay comes from the tray arrangement on the cart and the CNA s had to sort through the trays. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675744	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Haven Healthcare and Rehabilitation Cen	1500 Sunset Dr Friendswood, TX 77546

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 11/6/24 at 9:35 AM, with the Dietary Manager said the meal tickets were not being done well and that had contributed to the late trays. She said the temperatures were not being held on the food carts. She said she did not want to eat cold food and residents would not want too either. During an interview with the Unit Manager on 11/06/24 at 2:00 PM, she said all tickets are printed out by the dietary Manager and all she does, was to verify that the meal orders are correct, and she returns the ticket back to the Dietary Manager the same way that the tickets were handed to her. She said she had no idea how the dietary department handles the tickets during mealtime. A meal service time Facility's policy was requested on 11/06/24 at 10:30 AM. A policy on meal service time was not provided before exit.