QUALITY RATING CERTIFICATE

ARIZONA DEPARTMENT OF HEALTH SERVICES
NURSING CARE INSTITUTION

ADHS

Issued To:

Tempe Life Care Village, Inc.
Friendship Village of Tempe
2525 East Southern Avenue
Tempe, AZ 85282

The above named facility has met licensure requirements, has been licensed for one year or more and, therefore, has received the following quality rating as required by R9-10-919.

COMPONENTS	CRITERIA MET	
	Yes	No
I. Nursing Services	25	0
II. Resident Rights	20	5
III. Administration	25	0
IV. Environment and Infection Control	15	0
V. Food Services	10	0
TOTAL CRITERIA MET	95	5

QUALITY PERFORMANCE SCALE	
"A" Excellent	X
"B"	
"C"	
"D"	
"A" 90-100 Points "B" 89-80 Points "C" 70-79 Points "D" 69 or fewer Points	

License Effective

From: 1/31/19 To: 12/31/19

Issued: 2/27/19

Number: NCI-2646

Recommended By: Diane Echlin

Issued By

Assistant Director

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

Tempe Fire Medical Rescue
1400 E APACHE BL
P.O. Box 5002
Tempe, AZ 85280

NVN-01 No Violation Notice

Tuesday June 5, 2018

Friendship Village Healthcare Center
2525 E SOUTHERN AV
Entire Bld
TEMPE, AZ 85282

Email:

Suite / Unit
Entire Bld

C22 Inspections-High Risk Occupancy
An inspection of your facility on Monday February 26, 2018 revealed no violations to the Fire Code of the City of TEMPE.

Notes:

Thank you for your cooperation.

Murphy, Mark
Inspector

.. ..
Responsible Party

Environmental Service Department

Environmental Health Division

Business Name: Friendship Village Of Tempe

Permit Number: FD-08225



www.maricopa.gov

This award card is property of the Maricopa County Environmental Services Dept. Tampering or altering this card may result in legal action.

Maricopa County
Environmental Services Department
Environmental Health Division
Food Inspection Report

Date: 11/26/2018
Start Time: 10:29 AM
Permit ID: FD-08225
Expires: 06/30/2019

Purpose: Routine Inspection

Business Name: Friendship Village Of Tempe **Address: 2525 E SOUTHERN AVE, TEMPE, AZ 85282**

Terms:

- PRIORITY VIOLATION is a major violation that directly contributes to increasing the risk of foodborne illness or injury.
- PRIORITY FOUNDATION VIOLATION is a minor violation that does not directly contribute to an increased risk of foodborne illness but failure to correct this violation may lead to the occurrence of a PRIORITY VIOLATION.
- CORE VIOLATION is a minor violation that relates to general maintenance and sanitation.

General Comments

This establishment received a(n) A Grade and had 0 Priority, 0 Priority Foundation and 0 Core violations on this inspection.
No County legal action will result from this inspection.

GENERAL PERMIT & INSPECTION INFORMATION

Permit Holder:	Life Care Services	**Permit Type:**	Nursing Home , Class 5
Mailing Address:	2525 E Southern Ave	**Permit Location:**	SERVICE KITCHEN PANTRY 3RD FLOOR
Phone Number:	(480)831-3284	**District:**	CI 02
Email:	Youngbruce@friendshipvillageaz.Com	**Award:**	A
Food Manager Licenses:	1	**Embargoed:**	0

Status indicates whether the item was met during the evaluation.
Key: IN = In Compliance OUT = Not in Compliance N/O = Not Observed N/A = Not Applicable
Foodborne Illness Risk factors are food preparation and employee behaviors most commonly reported to the Centers for Disease Control and Prevention (CDC) as contributing factors in foodborne illness outbreaks. The specific observations made in a category market "OUT" can be found at the beginning of this report.

Foodborne Illness Risk Factors:

	Status	Item
01	In	Certification by accredited program, compliance with Code, or correct responses
02	In	Management Awareness; policy present
03	In	Proper use of reporting, restriction & exclusion
04	In	Proper eating, tasting, drinking, or tobacco use
05	In	No discharge from eyes, nose, and mouth
06	In	Hands clean & properly washed
07	In	No bare hand contact with RTE foods or approved alternate method properly followed
08	In	Adequate hand washing facilities supplied & accessible
09	In	Food obtained from approved source
10	In	Food received at proper temperature
11	In	Food in good condition safe, & unadulterated
12	N/A	Required records available; shell stock tags, parasite destruction
13	In	Food separated & protected
14	In	Food-contact surfaces: cleaned & sanitized
15	In	Proper disposition of returned, previously served, reconditioned & unsafe food

	Status	Item
16	N/A	Proper cooking time & temperatures
17	N/O	Proper reheating procedures for hot holding
18	N/A	Proper cooling time & temperatures
19	In	Proper hot holding temperatures
20	In	Proper cold holding temperatures
21	In	Proper date marking & disposition
22	N/A	Time as a public health control: procedures & record
23	N/A	Consumer advisory provided for raw or undercooked foods
24	In	Pasteurized foods used; prohibited foods not offered
25	N/A	Food additives; approved and properly used
26	In	Toxic substances properly identified, stored, and used
27	N/A	Compliance with variance, specialized process, & HACCP plan

Based on this inspection, the issues / items listed above identify violations of the Maricopa County Environmental Health Code and/or FDA 2013 Food Code. Failure to comply with the Code may result in permit suspension, permit revocation, Notice of Violation and Demand for Compliance, Cease and Desist, citation or referral to the County Attorney's Office. Priority & Priority Foundation violations are required to be corrected at the time of inspection or within a timeframe specified by the inspector, not to exceed 10 calendar days. Core violations are to be corrected within 90 days, unless otherwise noted on this inspection report. For additional compliance assistance, please contact the inspector listed below or their supervisor. If violations were noted on a previous inspection and have been corrected, legal enforcement action may already have been initiated and will continue. Violations found on any inspection may be used to determine a pattern of non-compliance.

Received By:
Bruce Young

Environmental Health Specialist:
Martin Vega

Supervisor:
Michelle Roemersberger
602-506-6942
MRoemersberger@mail.maricopa.gov

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

April 15, 2019

IMPORTANT NOTICE- PLEASE READ CAREFULLY

Jadyne Schmidt, Administrator
Friendship Village of Tempe
2525 East Southern Avenue
Tempe, AZ 85282

Dear Mrs. Schmidt:

On April 11, 2019, an offsite revisit was conducted for your facility by the Arizona Department of Public Health, Licensing, and Certification Bureau, to determine if your facility was in compliance with the State participation requirements to operate a nursing home in the State of Arizona. Enclosed is the **State Revisit Report form**, which indicates the licensee to be in substantial compliance based on an allegation of compliance, and acceptable plan of correction. A copy of this form will become a part of the facility's public file. Please keep this current inspection report in the facility and available for review.

If we can be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Sandy Farmer

Sandy Farmer
LTC Customer Service Representative IV

\sf

Enclosure

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NCI-2646	A. BUILDING: _____ B. WING _____	R 04/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE OF TEMPE	2525 EAST SOUTHERN AVENUE TEMPE, AZ 85282

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{Y 000}	Initial Comments The follow up State Annual and complaint investigation survey was conducted on 4/11/19, there were no deficiencies cited.	{Y 000}		

RECEIVED
APR 19 2019
By

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

Health Services Administrator 4.19.19

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
NCI-2646 Y1	A. Building B. Wing Y2	4/11/2019 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE OF TEMPE	2525 EAST SOUTHERN AVENUE TEMPE, AZ 85282

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix Y1477	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # R9-10-414.B.3.b.	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/11/2019	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
☒	DA	4/11/19	Dale Colen	4/11/19
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 1/31/2019

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

April 4, 2019

Ms. Jadyne Schmidt, Administrator
Friendship Village Of Tempe NCI-2646
2525 East Southern Avenue
Tempe, AZ 85282

Dear Ms. Jadyne Schmidt,

Thank you for the documentation submitted with your request for informal dispute resolution regarding the Statement of Deficiencies for your survey # ESGI11 conducted on January 31, 2019.

The management review team has reviewed the citations and your documentation, and has made the following decisions:

Tag #F578. § 483.10(c)(6) will be deleted.

Tag #F684 § 483.25 will remain as written.

Tag #Y328. R9-10-403.C will be deleted.

Tag #Y1477. R9-10-414.B will remain as written.

Enclosed is a clean and amended copy of your Statement of Deficiencies reflecting these changes as determined by management review. Please copy your acceptable plan of correction onto the revised statement of deficiencies and return the original to our office within 10 days. Please retain a copy for your files. The original will be placed in your facility file.

If we may be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Colby Bower
Assistant Director

CB/pdh

Enclosure

cc: CMS
Ombudsman

ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

February 27, 2019

Receipt Of This Notice Is Presumed To Be 02/27/2019
Important Notice - Please Read Carefully

Jadyne Schmidt, Administrator
Friendship Village of Tempe
2525 East Southern Avenue
Tempe, Arizona 85282

Dear Mrs. Schmidt:

Thank you for the courtesy and cooperation extended to our staff during the recent inspection of your facility.

Enclosed is a statement of **STATE** deficiencies noted during the inspection of your facility on January 31, 2019. A Plan of Correction (PoC) for the deficiencies must be submitted. This plan must be both specific to the problems noted and general to the overall process involved.

Your PoC must contain the following:

- **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice, on both a temporary and permanent basis, including the date the correction will be accomplished;**
- **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;**
- **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,**
- **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and the title, or position, of the person responsible for implementing/monitoring the corrective action.**
- **The signature and date you approve the Plan of Correction on the first page. Please be advised that your plan of correction will be available as a public document for review by interested parties.**

Please place your plan of correction in the space provided in the right column of the statement of deficiencies and return the original to this office no later than **March 9, 2019**. You must include all pages of the Statement of Deficiencies when submitting your PoC. **Plans of correction sent via fax will not be accepted.** Please ensure to retain a copy for your files. If the plan of correction is not received by this Office on or before this date, state enforcement action may be taken.

Informal Dispute Resolution - You have an opportunity to dispute any deficiencies or language listed on the SOD through an Informal Dispute Resolution (IDR). To dispute a deficiency or language listed on the SOD, send a written request on a separate document **due 10 days from receipt of this letter**. The written request must include documentation that shows the licensee was in compliance at the time of the inspection. The Department will review the written request and documentation provided to the Department and notify you of the Department's decision. If you have any questions, please call: Diane Eckles, Bureau Chief, Bureau of Long Term Care 150 North 18th Avenue, #440, Phoenix, Arizona 85007at (602) 364-2690.

Sincerely,

Diane Eckles

Diane Eckles
Bureau Chief

DE:sf

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NCI-2646	A. BUILDING: _____ B. WING _____	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE OF TEMPE	2525 E SOUTHERN AVE TEMPE, AZ 85282

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The State compliance survey was conducted on January 28, 2019 through January 31, 2019 in conjunction with the investigation of complaint #s: AZ00146601, AZ00146207, and AZ00150531. The following deficiencies were cited:	Y 000		
Y1477	R9-10-414.B.3.b. Comprehensive Assessment; Care Plan R9-10-414.B. An administrator shall ensure that a care plan for a resident: R9-10-414.B.3. Ensures that a resident is provided nursing care institution services that: R9-10-414.B.3.b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment. This RULE is not met as evidenced by: Based on clinical record review, staff interviews, and policy and procedures, the facility failed to ensure that one resident (#176) received diuretic medication as per a physician's recommendation. Findings include: Resident #176 was admitted to the facility on July 20, 2018 with diagnoses that included fracture of the upper right humerus (arm) and CKD (Chronic Kidney Disease) stage 4. Per the resident's weight record documented on July 21, 2018, the resident weighed 154 pounds. The admission MDS (Minimum Data Set)	Y1477	R9-10-414.B.3.b. Comprehensive Care Plan It is the intention of Friendship Village of Tempe to ensure each Resident has a care plan that includes nursing services that maintain the Resident's highest practicable well-being according to the Resident's comprehensive assessment. 1. The Resident impacted was already discharged. Friendship Village of Tempe will continue the protocol of the Primary Care Physician (PCP) responsible for reviewing and ultimately ordering any recommendations made by Resident's specialist physicians if the PCP agrees with the recommendations. 2/1/2019 continue protocol for specialists visits with the relationship of the PCP directing comprehensive care for Residents at Friendship Village of Tempe.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Health Services Administrator (X6) DATE: 03/07/19

ADHS LICENSING SERVICES

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Y1477	Continued From page 1 assessment dated July 2, 2018 revealed the resident scored a 13 on the BIMS (Brief Interview for Mental Status), indicating he was cognitively intact. Nursing notes from July 28 through July 31, 2018 indicated that the resident had bruising and edema to his right arm and had been encouraged to elevate it. Also noted, the resident had swelling of BLE (Bilateral Lower Extremities). There was no evidence that the physician was notified of the resident's edema. A physician's progress note dated July 31, 2018 revealed no comment regarding the resident's BLE edema. The physician recommended that the resident's right arm be elevated while in bed. Per the resident's weight record documented on July 31, 2018, the resident's weight was 160.8 pounds. This was a 6.8 pound increase in 10 days. Nursing notes from August 1 through 5, 2018 continued to document that the resident had edema of BLE and the right arm. On August 5, the nursing notes documented that the resident's right foot did not fit into his brace that was used for foot drop because his foot was "too swollen". The resident was noted to be scheduled for a nephrologist appointment on August 6, 2018. Review of the progress note from the nephrology appointment dated August 6, 2018 revealed the resident was seen for follow-up and evaluation for CKD. The note stated that the edema of the resident's lower extremity was "much worse." The instructions the nephrologist provided were to start treating the resident with Lasix (a diuretic, also known as furosemide). The medication list	Y1477	2. All residents, employees, volunteers, students and guests have the potential to affected by the facility's failure to individually care plan a Resident's nursing services based on the comprehensive assessment, ultimately affecting timely and/or appropriate care for a Resident. 3. Administrator and Director of Nursing will continue to ensure the the PCP reviews specialists recommendations and writes orders for the Nursing staff to follow through with, if PCP is in agreement with the recommendations. Director of Nursing will audit Resident charts monthly and report findings to Quarterly QAA (Quality Assurance Assessment) Committee. 4. Director of Nursing will be responsible for reporting to quarterly QAA Committee to ensure compliance. 5. See signature of Administrator at the bottom of page one.	

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Y1477	Continued From page 2 from the nephrologist included an order dated August 6, 2018 for furosemide 40 milligrams (mg) per day. The resident's physician at the facility signed his initials at the bottom of the page. Review of the physician orders revealed no order was written for furosemide. A nursing progress note dated August 8, 2018 stated the resident's foot brace did not fit because of foot swelling. Review of the MAR (Medication Administration Record) for August 1 through 17, 2018 revealed that furosemide was not administered. Review of the resident's care plan revealed no evidence that the resident's edema had been addressed. Per the resident's weight record documented on August 17, 2018, the resident's weight was 160.4 pounds, indicating that the resident's weight was 6.4 pounds higher than on admission. A nursing progress note dated August 17, 2018 reported that the resident had edema to BLE and also had a new order for furosemide. A physician's order dated August 17, 2018 was for furosemide 40 mg every day. Review of the August MAR revealed the Furosemide was given as ordered starting on August 17, 2019. The resident's weight documented on August 21, 2018 was 149 pounds which is about 10 pounds of weight loss after the furosemide was ordered.	Y1477		

ADHS LICENSING SERVICES

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Y1477	Continued From page 3 An interview was conducted on January 30, 2019 at 08:32 a.m. with an RN (Registered Nurse/staff #165). She stated that when a resident goes to an appointment, the nurse will fill out a form that includes what time the resident left the facility, what time they return, who they went to see, and how they were transported. She said that when the resident returns, they usually have a progress note that they give to staff. She said that if the resident does not have may notes, either the unit clerk or a nurse will call the doctor's office in case there are new medication orders or other changes to the resident's care that need to be implemented. Staff #165 stated that she wasn't working on the day of the appointment in question and that she wasn't familiar with the information concerning the furosemide. An interview was conducted on January 30, 2019 at 09:16 a.m. with an RN (staff #209). She stated that she usually checks for resident appointments on the computer first thing in the morning on the days she works. She said that when a resident returns to the facility from an appointment, she reviews the paperwork to see if there are any new medication orders or changes to medications. She said she would then follow-up with the physician to report these changes. She said that regarding a resident with BLE edema or with a brace that wasn't fitting because of edema, she would check the resident's weight and notify the physician of these issues to determine if the physician wanted to implement interventions or reassess the resident. Staff #209 also stated she was not working on the day of the resident's appointment and did not know what happened with the recommendation for furosemide. On January 31, 2019 at 12:39 p.m. the DON (Director of Nursing/staff #10) was interviewed.	Y1477		

ADHS LICENSING SERVICES

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Y1477	Continued From page 4 She stated that when a resident has an outside appointment, her expectation is that the resident will return with paperwork from the appointment and that if they do not, there would be a phone call to the physician's office so that any recommendations can be sent to the facility. She said that this information would then be shared with the resident's physician who would then be responsible to respond to the recommendation. In response to why the furosemide was not given per the nephrologist's order, she said that it is up to the physician's discretion whether or not to implement any recommendations and write and sign any new orders. An interview was conducted with the resident's physician (staff #255) on January 31, 2019 at 3:07 p.m. He stated that he did see the note from the nephrologist that was dated August 7, 2018 and that he did sign his initials to the note on August 8, 2018, but that he must have missed the information regarding the furosemide order from the nephrologist He stated that he remembered the resident's arm sling was too tight, but that he believed the resident had come from the hospital with it that way. He stated that he does remember thinking about the furosemide use for this resident, but did not implement at this time. The facility policy on transcription of physician orders stated that nursing staff immediately process/transcribe the order onto the medication administration record, fax it to the pharmacy, place a copy in the hospitality coordinator's folder, and enter into the electronic medical record all physician orders for residents including order diagnoses. Upon completion of a physician order the nursing staff completing the order will note the completion of all necessary steps and signs off with the location(s) of the transcribed order, their	Y1477		

ADHS LICENSING SERVICES

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Y1477	Continued From page 5 initials, and dates. This ensures all steps have been completed.	Y1477		

ADHS
LICENSING

Notice of Inspection Rights

Facility/Agency Name: Friendship Village Of Tempe

Address: 2525 East Southern Avenue		City: Tempe	Zip: 85282
Facility I.D.#: LTC0036	License #: NCI-2646	Medicare #: 035074	Date of Inspection: January 28, 2019

Survey Event ID: ESGI11

Inspector/Team Coordinator: Ernie Cull

Accompanied By: Teresa Gallego, Samantha Potter, Matt Connolly, Sylvia Turner.

BUREAU OF LONG TERM CARE LICENSING

This inspection is conducted under the authority of:

1. Arizona Revised Statutes (A.R.S.) Title 36, Chapters 1 and 4, and Arizona Administrative Code (A.A.C.), Title 9, Chapter 10. Some of the activities during the inspection may include, but are not limited to, a facility premise inspection, review and/or copying of records, including personnel records, interviews with residents/patients/clients, family and staff, and review of services offered.
2. The purpose of this inspection is to:
   - ☒ Determine compliance with health care institution requirements pursuant to the above A.R.S. and A.A.C.
   - ☒ Conduct a complaint investigation.
3. No fees are charged for this inspection.
4. An authorized representative of this facility may accompany the inspector(s) during the inspection conducted on these premises, except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
6. You and your staff have the opportunity to provide any information that would clarify an issue. Additionally, interviews with staff, family or residents/patients/clients may be conducted privately. Each person interviewed will be informed that statements made by the person may be included in the inspection report and each person whose conversations are tape or video recorded will be informed that the conversation is being tape or video recorded.
7. Upon completion of the inspection the inspector(s) will conduct an exit interview and informally disclose their findings. A Statement of Deficiencies (SOD) formally notifying you of the findings will be provided within 30 working days. You will be afforded an opportunity to submit a Plan of Correction (POC) unless the Department is considering enforcement against the license.
8. You have an opportunity to dispute any findings of non-compliance through an Informal Dispute Resolution (IDR). Details of the IDR process will be provided when the SOD is mailed to you.
9. If you have questions regarding this inspection, you may contact: Diane Eckles, Bureau Chief, at 150 N. 18th Ave., Suite 440, Phoenix, Arizona 85007-3242, Phone: (602) 364-2675, FAX: (602) 324-0993, E-Mail: Diane.Eckles@azdhs.gov. If you have an issue that you cannot resolve with the Bureau or the Division, you may contact the Office of Ombudsman-Citizens' Aide, 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292.
10. Your administrative hearing rights are found at A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision can be found in A.R.S. §12-901 et seq.

Upon entry to the premises for this inspection, the inspector(s) presented photo identification indicating that they are Arizona Department of Health Services (ADHS) employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures and am notified of my inspection and due process rights as listed. I understand that while I have the right to decline to sign this form, the ADHS representative(s) may proceed with the inspection.

Administrator/Director/Agency Representative Signature — Date: 1.28.19

☐ Administrator/Director/Agency Representative refused to sign this form.
☒ Administrator/Director/Agency Representative or authorized on-site representative is not present.

Inspector/Team Coordinator Signature: — Date: 1/28/19

☒ Copy left with Administrator/Director/Agency Representative

QUALITY RATING CERTIFICATE

Arizona Department of Health Services

ARIZONA DEPARTMENT OF HEALTH SERVICES
NURSING CARE INSTITUTION

Issued To: Friendship Village

The above named facility has met licensure requirements, has been licensed for one year or more and, therefore, has received the following quality rating as required by R9-10-919.

COMPONENTS	CRITERIA MET	
	Yes	No
I. Nursing Services	25	0
II. Resident Rights	20	5
III. Administration	25	0
IV. Environment and Infection Control	15	0
V. Food Services	10	0
TOTAL CRITERIA MET	95	5

QUALITY PERFORMANCE SCALE	
"A"	✓
"B"	
"C"	
"D"	

"A": 90 to 100 points

"B": 80 to 89 points

"C": 70 to 79 points

"D": 69 or fewer points

License Effective:

From: To:

Issued:

Number: NCI-

Recommended By

Issued By Assistant Director

Quality Rating Evaluation

Facility: Friendship Village Phone:

Address:

Survey Date: Contact Person:

Nursing Services:

Criteria:	Pts.	Criteria Met? YES	NO
The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.	15	✓	
The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.	5	✓	
The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.	5	✓	

Points Yes 25

Points No 0

Comments:

Resident Rights:

Criteria:	Pts.	Criteria Met? YES	NO
The nursing care institution is implementing a system that ensures a resident's privacy needs are met.	10	✓	
The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.	10	✓	
The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.	5		✓

Points Yes 20

Points No 5

Comments:

Administration:

Criteria:	Pts.	Criteria Met? YES	NO
The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last survey or other survey or complaint investigation conducted between the last survey and the current survey.	10	✓	
The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Office of Long Term Care Licensure and as required by A.R.S. § 46-454.	5	✓	
The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.	5	✓	
The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.	1	✓	
The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.	1	✓	
The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.	2	✓	
The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.	1	✓	

Points Yes 25

Points No 0

Comments:

Environment and Infection Control:

Criteria:	Pts.	Criteria Met? YES	NO
The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.	5	✓	
The nursing care institution establishes and maintains a pest control program.	1	✓	
The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.	1	✓	
The nursing care institution ensures orientation to the disaster plan for each staff member is completed within the first scheduled week of employment.	1	✓	
The nursing care institution maintains a clean and sanitary environment.	1	✓	
The nursing care institution is implementing a system to prevent and control infection.	5	✓	
An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.	1	✓	

Points Yes 15

Points No 0

Comments:

Food Services:

Criteria:	Pts.	Criteria Met? YES	NO
The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license	1	✓	
The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.	3	✓	
The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs	2	✓	
The nursing care institution provides assistance to a resident who needs help in eating so that the individual's nutritional, physical, and social needs are met.	2	✓	
The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.	1	✓	
The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.	1	✓	

Points Yes 10

Points No 0

Comments: