QUALITY RATING CERTIFICATE

ARIZONA DEPARTMENT OF HEALTH SERVICES
NURSING CARE INSTITUTION

Issued To:

Tempe Life Care Village, Inc., dba
Friendship Village of Tempe
2525 East Southern Avenue
Tempe, Arizona 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	25	0
III. Administration	25	0
IV. Environment and Infection Control	15	0
V. Food Services	10	0
TOTAL CRITERIA MET	100	0

QUALITY PERFORMANCE SCALE	
"A" Excellent	X
"B"	
"C"	
"D"	
"A": 90 to 100 points	
"B": 80 to 89 points	
"C": 70 to 79 points	
"D": 69 or fewer points	

Quality Rating Effective:

From: 10/13/17 To: 9/30/18

Issued: 10/26/17

Number: NCI-2646

Recommended By Diane Eckley

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 March 7, 2017 Entire Bld

Friendship Village Healthcare Center
2525 E SOUTHERN AV
Entire Bld
TEMPE, AZ 85282 **Email: scottbrian@fvtaz.com**

C22 Inspections-Maximum & High Risk
An inspection of your facility on Tuesday February 28, 2017 revealed no violations to the Fire Code of the City of TEMPE.

Notes:

02/28/2017 11:17:24 A_DavidFa

No Violations.

Thank you for your cooperation.

David Fabok

Fabok, David J/Fire Insp II
Inspector

Brian Scott
Responsible Party

Maricopa County
Environmental Services Department
Environmental Health Division
Food Inspection Report

Date: 8/24/2017
Start Time: 12:35:00 PM
Permit ID: FD-08213
Expires: 6/30/2018

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.

Category 31 - Proper cooling methods used; adequate equipment for temperature control

- Core-3-501.15 (B), C: Cooling Methods; Cooling containers Pasta that was prepared within one hour before inspection was being cooled in covered container. Cool food in open containers to expedite the cooling process.

Correct Prior To Next Routine Inspection

Category 45 - Food & non-food contact surfaces cleanable, properly designed, constructed, & used

- Core-4-501.11, C: Good Repair and Proper Adjustment-Equipment Plastic lid on food processor was cracked. Replace food processor lid.

Correct Prior To Next Routine Inspection

General Comments:

This establishment received an A Grade and had 0 Priority, 0 Priority Foundation and 2 Core violations on this inspection.

No County legal action will result from this inspection.

Accompanied by RS #815.

GENERAL PERMIT & INSPECTION INFORMATION

Owner Name: Life Care Services
Permit Type: Nursing Home Class 5

Mailing Address: 2525 E Southern Ave
Permit Location:

Phone Number: 4808313284

Food Manager Licenses: 1
Award: A

Embargoed:

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		Status	Item
01	In	Certification by accredited program, compliance with Code, or correct responses	16	N/O	Proper cooking time & temperatures
02	In	Management Awareness; policy present	17	N/O	Proper reheating procedures for hot holding
03	In	Proper use of reporting, restriction & exclusion	18	N/O	Proper cooling time & temperatures
04	In	Proper eating, tasting, drinking, or tobacco use	19	In	Proper hot holding temperatures
05	In	No discharge from eyes, nose, and mouth	20	In	Proper cold holding temperatures
06	In	Hands clean & properly washed	21	In	Proper date marking & disposition
07	In	No bare hand contact with RTE foods or approved alternate method properly followed	22	N/A	Time as a public health control: procedures & record
08	In	Adequate hand washing facilities supplied & accessible	23	N/A	Consumer advisory provided for raw or undercooked foods
09	In	Food obtained from approved source	24	In	Pasteurized foods used; prohibited foods not offered
10	In	Food received at proper temperature	25	N/A	Food additives; approved and properly used
11	In	Food in good condition safe, & unadulterated	26	In	Toxic substances properly identified, stored, and used
12	N/A	Required records available; shell stock tags, parasite destruction	27	N/A	Compliance with variance, specialized process, & HACCP plan
13	In	Food separated & protected			
14	In	Food-contact surfaces: cleaned & sanitized			
15	In	Proper disposition of returned, previously served, reconditioned & unsafe food			

Based on this inspection, the issues/ items listed below 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 items are required to be corrected within 3 days, Priority Foundation Items within 10 days, and Core items 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:

Jenna McCormack

Environmental Health Specialist:

Gary Baker
602.506.6977

Supervisor:

Michelle Chester
602.506.6964

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
NCI-2646 Y1	A. Building B. Wing Y2	11/17/2017 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 Y0630	Correction	ID Prefix Y1017	Correction	ID Prefix	Correction
Reg. # R9-10-406.E.2.	Completed	Reg. # R9-10-410.B.2.	Completed	Reg. #	Completed
LSC	11/17/2017	LSC	11/17/2017	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	11/17/17	Dal Cohen	11/17/17
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
10/13/2017	☐ YES ☐ NO

ARIZONA DEPARTMENT
OF HEALTH SERVICES
LICENSING

December 15, 2017

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

Dear Mrs. Schmidt:

An offsite revisit was conducted on November 17, 2017, and the plan of correction was accepted for the State citations. Enclosed is the **State Post-Certification Revisit Report.** Please retain a copy for your files.

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

Sincerely,

Sandy Farmer
CSR 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 11/17/2017

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 offsite State annual and complaint investigation survey was conducted on November 17, 2017, there were no deficiencies cited.	{Y 000}		

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

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

Receipt of Notice Presumed10/26/2017 via email

October 26, 2017

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 October 13, 2017. 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 **November 5, 2017**. You must include all pages of the Statement of Deficiencies when submitting your PoC. **Plans of correction sent by fax will not be accepted.** Please 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 _____	10/13/2017

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 October 10.2017 through October 13, 2017 in conjunction with the investigation complaint #s AZ00143990, AZ00138407, AZ00140244, AZ00139112, and AZ00142671. The following deficiencies were cited:	Y 000	RECEIVED NOV 7 - 2017 By SJ	
Y 630	R9-10-406.E.2. Personnel R9-10-406.E. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom of infectious tuberculosis: R9-10-406.E.2. As specified in R9-10-113. This RULE is not met as evidenced by: Based on personnel record review, staff interview, and policy, the facility failed to ensure that personnel members #47 and #219, who are expected to have direct interaction with a resident for more than eight hours a week, provided evidence of freedom from infectious tuberculosis (TB). Findings include: Review of personnel records on October 12, 2017 revealed the following: -Certified Nursing Assistant (CNA/staff #47) personnel record revealed a hire date of July 11, 2014. Review of the Tuberculin Skin Test Record and Results for staff #47 revealed staff #47 was administered the TB skin test on February 4, 2017. The TB form also included the TB skin test is to be read within 48072 hours. However, staff	Y 630	Y 630 R9-10-406.E.2. Personnel It is the intention of the Health Care Center (HCC) at Friendship Village Tempe to ensure personnel, employee or volunteer having direct interaction with a resident for more than eight hours per week provides evidence of freedom from infectious tuberculosis. 1. The Director of Nursing and Rehabilitation ensured that the TB test and health assessment were completed (see attached) by 10/14/17 for the two employees out of compliance. 2. All residents, personnel, employees, volunteers, and students have the potential to affected by infectious tuberculosis. The Administrator will audit Health Care Center TB tests for completeness on monthly basis and report to quarterly QAA Committee. 3. Administrator will report findings to quarterly QAA Committee. 4. Administrator and/or Administrator's Designee will be responsible for reporting to quarterly QAA Committee to ensure compliance. 5. See signature of Administrator at the bottom of the page.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Schmidt — TITLE: Health Services Administrator — (X6) DATE: 11/2/17

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 _____	10/13/2017

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 630	Continued From page 1 #47 TB record revealed the TB skin test was read on February 8, 2017 which is 96 hours. Continued review of the record revealed the test was not repeated to ensure an accurate reading. Staff #47 continued to work full time without evidence of freedom from infectious TB. -Physical Therapy Assistant (PTA/staff #219) personnel record revealed a hire date of July 17, 2017. Further review of staff #219 personnel record revealed chest x-ray results dated September 2, 2015. Additional review of the personnel record revealed no yearly TB screening was conducted with staff #219 for 2016 or 2017. In an interview conducted with the Staff Development Manager (staff #101) October 12, 2017 at 3:55 p.m., staff #101 stated a delay in reading the test could result in false reading is not reliable. Staff #101 also stated that if a staff member had a positive result in the past, a chest x-ray must be completed every 5 years and on years 2, 3, and 4 the staff member should be screened by a physician for any symptoms. The policy Employee Tuberculosis included that new employees are required to have a TB test or proof of a clear chest x-ray prior to starting work and then a TB assessment or chest x-ray completed on an 11 month period. The policy further included employees will return to have a TB test read within 48-72 hours; if not read within 48-72 hours, the employee is required to re-do the process. The policy also included failure to comply will result in the employee being removed from the work schedule.	Y 630		
Y1017	R9-10-410.B.2. Resident Rights	Y1017	Y1017 R9-10-410.B.2. Resident Rights	

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 _____	10/13/2017

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
Y1017	Continued From page 2 R9-10-410.B. An administrator shall ensure that: R9-10-410.B.2. A resident is treated with dignity, respect, and consideration; This RULE is not met as evidenced by: Based on clinical record review, facility investigation, and staff interviews, the facility failed to ensure one resident (#131) was treated with dignity, respect , and consideration. Findings include: Resident #131 was February 22, 2017 with diagnoses that included neoplasm of the bladder and prostate, congestive heart failure, dementia, and Alzheimer's disease. Review of the admission Minimum Data Set (MDS) assessment dated March 2, 2017 Revealed the resident had a Brief Interview for Mental Status score of 3, which indicated the resident had severe cognitive impairment. Review of the functional status revealed the resident required extensive assistance of two persons for toileting. Further review of the MDS assessment revealed the resident was always incontinent of bowel and bladder. Review of the facility investigation revealed that on March 8, 2017 two Certified Nurses Aids (CNA/staff #47 and #119) and one Restorative Nurse Aide (RNA/staff #131) were assisting resident #131 in th bathroom following toileting. Further review of the investigation revealed a student CNA overheard staff #47 tell staff #131 not to touch resident #131 because he was covered in shit. Additional review of the investigation revealed the resident was	Y1017	It is the intention of the Health Care Center (HCC) at Friendship Village Tempe to ensure each resident is treated with dignity, respect and consideration. 1. The Director of Nursing spoke to the employees during the investigation and again on 10/14/17 regarding Resident Rights and Dignity as well as the Abuse policy (see attached) to ensure the employees are aware of facility expectations per policy. 2. All residents have the potential to be affected by employees not treating them in a dignified and respectful manner. The Staff Development Manager and Director of Nursing will reeducate all nursing employees on Resident Rights, Dignity and Abuse policy at monthly mandatory meetings scheduled for 11/7/17, 11/8/17, 11/9/17, 11/14/17, 11/15/17 and 11/16/17. 3. The Director of Nursing and Administrator will crosswalk all abuse allegations specific to dignity or resident rights with Friendship Village Policy during the investigation and report any findings to QAA Committee. 4. Administrator and/or Administrator's Designee and Director of Nursing will be responsible for reporting any violations potential resident abuse regarding resident rights and dignity to quarterly QAA Committee to ensure compliance. 5. See signature of Administrator at the bottom of the page.	

Friendship Village
TEMPE

November 2, 2017

Diane Eckles, Bureau Chief
Division of Licensing Services
Arizona Department of Health Services Licensing
150 N. 18th Avenue, Suite 440
Phoenix, AZ 85007-3242

Dear Ms. Eckles:

Enclosed is our revised Plan of Correction for deficiencies cited during our Federal and State Survey conducted on October 10th through October 13th. The document has been signed and dated as you have requested.

Should you have any further questions about the information sent to you, please feel free to contact my office at 480.831.3107.

Sincerely,

Jadyne M. Schmidt, MHA NHA
Health Services Administrator
Friendship Village of Tempe
2525 E. Southern Avenue
Tempe, AZ 85292

Enclosure

RECEIVED
NOV 7 - 2017
By

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 _____	10/13/2017

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
Y1017	Continued From page 3 Interviewed but was unable to recall the event. Review of the progress notes did not reveal the resident had any poor interactions with any staff members. In an interview conducted with staff #47 October 11, 2017 at 2:34 p.m., staff #47 stated they were toileting and cleaning resident #131 when she told staff #131 to put on gloves, he has shit all over. Staff #47 further stated she was talking to the staff #131, not the resident. Staff #47 stated it should not have been stated in front of the resident. During an interview conducted October 12, 2017 at 10:07 a.m. with CNA (staff #119), staff #119 stated while they were cleaning resident #131, staff #47 stated to staff #131 do not push the resident up without gloves because he has shit all over. Staff #119 stated if they were all able to hear it and the student CNA standing away from them could hear it, then the resident could hear it also. In an interview conducted with RNA (staff #131) October 12, 2017 at 12:00 p.m., staff #131 stated when he reached to push up resident #131 bottom, CNA #47 stated not to touch him, he is full of shit. Staff #131 stated staff #47 did not state it to the resident. During an interview conducted with the Registered Nurse/Director of Nursing (staff#48), staff #48 stated she did not believe the use of the word was willful, but agreed it was inappropriate language to be used around a resident.	Y1017		

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: October 10, 2017

Survey Event ID: IEJZ11

Inspector/Team Coordinator: Michael Marek

Accompanied By: Desiree Gasiorowski, Evelyn Welch, Kim Yedowitz, Olive Katikawe, and Guadalupe Perez

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.

Pamela Mingley RN — 10/10/17

Administrator/Director/Agency Representative Signature — Date:

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

Michael Marek — 10/10/2017

Inspector/Team Coordinator Signature: — Date:

☒ 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 of Tempe

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	25	0
III. Administration	25	0
IV. Environment and Infection Control	15	0
V. Food Services	10	0
TOTAL CRITERIA MET	100	0

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 of Tempe 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	15	0
The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.	5	5	0
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	5	0

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	10	~~0~~
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	10	~~0~~
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	5	~~0~~

Points Yes 25

Points No ~~0~~

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	10	Ø
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	5	Ø
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	5	Ø
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	1	Ø
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	1	Ø
The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.	2	2	Ø
The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.	1	1	Ø

Points Yes 25

Points No Ø

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	5	Ø
The nursing care institution establishes and maintains a pest control program.	1	1	Ø
The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.	1	1	Ø
The nursing care institution ensures orientation to the disaster plan for each staff member is completed within the first scheduled week of employment.	1	1	Ø
The nursing care institution maintains a clean and sanitary environment.	1	1	Ø
The nursing care institution is implementing a system to prevent and control infection.	5	5	Ø
An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.	1	1	Ø

Points Yes 15

Points No Ø

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	1	~~0~~
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	3	~~0~~
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	2	~~0~~
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	2	~~0~~
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	1	~~0~~
The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.	1	1	~~0~~

Points Yes 10

Points No ~~0~~

Comments: