QUALITY RATING CERTIFICATE

ARIZONA DEPARTMENT OF HEALTH SERVICES
NURSING CARE INSTITUTION

Issued To:

Tempe Life Care Village, Inc., dba
The Health Care Center At Friendship Village
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: 11/09/2016 To: 10/31/2017

Issued: 03/29/2017

Number: NCI-2646

Recommended By Diane Eckles

Issued By

Assistant Director

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

Receipt of Notice Presumed [11/17/2016 via email]

November 17, 2016

Jadyne Schmidt, Administrator
The Health Care Center At Friendship Village
2525 East Southern Avenue
Tempe, Arizona 85282

Dear Mrs Schmidt:

Enclosed is the State deficiency form which indicates that no deficiencies were found at the time of the recertification inspection. These forms will become a part of our public file; please sign then send back the first page with orginal signatures and retain a copy for your files.

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

Sincerely,

Diane Eckles

Diane Eckles
Bureau Chief

DE\ib

Attachments

ADHS LICENSING SERVICES

RECEIVED
NOV 28 2016
BY:

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 _____	11/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CARE CENTER AT FRIENDSHIP	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 State compliance survey was conducted from November 7, 2016 through November 9, 2016 in conjunction with the investigation of Complaint #AZ00137610. There were no deficiencies cited.	Y 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Health Services Administrator (X6) DATE: 11/29/16

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF LICENSING SERVICES
NOTICE OF INSPECTION RIGHTS

Facility/Agency Name: The Healthcare Care Center at Friendship Village

Address: 2525 East Southern Ave.			City: Tempe	Zip: 85282
Fac. I.D.#: LTC0036	License #: NCI-2646	Medi. #: 035074	Date of Inspection: November 7, 2016	
Inspector/Team Coordinator: B. Wachtendonk				
Accompanied By: E. Welch, D. Gasiorowski				

OFFICE OF LONG TERM CARE LICENSING

This inspection is conducted under the authority of:

1. Arizona Revised Statutes Title 36, Chapters 1 and 4, and Arizona Administrative Code, 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 Arizona Revised Statutes and Arizona Administrative Code.
   - ☐ Conduct a complaint investigation.

3. Application and License Fees are charged. There is no fee for the 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 formally notifying you of the findings will be provided. You will be afforded an opportunity to submit a Plan of Correction unless the Department is considering enforcement against the license. If the visit was a complaint investigation, a redacted copy of the investigation report, when completed, is available to you upon request.

Date: 11/04/2016

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF LICENSING SERVICES
NOTICE OF INSPECTION RIGHTS

8. You have an opportunity to dispute any findings of non-compliance through an Informal Dispute Resolution (IDR). To refute a deficiency listed on the Statement of Deficiencies, send a written request on a document separate from the Plan of Correction within fourteen days of receipt. The Plan of Correction must include the plan to correct the disputed deficiency. The IDR must pertain only to the accuracy of the findings and cannot refute the professional judgment of the Department's staff regarding the level, extent, scope, or severity of the deficiency. Indicate each specific deficiency being refuted and an explanation of why the deficiency is being refuted. Documentation must be included which shows the facility was in compliance at the time of the inspection. The management team will review the information and documentation provided and notify you of the Department's decision.

9. If you have questions regarding this inspection, you may contact the Office of Long Term Care at 150 N. 18th Ave., Suite 440, Phoenix, Arizona 85007-3245, Phone: (602) 364-2690, FAX:(602) 364-4765. If you have any issues that you cannot resolve with the program 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. If you need a copy of this statute, please contact our office.

Upon entry to the premises for this inspection, the inspector(s) presented photo identification indicating that they are Arizona Department of Health Services 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 Arizona Department of Health Services representative(s) may proceed with the inspection.

Administrator/Director/Agency Representative Signature — Date: 11/7/16

☑ 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: 11/7/16

☒ Copy left with Administrator/Director/Agency Representative

Date: 11/04/2016

11.9.16 LTC 36
6.51.17

QUALITY RATING CERTIFICATE

Arizona Department of Health Services

ARIZONA DEPARTMENT OF HEALTH SERVICES
NURSING CARE INSTITUTION

Issued To: The Health Care Center at Friendship Village

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COMPONENTS	CRITERIA MET	
	Yes	No
I. Nursing Services	25	
II. Resident Rights	25	
III. Administration	25	
IV. Environment and Infection Control	15	
V. Food Services	10	
TOTAL CRITERIA MET	100	

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: 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 _____

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 25

Points No _____

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 _____

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 _____

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 _____

Comments: