State

Public Records Documents Only

Survey event #QW7811

Facility: FRIENDSHIP VILLAGE OF TEMPE

Revised 7-2020

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 R9-10-427.

COMPONENTS	CRITERIA MET	
	Yes	No
I. Nursing Services	24	1
II. Resident Rights	25	0
III. Administration	24	1
IV. Environment and Infection Control	15	0
V. Food Services	10	0
TOTAL CRITERIA MET	98	2

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: 08/04/2022

Recommended By: Megan Whitley

Issued: 08/18/2022

Number: NCI-2646

Issued By

Thomas Salow, Interim Assistant Director

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

Tempe Fire Medical Rescue
1400 E APACHE BL
Tempe, AZ,85280
480-858-7230 (Office)
VN-01 Inspection Report

Mon Aug 1, 2022

FRIE000019
Friendship Village Healthcare Center
2525 E SOUTHERN AV
Entire Bld
TEMPE, AZ 85282

An inspection of your facility on 03/05/2021 revealed the Fire Code violation(s) listed below
Violation(s) Should Be Corrected By the Scheduled Re-inspection date
The next due date for correcting violations is:
Violation Code:

Violation Remarks: Violation carried over from inspection on 06/25/2007
Complete by: It shall be unlawful to alter a building or structure in a manner that will reduce the number of exits or the capacity of the means of egress to less than required by this code.

Repaired 08/27/2021

Violation Remarks: Violation carried over from inspection on 06/25/2007
Complete by: Except as specifically permitted by this section egress doors shall be readily openable from the egress side without the use of a key or special knowledge or effort.

FD COMMENTS: South exit door from first floor Memory Care Center garden found equipped with a locked, double-keyed, deadbolt. Mounting holes in the door and frame show that originally installed hardware was removed at some time after the initial acceptance. Corrective action is required immediately. Reinspection will occur on July 2, 2007. In the interim, all staff in this area must carry a door key, on their person, at all times to ensure rapid egress if necessary. LDR.

Repaired 08/27/2021

Inspection Comments: 03/05/2021 16:37:12 JimWa

High risk occupancy inspection.
No violations noted

This inspection is intended for your safety and the safety of the citizens of Tempe

ORDER TO COMPLY: The items listed are in violation of the Tempe Fire Code. This is an official notice of ordinance violation requiring correction within the specified time. Failure to comply may lead to legal action.

Tempe Fire Medical Rescue
1400 E APACHE BL
Tempe, AZ,85280
480-858-7230 (Office)

VN-01 Inspection Report

Life safety systems are being inspected next week.

08/31/2021 08:23:18 JimWa

2007 Violations were cleared.

X _____

Inspector

Walker, James

Tempe Fire Medical Rescue Department

X _____

Kelly Belford-Peck

Responsible Party

This inspection is intended for your safety and the safety of the citizens of Tempe

ORDER TO COMPLY: The items listed are in violation of the Tempe Fire Code. This is an official notice of ordinance violation requiring correction within the specified time. Failure to comply may lead to legal action.

Maricopa County
Environmental Services Department
Environmental Health Division
Food Inspection Report

Date: 04/19/2022
Start Time: 10:35 AM
Permit ID: FD-08225
Expires: 06/30/2022

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.
Person in charge was made aware of their inspection rights: Bruce Y.
No County legal action will result from this inspection.
The inspection report was emailed and confirmed at time of 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:		**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	N/O	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/O	Proper cooking time & temperatures
17	N/O	Proper reheating procedures for hot holding
18	N/O	Proper cooling time & temperatures
19	N/O	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:
Alyssa Taylor
602-619-8441

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

41□1001.01. Regulatory bill of rights; small businesses

A. To ensure fair and open regulation by state agencies, a person:

1. Is eligible for reimbursement of fees and other expenses if the person prevails by adjudication on the merits against an agency in a court proceeding regarding an agency decision as provided in section 12-348.
2. Is eligible for reimbursement of the person's costs and fees if the person prevails against any agency in an administrative hearing as provided in section 41-1007.
3. Is entitled to have an agency not charge the person a fee unless the fee for the specific activity is expressly authorized as provided in section 41-1008.
4. Is entitled to receive the information and notice regarding inspections and audits prescribed in section 41-1009.
5. May review the full text or summary of all rulemaking activity, the summary of substantive policy statements and the full text of executive orders in the register as provided in article 2 of this chapter.
6. May participate in the rulemaking process as provided in articles 3, 4, 4.1 and 5 of this chapter, including:
   a) Providing written comments or testimony on proposed rules to an agency as provided in section 41-1023 and having the agency adequately address those comments as provided in section 41-1052, subsection D, including comments or testimony concerning the information contained in the economic, small business and consumer impact statement.
   b) Filing an early review petition with the governor's regulatory review council as provided in article 5 of this chapter.
   c) Providing written comments or testimony on rules to the governor's regulatory review council during the mandatory sixty-day comment period as provided in article 5 of this chapter.
7. Is entitled to have an agency not base a licensing decision in whole or in part on licensing conditions or requirements that are not specifically authorized by statute, rule or state tribal gaming compact as provided in section 41-1030, subsection B.
8. Is entitled to have an agency not make a rule under a specific grant of rulemaking authority that exceeds the subject matter areas listed in the specific statute or not make a rule under a general grant of rulemaking authority to supplement a more specific grant of rulemaking authority as provided in section 41-1030, subsection C.
9. May allege that an existing agency practice or substantive policy statement constitutes a rule and have that agency practice or substantive policy statement declared void because the practice or substantive policy statement constitutes a rule as provided in section 41-1033.
10. May file a complaint with the administrative rules oversight committee concerning:
    a) A rule's, practice's or substantive policy statement's lack of conformity with statute or legislative intent as provided in section 41-1047.
    b) An existing statute, rule, practice alleged to constitute a rule or substantive policy statement that is alleged to be duplicative or onerous as provided in section 41-1048.
11. May have the person's administrative hearing on contested cases and appealable agency actions heard by an independent administrative law judge as provided in articles 6 and 10 of this chapter.
12. May have administrative hearings governed by uniform administrative appeal procedures as provided in articles 6 and 10 of this chapter and may appeal a final administrative decision by filing a notice of appeal pursuant to title 12, chapter 7, article 6.
13. May have an agency approve or deny the person's license application within a predetermined period of time as provided in article 7.1 of this chapter.
14. Is entitled to receive written notice from an agency on denial of a license application:
    a) That justifies the denial with references to the statutes or rules on which the denial is based as provided in section 41-1076.
    b) That explains the applicant's right to appeal the denial as provided in section 41-1076.
15. Is entitled to receive information regarding the license application process before or at the time the person obtains an application for a license as provided in sections 41-1001.02 and 41-1079.
16. May receive public notice and participate in the adoption or amendment of agreements to delegate agency functions, powers or duties to political subdivisions as provided in section 41-1026.01 and article 8 of this chapter.
17. May inspect all rules and substantive policy statements of an agency, including a directory of documents, in the office of the agency director as provided in section 41-1091.
18. May file a complaint with the office of the ombudsman citizens' aide to investigate administrative acts of agencies as provided in chapter 8, article 5 of this title.
19. Unless specifically authorized by statute, may expect state agencies to avoid duplication of other laws that do not enhance regulatory clarity and to avoid dual permitting to the extent practicable as prescribed in section 41-1002.
20. May have the person's administrative hearing on contested cases pursuant to title 23, chapter 2 or 4 heard by an independent administrative law judge as prescribed by title 23, chapter 2 or 4.
21. Pursuant to section 41-1009, subsection E, may correct deficiencies identified during an inspection unless otherwise provided by law.

B. The enumeration of the rights listed in subsection A of this section does not grant any additional rights that are not prescribed in the sections referenced in subsection A of this section.

C. Each state agency that conducts audits, inspections or other regulatory enforcement actions pursuant to section 41-1009 shall create and clearly post on the agency's website a small business bill of rights. The agency shall create the small business bill of rights by selecting the applicable rights prescribed in this section and section 41- 1009 and any other agency-specific statutes and rules. The agency shall provide a written document of the small business bill of rights to the authorized on-site representative of the regulated small business. In addition to the rights listed in this section and section 41- 1009, the agency notice of the small business bill of rights shall include the process by which a small business may file a complaint with the agency employees who are designated to assist members of the public or regulated community pursuant to section 41-1006. The notice must provide the contact information of the agency's designated employees. The agency notice must also state that if the regulated person has already made a reasonable effort with the agency to resolve the problem and still has not been successful, the regulated person may contact the office of ombudsman-citizens aide.

If you have business related questions, such as permit fees or mailing addresses, please contact the Administrative Services Office at (602) 506-6824.

If you have an issue that you cannot resolve with the Environmental Services Department, you may contact Andres Martin.

Andres.Martin@.maricopa.gov

Your administrative hearing rights can be found in A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision can be found in A.R.S. § 12-901et seq.

Environmental Service Department

Environmental Health Division



Business Name: Friendship Village Of Tempe

Permit Number: FD-08225

04-19-2022

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.

Did You Know?

Inspection reports are placed on a 72 hour hold before they are published to the Department's website.

If you have any questions about your inspection or did not receive a copy of your report, take advantage of this time period to follow-up with us.

Contact Name: Michelle Roemersberger

Phone: 602-506-6942 Email: M.Roemersberger@maricopa.gov

How are we doing: Click here to complete a brief survey.

Maricopa County
Environmental Services Department
Environmental Health Division
Food Inspection Report

Date: 04/19/2022
Start Time: 08:36 AM
Permit ID: FD-08213
Expires: 06/30/2022

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.

PRIORITY VIOLATION(S):

- **Category 13 - Food separated & protected: 3-302.11 (A1-2), P**

  Packaged and Unpackaged Food-Separation, Packaging, and Segregation; Protection From Cross Contamination. ===> Observed a tray of cooked chicken on a speed rack in the walk-in cooler, under trays of raw fish and raw chicken. The raw proteins all observed to be unpackaged on the sheet trays. PIC moved the cooked chicken above the raw proteins. Reviewed food storage and cross-contamination. Ready to eat foods, such as cooked chicken, should be above and separated from other foods that require cooking such as chicken (165F final cooking temp). Separating different types of raw animal foods from one another during storage, preparation, holding and display will prevent cross-contamination from one to the other. The required separation is based on a succession of cooking temperatures as specified under § 3-401.11 which are based on thermal destruction data and anticipated microbial load. PIC will retrain employees. ===> For a permanent fix to this violation, check out these simple tools in our Active Managerial Control Toolbox, made especially for you. https://www.maricopa.gov/4621/AMC-Toolbox---Cross-Contamination.

  Corrected Corrected At Time Of Inspection.

PRIORITY FOUNDATION VIOLATION(S):

- **Category 16 - Proper cooking time & temperatures: 3-401.14 (F), Pf**

  Non-Continuous Cooking; Documentation. ===> Observed a pan of chicken on a speed rack in the walk-in cooler that was partially cooked. According to PIC, the chicken was partially cooked in the tilt skillet, panned and placed into the walk-in the day prior to the inspection. The chicken finishes cooking in the oven when needed. The establishment does not have a written procedure and policy for non-continuous cooking. PIC discarded the chicken, see embargo form. Written procedures for non-continuous cooking shall: Have obtained prior approval from the regulatory authority; Be maintained in the food establishment and are available to the regulatory authority upon request; Describe how the requirements for non-continuous cooking are to be monitored and documented by the permit holder and the corrective actions to be taken if the requirements are not met; Describe how the foods, after initial heating, but prior to complete cooking, are to be marked or otherwise identified as foods that must be cooked prior to being offered for sale or service; Describe how the foods, after initial heating but prior to cooking are to be separated from ready-to-eat foods. Please submit a written procedure for the non-continuous cooking of raw proteins or discontinue the process. PIC does not intend to continue the non-continuous cooking. ===> For a permanent fix to this violation, check out these simple tools in our Active Managerial Control Toolbox, made especially for you. https://www.maricopa.gov/4616/25575/AMC-Toolbox---Cooking.

  Corrected Corrected At Time Of Inspection.

CORE VIOLATION(S):

- **Category 45 - Food & non-food contact surfaces cleanable, properly designed, constructed, & used: 4-202.16, C**

  Nonfood-Contact Surfaces ===> In the cafe, observed the shelf that the small refrigerator is stored on, to be in disrepair. The finish of the shelf has started to crack and chip, causing the wood under to be exposed. Discussed sealing the shelf to create a smooth and easily cleanable, non-absorbent and durable finish. NonFOOD-CONTACT SURFACES shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.

  Corrected Correct Prior To Next Routine Inspection.

General Comments

This establishment received a(n) B Grade and had 1 Priority, 1 Priority Foundation and 1 Core violations on this inspection.

Discussed plumbing and backflow prevention.
Emailed the backflow preventer handout, non-continuous cooking guidance and food storage chart.

Person in charge was made aware of their inspection rights: Bruce Y.
No County legal action will result from this inspection.
The inspection report was emailed and confirmed at time of inspection.

GENERAL PERMIT & INSPECTION INFORMATION

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

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.

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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	N/O	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	Out	Food separated & protected
14	In	Food-contact surfaces: cleaned & sanitized
15	In	Proper disposition of returned, previously served, reconditioned & unsafe food

	Status	Item
16	Out	Proper cooking time & temperatures
17	In	Proper reheating procedures for hot holding
18	In	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:
Alyssa Taylor
602-619-8441

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

41□1001.01. Regulatory bill of rights; small businesses

A. To ensure fair and open regulation by state agencies, a person:

1. Is eligible for reimbursement of fees and other expenses if the person prevails by adjudication on the merits against an agency in a court proceeding regarding an agency decision as provided in section 12-348.
2. Is eligible for reimbursement of the person's costs and fees if the person prevails against any agency in an administrative hearing as provided in section 41-1007.
3. Is entitled to have an agency not charge the person a fee unless the fee for the specific activity is expressly authorized as provided in section 41-1008.
4. Is entitled to receive the information and notice regarding inspections and audits prescribed in section 41-1009.
5. May review the full text or summary of all rulemaking activity, the summary of substantive policy statements and the full text of executive orders in the register as provided in article 2 of this chapter.
6. May participate in the rulemaking process as provided in articles 3, 4, 4.1 and 5 of this chapter, including:
   a) Providing written comments or testimony on proposed rules to an agency as provided in section 41-1023 and having the agency adequately address those comments as provided in section 41-1052, subsection D, including comments or testimony concerning the information contained in the economic, small business and consumer impact statement.
   b) Filing an early review petition with the governor's regulatory review council as provided in article 5 of this chapter.
   c) Providing written comments or testimony on rules to the governor's regulatory review council during the mandatory sixty-day comment period as provided in article 5 of this chapter.
7. Is entitled to have an agency not base a licensing decision in whole or in part on licensing conditions or requirements that are not specifically authorized by statute, rule or state tribal gaming compact as provided in section 41-1030, subsection B.
8. Is entitled to have an agency not make a rule under a specific grant of rulemaking authority that exceeds the subject matter areas listed in the specific statute or not make a rule under a general grant of rulemaking authority to supplement a more specific grant of rulemaking authority as provided in section 41-1030, subsection C.
9. May allege that an existing agency practice or substantive policy statement constitutes a rule and have that agency practice or substantive policy statement declared void because the practice or substantive policy statement constitutes a rule as provided in section 41-1033.
10. May file a complaint with the administrative rules oversight committee concerning:
    a) A rule's, practice's or substantive policy statement's lack of conformity with statute or legislative intent as provided in section 41-1047.
    b) An existing statute, rule, practice alleged to constitute a rule or substantive policy statement that is alleged to be duplicative or onerous as provided in section 41-1048.
11. May have the person's administrative hearing on contested cases and appealable agency actions heard by an independent administrative law judge as provided in articles 6 and 10 of this chapter.
12. May have administrative hearings governed by uniform administrative appeal procedures as provided in articles 6 and 10 of this chapter and may appeal a final administrative decision by filing a notice of appeal pursuant to title 12, chapter 7, article 6.
13. May have an agency approve or deny the person's license application within a predetermined period of time as provided in article 7.1 of this chapter.
14. Is entitled to receive written notice from an agency on denial of a license application:
    a) That justifies the denial with references to the statutes or rules on which the denial is based as provided in section 41-1076.
    b) That explains the applicant's right to appeal the denial as provided in section 41-1076.
15. Is entitled to receive information regarding the license application process before or at the time the person obtains an application for a license as provided in sections 41-1001.02 and 41-1079.
16. May receive public notice and participate in the adoption or amendment of agreements to delegate agency functions, powers or duties to political subdivisions as provided in section 41-1026.01 and article 8 of this chapter.
17. May inspect all rules and substantive policy statements of an agency, including a directory of documents, in the office of the agency director as provided in section 41-1091.
18. May file a complaint with the office of the ombudsman citizens' aide to investigate administrative acts of agencies as provided in chapter 8, article 5 of this title.
19. Unless specifically authorized by statute, may expect state agencies to avoid duplication of other laws that do not enhance regulatory clarity and to avoid dual permitting to the extent practicable as prescribed in section 41-1002.
20. May have the person's administrative hearing on contested cases pursuant to title 23, chapter 2 or 4 heard by an independent administrative law judge as prescribed by title 23, chapter 2 or 4.
21. Pursuant to section 41-1009, subsection E, may correct deficiencies identified during an inspection unless otherwise provided by law.

B. The enumeration of the rights listed in subsection A of this section does not grant any additional rights that are not prescribed in the sections referenced in subsection A of this section.

C. Each state agency that conducts audits, inspections or other regulatory enforcement actions pursuant to section 41-1009 shall create and clearly post on the agency's website a small business bill of rights. The agency shall create the small business bill of rights by selecting the applicable rights prescribed in this section and section 41- 1009 and any other agency-specific statutes and rules. The agency shall provide a written document of the small business bill of rights to the authorized on-site representative of the regulated small business. In addition to the rights listed in this section and section 41- 1009, the agency notice of the small business bill of rights shall include the process by which a small business may file a complaint with the agency employees who are designated to assist members of the public or regulated community pursuant to section 41-1006. The notice must provide the contact information of the agency's designated employees. The agency notice must also state that if the regulated person has already made a reasonable effort with the agency to resolve the problem and still has not been successful, the regulated person may contact the office of ombudsman-citizens aide.

If you have business related questions, such as permit fees or mailing addresses, please contact the Administrative Services Office at (602) 506-6824.

If you have an issue that you cannot resolve with the Environmental Services Department, you may contact Andres Martin.

Andres.Martin@.maricopa.gov

Your administrative hearing rights can be found in A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision can be found in A.R.S. § 12-901et seq.

MARICOPA COUNTY
ENVIRONMENTAL SERVICES DEPARTMENT
esd.maricopa.gov

Embargo Form

Date: 04/19/2022

The below listed merchandise has been voluntarily destroyed, or caused to be destroyed. Said merchandise found in possession of the establishment was presumed unfit for human consumption, misbranded, or otherwise unlawful. Destruction and final disposition of said merchandise has been done in a manner approved by an Environmental Health Specialist of Maricopa County.
The Environmental Services Department and its members, agents, and representatives are hearby released from all liability.

Name and Description of Articles	Lot Number	Size	Reason Embargoed	Quantity	Weight
partially cooked chicken			non-continuous cooking; no documentation		5 lbs

Business: Friendship Village Of Tempe
Address: 2525 E Southern Ave, Tempe, AZ 85282

By:
Inspector: Alyssa Taylor 602-619-8441

Environmental Service Department

Environmental Health Division

B

Business Name: Friendship Village Of Tempe

Permit Number: FD-08213

04-19-2022

www.maricopa.gov

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Environmental Service Department
Environmental Health Division

Did You Know?

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If you have any questions about your inspection or did not receive a copy of your report, take advantage of this time period to follow-up with us.

Contact Name: Michelle Roemersberger

Phone: 602-506-6942 Email: M.Roemersberger@maricopa.gov

How are we doing: Click here to complete a brief survey.



Inspection Date: 4/19/2022

Maricopa County
Environmental Services Department
Environmental Health Division
Food Inspection Report

Date: 04/19/2022
Start Time: 10:55 AM
Permit ID: FD-08226
Expires: 06/30/2022

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.
Person in charge was made aware of their inspection rights: Bruce Y.
No County legal action will result from this inspection.
The inspection report was emailed and confirmed at time of 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 2ND FLOOR
Phone Number:	(480)831-3284	**District:**	CI 02
Email:	Youngbruce@friendshipvillageaz.Com	**Award:**	A
Food Manager Licenses:		**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	N/O	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/O	Proper cooking time & temperatures
17	N/O	Proper reheating procedures for hot holding
18	N/O	Proper cooling time & temperatures
19	N/O	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:
Alyssa Taylor
602-619-8441

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

41□1001.01. Regulatory bill of rights; small businesses

A. To ensure fair and open regulation by state agencies, a person:

1. Is eligible for reimbursement of fees and other expenses if the person prevails by adjudication on the merits against an agency in a court proceeding regarding an agency decision as provided in section 12-348.
2. Is eligible for reimbursement of the person's costs and fees if the person prevails against any agency in an administrative hearing as provided in section 41-1007.
3. Is entitled to have an agency not charge the person a fee unless the fee for the specific activity is expressly authorized as provided in section 41-1008.
4. Is entitled to receive the information and notice regarding inspections and audits prescribed in section 41-1009.
5. May review the full text or summary of all rulemaking activity, the summary of substantive policy statements and the full text of executive orders in the register as provided in article 2 of this chapter.
6. May participate in the rulemaking process as provided in articles 3, 4, 4.1 and 5 of this chapter, including:
   a) Providing written comments or testimony on proposed rules to an agency as provided in section 41-1023 and having the agency adequately address those comments as provided in section 41-1052, subsection D, including comments or testimony concerning the information contained in the economic, small business and consumer impact statement.
   b) Filing an early review petition with the governor's regulatory review council as provided in article 5 of this chapter.
   c) Providing written comments or testimony on rules to the governor's regulatory review council during the mandatory sixty-day comment period as provided in article 5 of this chapter.
7. Is entitled to have an agency not base a licensing decision in whole or in part on licensing conditions or requirements that are not specifically authorized by statute, rule or state tribal gaming compact as provided in section 41-1030, subsection B.
8. Is entitled to have an agency not make a rule under a specific grant of rulemaking authority that exceeds the subject matter areas listed in the specific statute or not make a rule under a general grant of rulemaking authority to supplement a more specific grant of rulemaking authority as provided in section 41-1030, subsection C.
9. May allege that an existing agency practice or substantive policy statement constitutes a rule and have that agency practice or substantive policy statement declared void because the practice or substantive policy statement constitutes a rule as provided in section 41-1033.
10. May file a complaint with the administrative rules oversight committee concerning:
    a) A rule's, practice's or substantive policy statement's lack of conformity with statute or legislative intent as provided in section 41-1047.
    b) An existing statute, rule, practice alleged to constitute a rule or substantive policy statement that is alleged to be duplicative or onerous as provided in section 41-1048.
11. May have the person's administrative hearing on contested cases and appealable agency actions heard by an independent administrative law judge as provided in articles 6 and 10 of this chapter.
12. May have administrative hearings governed by uniform administrative appeal procedures as provided in articles 6 and 10 of this chapter and may appeal a final administrative decision by filing a notice of appeal pursuant to title 12, chapter 7, article 6.
13. May have an agency approve or deny the person's license application within a predetermined period of time as provided in article 7.1 of this chapter.
14. Is entitled to receive written notice from an agency on denial of a license application:
    a) That justifies the denial with references to the statutes or rules on which the denial is based as provided in section 41-1076.
    b) That explains the applicant's right to appeal the denial as provided in section 41-1076.
15. Is entitled to receive information regarding the license application process before or at the time the person obtains an application for a license as provided in sections 41-1001.02 and 41-1079.
16. May receive public notice and participate in the adoption or amendment of agreements to delegate agency functions, powers or duties to political subdivisions as provided in section 41-1026.01 and article 8 of this chapter.
17. May inspect all rules and substantive policy statements of an agency, including a directory of documents, in the office of the agency director as provided in section 41-1091.
18. May file a complaint with the office of the ombudsman citizens' aide to investigate administrative acts of agencies as provided in chapter 8, article 5 of this title.
19. Unless specifically authorized by statute, may expect state agencies to avoid duplication of other laws that do not enhance regulatory clarity and to avoid dual permitting to the extent practicable as prescribed in section 41-1002.
20. May have the person's administrative hearing on contested cases pursuant to title 23, chapter 2 or 4 heard by an independent administrative law judge as prescribed by title 23, chapter 2 or 4.
21. Pursuant to section 41-1009, subsection E, may correct deficiencies identified during an inspection unless otherwise provided by law.

B. The enumeration of the rights listed in subsection A of this section does not grant any additional rights that are not prescribed in the sections referenced in subsection A of this section.

C. Each state agency that conducts audits, inspections or other regulatory enforcement actions pursuant to section 41-1009 shall create and clearly post on the agency's website a small business bill of rights. The agency shall create the small business bill of rights by selecting the applicable rights prescribed in this section and section 41- 1009 and any other agency-specific statutes and rules. The agency shall provide a written document of the small business bill of rights to the authorized on-site representative of the regulated small business. In addition to the rights listed in this section and section 41- 1009, the agency notice of the small business bill of rights shall include the process by which a small business may file a complaint with the agency employees who are designated to assist members of the public or regulated community pursuant to section 41-1006. The notice must provide the contact information of the agency's designated employees. The agency notice must also state that if the regulated person has already made a reasonable effort with the agency to resolve the problem and still has not been successful, the regulated person may contact the office of ombudsman-citizens aide.

If you have business related questions, such as permit fees or mailing addresses, please contact the Administrative Services Office at (602) 506-6824.

If you have an issue that you cannot resolve with the Environmental Services Department, you may contact Andres Martin.

Andres.Martin@.maricopa.gov

Your administrative hearing rights can be found in A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision can be found in A.R.S. § 12-901et seq.

Environmental Service Department

Environmental Health Division



Business Name: Friendship Village Of Tempe

Permit Number: FD-08226

04-19-2022

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.

Environmental Service Department
Environmental Health Division

Did You Know?

Inspection reports are placed on a 72 hour hold before they are published to the Department's website.

If you have any questions about your inspection or did not receive a copy of your report, take advantage of this time period to follow-up with us.

Contact Name: Michelle Roemersberger

Phone: 602-506-6942 Email: M.Roemersberger@maricopa.gov

How are we doing: Click here to complete a brief survey.

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

September 1, 2022

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

Dear Mrs. Schmidt:

On September 1, 2022, an offsite revisit, #QW7812, 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,

Monica Miller

Monica Miller
Program Project Specialist II

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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 09/01/2022

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 An offsite follow-up survey was conducted on September 1, 2022. There were no deficiencies cited.	{Y 000}		

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
NCI-2646 Y1	A. Building B. Wing Y2	9/1/2022 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 Y0337	Correction	ID Prefix Y1235	Correction	ID Prefix Y2307	Correction
Reg. # R9-10-403.C.2.a.	Completed	Reg. # R9-10-412.B.7.	Completed	Reg. # R9-10-423.A.3.b.	Completed
LSC	08/25/2022	LSC	08/25/2022	LSC	08/25/2022
ID Prefix Y2353	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # R9-10-423.B.8.	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/25/2022	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
☒	JS	9/1/2022	[signature]	9/1/2022
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
8/4/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

EVENT ID: QW7812

UPOC Y Tag

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

August 29, 2022

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

Dear Mrs. Schmidt:

The State Agency has received the Statement of Deficiencies and Plan of Correction for the annual survey investigation, #QW7811, which was conducted on August 4, 2022 and submitted to the Bureau of Long Term Care on August 26, 2022.

1) The facility should indicate the completion date for each tag in their POC; and,
2) The facility must submit audits completed to date

The requested documents are required to be returned to this office no later than **September 6, 2022**, please retaining a copy for your files. If the requested documents for the Plan of Correction are not received by this office on or before **September 6, 2022,** licensure action and/or civil penalties may be assessed.

Thank you for your cooperation. If you have any questions, please call the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Megan Whitby

Megan Whitby
Interim Long Term Care Bureau Chief

MW\mm

Attachments

RECEIVED BLTC 8-30-22 MM

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 _____	08/04/2022

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 August 1, 2022 through August 4, 2022, in conjunction with the investigation of Complaints AZ00168946, AZ00168945, AZ00174716, AZ00174718, AZ00182828, AZ0082829. The following deficiencies were cited:	Y 000	This plan of correction is to serve as Friendship Village Tempe's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Friendship Village Tempe or the management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.	
Y 337	R9-10-403.C.2.a. Administration R9-10-403.C. An administrator shall ensure that; R9-10-403.C.2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that: R9-10-403.C.2.a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge; This RULE is not met as evidenced by: The facility failed to ensure one resident (#3) and/or their representative was provided written information regarding the facility's bed hold policy before transfer to the hospital. Findings include: Resident #3 was initially admitted to the facility on March 11, 2022 with diagnoses that included anxiety, depression, dizziness/giddiness, insomnia, and pain. An admission Minimum Data Set (MDS) Assessment dated March 18, 2022 revealed a Brief Interview for Mental Status (BIMS) score of	Y 337	It is the intention of Friendship Village of Tempe to ensure each Resident and/or Resident Representative has received policies regarding facility Resident screening, admission, transport, transfer, discharge planning and discharge to ensure physical health services and behavioral health services are established, documented and implemented to protect the health and safety of the Resident. 1. The Admissions Director and Administrator reviewed and followed the current policy and procedure and information given to the Resident and/or Resident Representative upon admission. The Admissions Director and Administrator have updated the Bed Hold Policy (8/22/2022) to charge the private pay daily rate past the 72 hour required hold. Additionally, the Admissions Director and Administrator have updated the Behold Policy (8/22/2022) form to either be signed in person or receive a verbal acknowledgement by the Resident and/or Resident Representative upon discharge from the facility within 24 hours. All Admissions employees have been educated on the new Bed Hold Policy and Procedure (8/23/2022). Completion date 8/23/2022.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrator | (X6) DATE 9/30/2022

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 _____	08/04/2022

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 337	Continued From page 1 14, which indicated intact cognition. The assessment also indicated the resident experienced pain frequently. Review of a nursing note dated April 11, 2022 Revealed that resident was transferred to the emergency room due to complaints of pain. However, review of the clinical record revealed no evidence the resident and/or the resident's representative was informed in writing of the bed hold policy. Review of the medical record revealed no signed bed hold policy completed at the time of admission on March 11, 2022. During an interview conducted on August 4, 2022 at 08:59 AM with a Registered Nurse, Manager (RN Manager/staff #54), she stated the process for transferring a resident to the hospital includes: a call to the MD (medical doctor) for orders, an email to leadership, a secretary prints the transfer paperwork, and a call to the hospital for report. She also stated that a transfer form is completed in the EMR (electronic medical record). She further stated the bed hold is discussed with the resident and/or family, but that it has never been is documented in the EMR. She reviewed the medical record and stated that the resident was transferred to the hospital on April 11, 2022, and that there was no documentation regarding notification of bed hold. The RN also stated that there was no signature obtained from the resident on the transfer paperwork. An interview was conducted on August 4, 2022 with a Licensed Practical Nurse (LPN/staff #58) at 08:10 AM, who stated that they do not have the resident sign any bed hold paperwork when	Y 337	2. All residents, employees, volunteers, students and guests have the potential to affected by the facility's failure to ensure each Resident and/or Resident Representative has received policies regarding facility Resident screening, admission, transport, transfer, discharge planning and discharge to ensure physical health services and behavioral health services are established, documented and implemented to protect the health and safety of the Resident. Effective 8/23/2022, all private pay Medicare A Residents will be given the opportunity to pay the Health Care Center current daily rate to ensure a bed past the 72 hour required hold. 3. Administrator and Admissions Director & Team will ensure the information is provided, discussed and documented at time of admission and discharge to ensure compliance. 4. The Admissions Director or designee will review all discharges for one month, then 10% of discharges the following month and adjust audits thereafter based on compliance. The Admissions Director will report the findings monthly to QAPI and quarterly to QAA Committee to ensure compliance. 5. See signature of Administrator at the bottom of page one.	

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 _____	08/04/2022

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 337	Continued From page 2 transferring to the hospital. An interview was conducted on August 4, 2022 at 10:43 AM with the Director of Nursing (DON/Staff #172), who states that a Medicare resident is not informed in writing of the bed hold policy at the time of transfer to the hospital, as the bed is automatically held for 3 days. An interview was conducted on August 4, 2022 at 11:39 AM with the Admissions Director (staff #173), who stated that they do not offer/review the bed hold policy to Medicare residents on transfer to hospital, as they hold the bed for 3 days. She also stated that if the resident is out for over 3 days, they don't hold the bed. She further stated that they are not giving the resident/family the option to pay if they would like to hold the bed longer than 3 days. An interview was conducted on August 4, 2022 on August 4, 202 at 11:51 AM with the Administrator (staff #240), who stated that Medicare residents are not informed of the bed hold policy in writing when they are transferred to the hospital. Review of the Facility Admission Agreement revealed that a copy of the current bed hold policy shall be provided to the resident and family member or representative before transfer. Further review of the agreement did not reveal any mention regarding residents on Medicare at the time of admission. Review of the facility policy titled, Bed hold, revealed that the purpose is to inform the resident and/or resident representative of bed hold availability if the resident has to go into the hospital. It also stated that a bed hold is not	Y 337		

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 _____	08/04/2022

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 337	Continued From page 3 offered to residents on Medicare A. Upon admission to the health care center at Friendship Village the resident/representative will be provided the opportunity to elect a bed hold status for any future transfer. Upon admission the resident and/or representative is informed of the facility's bed hold policy.	Y 337		
Y1235	R9-10-412.B.7. Nursing Services R9-10-412.B. A director of nursing shall ensure that: R9-10-412.B.7. An unnecessary drug is not administered to a resident. This RULE is not met as evidenced by: Based on clinical record review, interviews, and facility policy, the facility failed to ensure that three residents (#3, 90, 38) medications were administered per physician ordered parameters. Findings include: -Regarding resident #3 Resident #3 was initially admitted to the facility on March 11, 2022 with diagnoses that included anxiety, depression, dizziness/giddiness, insomnia, and pain. A care plan initiated on March 11, 2022 revealed a goal related to pain with interventions to medicate per physician's order. An admission Minimum Data Set (MDS) Assessment dated March 18, 2022 revealed a	Y1235	It is the practice of Friendship Village of Tempe to develop and implement a comprehensive person-centered care plan for each resident that includes measureable objectives and timeframes to meet a Resident's medical, nursing, mental and psychosocial needs that are identified in within 48 hours of admission into the Health Care Center. Ensuring medications are administered per physician ordered parameters to ensure Resident safety from receiving unnecessary medications. 1. The physical order for pain management and blood pressure parameters for Residents, #3, #90 and #38, respectively have been clarified by the physician and written for clear direction to the nurses administering pain medications and/or blood pressure medications, 8/5/2022, see attached. Completion date 8/25/2022. 2. All Residents with parameters on all medications have the potential to be ineffective for condition management. All Resident orders have been reviewed and medications with parameters have been clarified 8/25/2022.	

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 _____	08/04/2022

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
Y1235	Continued From page 4 Brief Interview for Mental Status (BIMS) score of 14, which indicated intact cognition. The assessment also indicated the resident experienced pain frequently. Review of a nursing note dated April 11, 2022 am, revealed that resident was transferred to the emergency room due to complaints of pain. Review of the current and active medications for the March 2022 admission Clinical Physician Orders revealed the following medication: -Acetaminophen 325mg (milligram) tablet, give 2 tablets by mouth every 4 hours as needed for pain level 1-4. Start date 3/11/2022. However, review of the April 2022 Medication Administration Record (MAR) revealed that Acetaminophen had been administered for pain levels outside the ordered pain parameters of 1-4 on the following dates: -April 6, 2022 pain level 5 -April 10, 2022 pain level 0 -April 11, 2022 pain level 9 The clinical record revealed no documentation of a reason why these medications were not administered as ordered and that the physician had been notified. An interview was conducted on August 3, 2022 at 02:28 PM with a Registered Nurse, Manager (RN/staff #54), who stated that the facility process is to follow physician orders and parameters as written. She reviewed the medical record and stated that was acetaminophen was ordered as needed for pain level 1-4. She reviewed the MAR for April 2022 and stated that acetaminophen had been administered for pain levels outside the ordered parameters three times during the	Y1235	3. The community has updated the Medication Administration policy on 8/5/2022, see attached. The interdisciplinary team (IDT) and full-time skilled nursing Nurses have been educated on this policy 8/25/2022. 4. The DON or designee is conducting quality improvement audits of physician orders for medications with parameters. All new admission orders will be reviewed, including checking MAR for documentation of parameters daily for 30 days; then every other week for 30 days; then monthly for 30 days. Additional audits will be completed based upon the level of compliance. Results of all audits are being reported to the Quality Assurance and Performance Improvement Committee quarterly for additional recommendations as necessary. 5. See signature of Administrator at the bottom of page one.	

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 _____	08/04/2022

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
Y1235	Continued From page 5 month. She reviewed the medical record and stated that there were no progress notes on those dates as to why the medication was administered outside of parameters or that the physician had been notified. The RN further stated that this did not follow the facility policy, that the parameters on the physician orders was not followed. An interview was conducted on August 03, 2022 At 02:31 PM,with a RN (staff #113), who stated that she was aware of the resident and that she has a lot of pain. She reviewed the April 2022 MAR and stated acetaminophen had been administered outside of the ordered parameters on April 6, 10 and 11. She further stated that there why the medication had been administered outside of the parameters, or that the physician had been notified. She stated that it should be documented in the progress notes, would usually notify the physician as well. She also stated that this did not follow the facility policy and the risk could be that the medication is not effective. -Regarding Resident #90 The resident was admitted to the facility on June 13, 2022 with diagnoses that included Depression, pain and mood disorder. Review of the care plan initiated on June 13, 2022 revealed goals that included the potential alterations in level of comfort related to pain, with interventions that included to medicate per physician's order. Review of the Minimum Data (MDS) Set Assessment dated June 19, 2022, revealed a Brief Interview for Mental Status (BIMS) score of 08, which indicated cognitive impairment.	Y1235		

ADHS LICENSING SERVICES

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	NCI-2646	A. BUILDING: _____ B. WING _____	08/04/2022

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FRIENDSHIP VILLAGE OF TEMPE	2525 E SOUTHERN AVE TEMPE, AZ 85282

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Y1235	Continued From page 6 Review of the physician orders active in June 2022 included the following start and discontinue/stop dates: -Start date 6/13/22, Tramadol HCL tablet 50mg = Give 50mg by mouth every 6 hours as needed for Pain 4-10 (discontinue date 6/16/22) -Start date 6/16/22, Tramadol HCL tablet 50mg – give 50mg by mouth every 6 hours as needed for pain 4-10 (discontinue date 6/17/22)- -Start date 6/17/22 Tramadol HCL tablet 50mg – give 50mg by mouth every 6 hours as needed for pain 4-10 (discontinue date 6/24/22) -start date 6/24/22 Tramadol HCL tablet 50 mg – give 50mg by mouth every 6 hours as needed for pain 4-10 (discontinue date 7/04/22) Further review of the physician's orders for July 2022 included the following start/stop/discontinue dates: -Start date 6/24/22 Tramadol HCL tablet 50mg – Give 50mg by mouth every 6 hours as needed for pain 4-10 (discontinue date 7/04/22) -Start date 7/4/22 Tramadol HCL tablet 50mg – give 50mg by mouth every 8 hours as needed for pain 4-10 (current) However, review of the June and July 2022 Medication Administration Record (MAR) revealed that Tramadol had been administered with no documentation of the pain level at the time of administration or the mediation was administered outside of parameters on the following dates: -6/14/2022 – no documentation of pain level at 4:00pm -6/15/2022 – no documentation of pain level twice At 12:00pm -6/16/2022 – no documentation of pain level at	Y1235		

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Y1235	Continued From page 7 0:30 -6/17/2022 – no documentation of pain level at 1:30 AM -6/21/22 – pain level documented as 0 -6/29/22 – Pain level documented as 2 -7/4/2022 – Pain level documented as 3 Review of pain level documentation in the medical record revealed: -6/14/2022 pain level documented one at 20:44 as level 0. -6/15/2022 pain level documented at 7:14 am level 0, -6/16/2022 – no pain level documented until 7:28 am with level 0. -6/17/2022 – no pain level documented until 8:34 AM with level 4. The clinical record revealed no documentation of a reason why these medications were not administered as ordered or that the physician had been notified. An interview was conducted on August 4, 2022 at 9:15am with RN, Manager (staff#54), who stated that the facility policy is to follow physician orders as written including any parameters. She also stated that if medication is administered outside of parameters the nurse would notify the physician and document in the progress notes. She further stated that the facility process is to document the pain level at the time the pain medication is administered, including Tramado. The RN reviewed the June 2022 MAR and stated that the medication had not been administered without documentation of the pain level four times, and had been administered two times outside of the ordered parameters with no documentation of why, or that the physician had been notified. She reviewed the July 2022 MAR	Y1235		

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Y1235	Continued From page 8 and stated that the documentation showed that Tramadol had been administered outside of parameters on July 4, 2022 with no documentation of why or physician notification. She stated that this did not meet the facility Policy. The RN stated that the risk of not administering pain medication as ordered could that they would not know if the medication is effective. An interview was conducted on August 4, 2022 at 10:53 AM with the Director of Nursing (DON/staff #240), who stated that the facility process is to follow physician orders as written including parameters. She further stated that if a medication is administered outside of the ordered parameters, they would need to document why in the progress notes. She reviewed the medical record of resident #3 and stated that acetaminophen had been administered outside of parameters three times in April 2022, with no progress note or physician notification. The DON reviewed the medical records for resident #90 and stated that the pain level had not bee documented when Tramadol was administered 4 times, and was administered for pain levels outside of parameters three times in June 2022. She also stated that Tramadol had been administered outside of parameters one time in July 2022. The DON further stated that there was no documentation of why the medications were administered, pain level or physician notification. She stated that this did not meet her expectations and that she was not sure what the risk would be. Review of the facility policy titled Pain Management, revealed that pharmacological treatment of pain as ordered by the physician will be administered in dosage and time frame specified.	Y1235		

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Y1235	Continued From page 9 Review of the facility policy titled, Opioid Prescribing and Treatment, revealed that nurses may also administer opioids consistent with the prescriber's order. Document the resident's pain before administration of the opioid in the resident's medical record. -Regarding resident #38 Resident #38 was admitted to the facility on July 18, 2022 with diagnoses that pulmonary Hypertension, acute respiratory failure with Hypoxia, and chronic pulmonary edema. A care plan initiated on July 19, 2022 pertaining to hypertension indicated interventions that included: medicate per physician's orders; monitor vital signs as ordered. An admission Minimum Data Set (MDS) assessment dated July 24, 2022 revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicate intact cognition. Review of the current and active medications for the July 2022 admission Clinical Physician Orrders revealed the following medication: -Metoprolol Tartrate Tablet 100mg give 1 tablet by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION Hold for SBP (systolic blood pressure) <110 and BP (diastolic) <60. Start date 7/18/2022. However, review of the July 2022 Medication Administration Record (MAR) revealed that Metoprolol had been held outside the ordered parameters of Hold for SBP <110 and BP <60 on the following dates: -July 19, 2022, P.M. dose, BP 131/58, Pulse 60 -July 22, 2022, A.M. dose, BP 144/58, Pulse 49	Y1235		

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Y1235	Continued From page 10 - July 25, 2022, A.M. dose, 167/62, Pulse 51 - July 31, 2022, P.M. dose, 105/66, Pulse 55 According to the corresponding Medication Administration Report notes, the medication was held because the vital sign was outside of the parameter. This is not in accordance with the ordered parameter of Hold SBP <100 and BP <60. An interview was conducted with resident #38 on August 4, 2022 at 2:38 p.m., she stated that her blood pressure is not under control. She noted that she is concerned about it. She said she will know more tonight when it is next taken. An interview was conducted on August 4, 2022 at 3:18 p.m. with a registered nurse (RN/staff #244), who stated that if an order is unclear or have a potential typo, the nurse should clarify with the doctor and let the nurse manager know, then check if there was a change or if there is indeed a typo. The order was reviewed with staff #244 on August 4, 2022 at 3:18 p.m. Staff #244 said that looking at the order, it will need to be clarified because it seemed unclear. However, because it used the word AND, both have to occur for the medication to be administered. An interview conducted with the director of nursing (DON/staff #172) on August 4, 2022 at 3:39 p.m. She said that her expectation is that her staff will ensure that it is the right resident, right dose, follow infection control protocols and follow physician order prior to administering medication. She stated that she also expects staff to clarify orders that they are unclear about.	Y1235		

ADHS LICENSING SERVICES

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Y1235	Continued From page 11 The order was reviewed with staff #172 on August 4, 2022 at 3:39 p.m. She said she does not have a problem with the order. When the July 2022 MAR was reviewed along with her pertaining to the order and the discrepancy was noted, she stated that she understood why the order might be confusing. Review of the facility's policy titled "Medication Administration" revised June 2014 indicated to assess and document vital signs as ordered or indicated prior to the administration of medication.	Y1235		
Y2307	R9-10-423.A.3.b.Food Services R9-10-423.A. An administrator shall ensure that: R9-10-423.A.3. If a nursing care institution contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution: R9-10-423.A.3.b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident; This RULE is not met as evidenced by: Based on observations, staff interview, and policy review, the facility failed to ensure food items were not moldy. Findings include: During the initial kitchen observation conducted on August 1, 2022 at 7:57 a.m., 2 cantaloupes which appeared to have mold on them were found stored in a box located in the dry storage room.	Y2307	It is the intention of Friendship Village to follow food safety requirements in an effort to store, prepare, distribute and serve food to meet standards for food service safety. 1. The cantaloupe and onions were thrown away in the kitchen at the time of the observation (8/5/2022). Daily inspection of produce is completed by the Registered Dietician or designee to ensure compliance and food storage safety. Completion date 8/25/2022. 2. All Residents and employees have the risk of being affected by contamination if safe food storage practices are not in place to maintain the safety and wholesomeness of food for human consumption. All employees have been educated on food storage and safety practices 8/24/2022, see attached. 3. Inspection of produce is conducted daily by the Registered Dietician or designee to ensure compliance. All employees were educated on food storage, 8/24/2022 (see attached).	

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Y2307	Continued From page 12 Another observation of the kitchen was conducted on August 3, 2022 at 10:10 a.m. During this observation, two red onions which appeared to have mold on them were found stored in a box in the dry storage room. One of the red onions was also wet due to being rotten. In an interview conducted with the kitchen manager (staff #241) on August 3, 2022 at 2:07 p.m., he stated that with produce they put it away as soon as they receive it. They take out the old inventory and put in the new inventory so that they go in to check inventory and if there are moldy items then they get rid of it and bring in the replacement the next day. Staff #241 said that dry items such as onions, bananas, cantaloupe, honey dew and watermelon normally go in the dry storage and all other produce goes in the walk-in fridge. The dry storage's thermostat is set at 70 degrees Fahrenheit. The thermostat is checked each time they do an inventory to ensure the setting is right. The kitchen's policy titled "Food and Supply Storage" revised January 2018, stated that all food, non-food items and supplies used in food preparation shall be stored in a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption. The kitchen's 2018 policy and procedure manual titled "Food Storage an Date Marking" indicated That temperatures for refrigerators may be between 35 to 41 degrees Fahrenheit. Thermometers should be checked routinely. check for proper functioning of the unity at the same time.	Y2307	4. The Registered Dietician or designee is conducting quality improvement audits of produce storage, daily for the first 30 days; then weekly for 30 days; then monthly for 30 days. Additional audits will be completed based upon the level of compliance. Results of all audits are being reported to the QAPI Committee monthly and QAA Committee, quarterly for additional recommendations as necessary. 5. See signature of Administrator at the bottom of page one.	

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Y2353	R9-10-423.B.8. Food Services R9-10-423.B. A registered dietitian or director of food services shall ensure that: R9-10-423.B.8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; This RULE is not met as evidenced by: Based on observations, staff interview, and policy review, the facility failed to ensure stored dishware was clean. Findings include: An observation of the dining room kitchen located on the second floor was conducted on August 3, 2022 at 11:10 a.m. During the observation a rusted knife and two blue cups that had a film of debris and appeared slightly wet were found stored in the ready to use area. An interview was conducted with the lead diet Aide supervisor (staff #154) on August 3, 2022 at 11:43 a.m. Staff #154 said that dishware was manually inspected before use. If the dishware is not clean, it is taken downstairs to the main kitchen so that it can be washed. When asked about the utensil found during the observation, she noted that it was rusted and threw the knife in the trash. During an interview with kitchen manager (staff #241) on August 3, 2022 at 2:07 p.m., he said the person unloading the dishware is responsible for making sure it is good to go. If it is not, then it needs to go back in thru the dishwasher. Diet aides are also supposed to	Y2353	It is the intention of Friendship Village to follow food safety requirements in an effort to store, prepare, distribute and serve food to meet standards for food service safety. 1. The discolored dishware and utensil was thrown away in the kitchen at the time of the observation (8/5/2022). Daily inspection of dishware and utensils are completed by the Registered Dietician to ensure compliance. 2. All Residents and employees have the risk of being affected by contamination if safe food storage practices are not in place to maintain the safety and wholesomeness of food for human consumption. All employees have been educated on procedure for soiled dishware/flatware and safety practices 8/24/2022, see attached. Completion date 8/25/2022. 3. Inspection of dishware and produce is conducted by Registered Dietician or designee to ensure compliance. All employees received education regarding inspection for cleanliness of dishware and utensils, 8/24/2022 (see attached). 4. The Registered Dietician or designee is conducting quality improvement audits of dishware and utensil cleanliness, daily for the first 30 days; then weekly for 30 days; then monthly for 30 days. Additional audits will be completed based upon the level of compliance. Results of all audits are being reported to the Quality Assurance and Performance Improvement Committee quarterly for additional recommendations as necessary. 5. See signature of Administrator at the bottom of page one.	

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Y2353	Continued From page 14 Double check the items are clean prior to putting the items away. The facility did not have a policy pertaining to the washing and storage of dishware which outlines the process.	Y2353		

POC Y Tag

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

August 18, 2022

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, #QW7811, of your facility on August 4, 2022. 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 **August 28, 2022**. You must include all pages of the Statement of Deficiencies when submitting your PoC. 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.

The POC must be signed and dated by an official facility representative. Please send your POC by email to the following:

ltc.licensing@azdhs.gov
SUBJECT LINE: the name of your facility and POC

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: Bureau of Long Term Care, 150 North 18th Avenue, Suite 440, Phoenix, Arizona 85007 at (602) 364-2690.

Sincerely,

Megan Whitby

Megan Whitby
Interim Long Term Care Bureau Chief

MW:mm

Attachments

RECEIVED BLTC 8-26-22 MM

ADHS LICENSING SERVICES

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Y 000	Initial Comments The State compliance survey was conducted August 1, 2022 through August 4, 2022, in conjunction with the investigation of Complaints AZ00168946, AZ00168945, AZ00174716, AZ00174718, AZ00182828, AZ0082829. The following deficiencies were cited:	Y 000	This plan of correction is to serve as Friendship Village Tempe's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Friendship Village Tempe or the management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.	
Y 337	R9-10-403.C.2.a. Administration R9-10-403.C. An administrator shall ensure that; R9-10-403.C.2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that: R9-10-403.C.2.a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge; This RULE is not met as evidenced by: The facility failed to ensure one resident (#3) and/or their representative was provided written information regarding the facility's bed hold policy before transfer to the hospital. Findings include: Resident #3 was initially admitted to the facility on March 11, 2022 with diagnoses that included anxiety, depression, dizziness/giddiness, insomnia, and pain. An admission Minimum Data Set (MDS) Assessment dated March 18, 2022 revealed a Brief Interview for Mental Status (BIMS) score of	Y 337	It is the intention of Friendship Village of Tempe to ensure each Resident and/or Resident Representative has received policies regarding facility Resident screening, admission, transport, transfer, discharge planning and discharge to ensure physical health services and behavioral health services are established, documented and implemented to protect the health and safety of the Resident. 1. The Admissions Director and Administrator reviewed and followed the current policy and procedure and information given to the Resident and/or Resident Representative upon admission. The Admissions Director and Administrator have updated the Bed Hold Policy (8/22/2022) to charge the private pay daily rate past the 72 hour required hold. Additionally, the Admissions Director and Administrator have updated the Behold Policy (8/22/2022) form to either be signed in person or receive a verbal acknowledgement by the Resident and/or Resident Representative upon discharge from the facility within 24 hours. All Admissions employees have been educated on the new Bed Hold Policy and Procedure (8/23/2022).	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 09/26/2022

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Y 337	Continued From page 1 14, which indicated intact cognition. The assessment also indicated the resident experienced pain frequently. Review of a nursing note dated April 11, 2022 Revealed that resident was transferred to the emergency room due to complaints of pain. However, review of the clinical record revealed no evidence the resident and/or the resident's representative was informed in writing of the bed hold policy. Review of the medical record revealed no signed bed hold policy completed at the time of admission on March 11, 2022. During an interview conducted on August 4, 2022 at 08:59 AM with a Registered Nurse, Manager (RN Manager/staff #54), she stated the process for transferring a resident to the hospital includes: a call to the MD (medical doctor) for orders, an email to leadership, a secretary prints the transfer paperwork, and a call to the hospital for report. She also stated that a transfer form is completed in the EMR (electronic medical record). She further stated the bed hold is discussed with the resident and/or family, but that it has never been is documented in the EMR. She reviewed the medical record and stated that the resident was transferred to the hospital on April 11, 2022, and that there was no documentation regarding notification of bed hold. The RN also stated that there was no signature obtained from the resident on the transfer paperwork. An interview was conducted on August 4, 2022 with a Licensed Practical Nurse (LPN/staff #58) at 08:10 AM, who stated that they do not have the resident sign any bed hold paperwork when	Y 337	2. All residents, employees, volunteers, students and guests have the potential to affected by the facility's failure to ensure each Resident and/or Resident Representative has received policies regarding facility Resident screening, admission, transport, transfer, discharge planning and discharge to ensure physical health services and behavioral health services are established, documented and implemented to protect the health and safety of the Resident. Effective 8/23/2022, all private pay Medicare A Residents will be given the opportunity to pay the Health Care Center current daily rate to ensure a bed past the 72 hour required hold. 3. Administrator and Admissions Director & Team will ensure the information is provided, discussed and documented at time of admission and discharge to ensure compliance. 4. The Admissions Director or designee will review all discharges for one month, then 10% of discharges the following month and adjust audits thereafter based on compliance. The Admissions Director will report the findings monthly to QAPI and quarterly to QAA Committee to ensure compliance. 5. See signature of Administrator at the bottom of page one.	

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Y 337	Continued From page 2 transferring to the hospital. An interview was conducted on August 4, 2022 at 10:43 AM with the Director of Nursing (DON/Staff #172), who states that a Medicare resident is not informed in writing of the bed hold policy at the time of transfer to the hospital, as the bed is automatically held for 3 days. An interview was conducted on August 4, 2022 at 11:39 AM with the Admissions Director (staff #173), who stated that they do not offer/review the bed hold policy to Medicare residents on transfer to hospital, as they hold the bed for 3 days. She also stated that if the resident is out for over 3 days, they don't hold the bed. She further stated that they are not giving the resident/family the option to pay if they would like to hold the bed longer than 3 days. An interview was conducted on August 4, 2022 on August 4, 202 at 11:51 AM with the Administrator (staff #240), who stated that Medicare residents are not informed of the bed hold policy in writing when they are transferred to the hospital. Review of the Facility Admission Agreement revealed that a copy of the current bed hold policy shall be provided to the resident and family member or representative before transfer. Further review of the agreement did not reveal any mention regarding residents on Medicare at the time of admission. Review of the facility policy titled, Bed hold, revealed that the purpose is to inform the resident and/or resident representative of bed hold availability if the resident has to go into the hospital. It also stated that a bed hold is not	Y 337		

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Y 337	Continued From page 3 offered to residents on Medicare A. Upon admission to the health care center at Friendship Village the resident/representative will be provided the opportunity to elect a bed hold status for any future transfer. Upon admission the resident and/or representative is informed of the facility's bed hold policy.	Y 337		
Y1235	R9-10-412.B.7. Nursing Services R9-10-412.B. A director of nursing shall ensure that: R9-10-412.B.7. An unnecessary drug is not administered to a resident. This RULE is not met as evidenced by: Based on clinical record review, interviews, and facility policy, the facility failed to ensure that three residents (#3, 90, 38) medications were administered per physician ordered parameters. Findings include: -Regarding resident #3 Resident #3 was initially admitted to the facility on March 11, 2022 with diagnoses that included anxiety, depression, dizziness/giddiness, insomnia, and pain. A care plan initiated on March 11, 2022 revealed a goal related to pain with interventions to medicate per physician's order. An admission Minimum Data Set (MDS) Assessment dated March 18, 2022 revealed a	Y1235	It is the practice of Friendship Village of Tempe to develop and implement a comprehensive person-centered care plan for each resident that includes measureable objectives and timeframes to meet a Resident's medical, nursing, mental and psychosocial needs that are identified in within 48 hours of admission into the Health Care Center. Ensuring medications are administered per physician ordered parameters to ensure Resident safety from receiving unnecessary medications. 1. The physical order for pain management and blood pressure parameters for Residents, #3, #90 and #38, respectively have been clarified by the physician and written for clear direction to the nurses administering pain medications and/or blood pressure medications, 8/5/2022, see attached. 2. All Residents with parameters on all medications have the potential to be ineffective for condition management. All Resident orders have been reviewed and medications with parameters have been clarified 8/25/2022.	

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Y1235	Continued From page 4 Brief Interview for Mental Status (BIMS) score of 14, which indicated intact cognition. The assessment also indicated the resident experienced pain frequently. Review of a nursing note dated April 11, 2022 am, revealed that resident was transferred to the emergency room due to complaints of pain. Review of the current and active medications for the March 2022 admission Clinical Physician Orders revealed the following medication: -Acetaminophen 325mg (milligram) tablet, give 2 tablets by mouth every 4 hours as needed for pain level 1-4. Start date 3/11/2022. However, review of the April 2022 Medication Administration Record (MAR) revealed that Acetaminophen had been administered for pain levels outside the ordered pain parameters of 1-4 on the following dates: -April 6, 2022 pain level 5 -April 10, 2022 pain level 0 -April 11, 2022 pain level 9 The clinical record revealed no documentation of a reason why these medications were not administered as ordered and that the physician had been notified. An interview was conducted on August 3, 2022 at 02:28 PM with a Registered Nurse, Manager (RN/staff #54), who stated that the facility process is to follow physician orders and parameters as written. She reviewed the medical record and stated that was acetaminophen was ordered as needed for pain level 1-4. She reviewed the MAR for April 2022 and stated that acetaminophen had been administered for pain levels outside the ordered parameters three times during the	Y1235	3. The community has updated the Medication Administration policy on 8/5/2022, see attached. The interdisciplinary team (IDT) and full-time skilled nursing Nurses have been educated on this policy 8/25/2022. 4. The DON or designee is conducting quality improvement audits of physician orders for medications with parameters. All new admission orders will be reviewed, including checking MAR for documentation of parameters daily for 30 days; then every other week for 30 days; then monthly for 30 days. Additional audits will be completed based upon the level of compliance. Results of all audits are being reported to the Quality Assurance and Performance Improvement Committee quarterly for additional recommendations as necessary. 5. See signature of Administrator at the bottom of page one.	

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Y1235	Continued From page 5 month. She reviewed the medical record and stated that there were no progress notes on those dates as to why the medication was administered outside of parameters or that the physician had been notified. The RN further stated that this did not follow the facility policy, that the parameters on the physician orders was not followed. An interview was conducted on August 03, 2022 At 02:31 PM,with a RN (staff #113), who stated that she was aware of the resident and that she has a lot of pain. She reviewed the April 2022 MAR and stated acetaminophen had been administered outside of the ordered parameters on April 6, 10 and 11. She further stated that there why the medication had been administered outside of the parameters, or that the physician had been notified. She stated that it should be documented in the progress notes, would usually notify the physician as well. She also stated that this did not follow the facility policy and the risk could be that the medication is not effective. -Regarding Resident #90 The resident was admitted to the facility on June 13, 2022 with diagnoses that included Depression, pain and mood disorder. Review of the care plan initiated on June 13, 2022 revealed goals that included the potential alterations in level of comfort related to pain, with interventions that included to medicate per physician's order. Review of the Minimum Data (MDS) Set Assessment dated June 19, 2022, revealed a Brief Interview for Mental Status (BIMS) score of 08, which indicated cognitive impairment.	Y1235		

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Y1235	Continued From page 6 Review of the physician orders active in June 2022 included the following start and discontinue/stop dates: -Start date 6/13/22, Tramadol HCL tablet 50mg = Give 50mg by mouth every 6 hours as needed for Pain 4-10 (discontinue date 6/16/22) -Start date 6/16/22, Tramadol HCL tablet 50mg – give 50mg by mouth every 6 hours as needed for pain 4-10 (discontinue date 6/17/22)- -Start date 6/17/22 Tramadol HCL tablet 50mg – give 50mg by mouth every 6 hours as needed for pain 4-10 (discontinue date 6/24/22) -start date 6/24/22 Tramadol HCL tablet 50 mg – give 50mg by mouth every 6 hours as needed for pain 4-10 (discontinue date 7/04/22) Further review of the physician's orders for July 2022 included the following start/stop/discontinue dates: -Start date 6/24/22 Tramadol HCL tablet 50mg – Give 50mg by mouth every 6 hours as needed for pain 4-10 (discontinue date 7/04/22) -Start date 7/4/22 Tramadol HCL tablet 50mg – give 50mg by mouth every 8 hours as needed for pain 4-10 (current) However, review of the June and July 2022 Medication Administration Record (MAR) revealed that Tramadol had been administered with no documentation of the pain level at the time of administration or the mediation was administered outside of parameters on the following dates: -6/14/2022 – no documentation of pain level at 4:00pm -6/15/2022 – no documentation of pain level twice At 12:00pm -6/16/2022 – no documentation of pain level at	Y1235		

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Y1235	Continued From page 7 0:30 -6/17/2022 – no documentation of pain level at 1:30 AM -6/21/22 – pain level documented as 0 -6/29/22 – Pain level documented as 2 -7/4/2022 – Pain level documented as 3 Review of pain level documentation in the medical record revealed: -6/14/2022 pain level documented one at 20:44 as level 0. -6/15/2022 pain level documented at 7:14 am level 0, -6/16/2022 – no pain level documented until 7:28 am with level 0. -6/17/2022 – no pain level documented until 8:34 AM with level 4. The clinical record revealed no documentation of a reason why these medications were not administered as ordered or that the physician had been notified. An interview was conducted on August 4, 2022 at 9:15am with RN, Manager (staff#54), who stated that the facility policy is to follow physician orders as written including any parameters. She also stated that if medication is administered outside of parameters the nurse would notify the physician and document in the progress notes. She further stated that the facility process is to document the pain level at the time the pain medication is administered, including Tramado. The RN reviewed the June 2022 MAR and stated that the medication had not been administered without documentation of the pain level four times, and had been administered two times outside of the ordered parameters with no documentation of why, or that the physician had been notified. She reviewed the July 2022 MAR	Y1235		

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Y1235	Continued From page 8 and stated that the documentation showed that Tramadol had been administered outside of parameters on July 4, 2022 with no documentation of why or physician notification. She stated that this did not meet the facility Policy. The RN stated that the risk of not administering pain medication as ordered could that they would not know if the medication is effective. An interview was conducted on August 4, 2022 at 10:53 AM with the Director of Nursing (DON/staff #240), who stated that the facility process is to follow physician orders as written including parameters. She further stated that if a medication is administered outside of the ordered parameters, they would need to document why in the progress notes. She reviewed the medical record of resident #3 and stated that acetaminophen had been administered outside of parameters three times in April 2022, with no progress note or physician notification. The DON reviewed the medical records for resident #90 and stated that the pain level had not bee documented when Tramadol was administered 4 times, and was administered for pain levels outside of parameters three times in June 2022. She also stated that Tramadol had been administered outside of parameters one time in July 2022. The DON further stated that there was no documentation of why the medications were administered, pain level or physician notification. She stated that this did not meet her expectations and that she was not sure what the risk would be. Review of the facility policy titled Pain Management, revealed that pharmacological treatment of pain as ordered by the physician will be administered in dosage and time frame specified.	Y1235		

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Y1235	Continued From page 9 Review of the facility policy titled, Opioid Prescribing and Treatment, revealed that nurses may also administer opioids consistent with the prescriber's order. Document the resident's pain before administration of the opioid in the resident's medical record. -Regarding resident #38 Resident #38 was admitted to the facility on July 18, 2022 with diagnoses that pulmonary Hypertension, acute respiratory failure with Hypoxia, and chronic pulmonary edema. A care plan initiated on July 19, 2022 pertaining to hypertension indicated interventions that included: medicate per physician's orders; monitor vital signs as ordered. An admission Minimum Data Set (MDS) assessment dated July 24, 2022 revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicate intact cognition. Review of the current and active medications for the July 2022 admission Clinical Physician Orrders revealed the following medication: -Metoprolol Tartrate Tablet 100mg give 1 tablet by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION Hold for SBP (systolic blood pressure) <110 and BP (diastolic) <60. Start date 7/18/2022. However, review of the July 2022 Medication Administration Record (MAR) revealed that Metoprolol had been held outside the ordered parameters of Hold for SBP <110 and BP <60 on the following dates: -July 19, 2022, P.M. dose, BP 131/58, Pulse 60 -July 22, 2022, A.M. dose, BP 144/58, Pulse 49	Y1235		

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Y1235	Continued From page 10 - July 25, 2022, A.M. dose, 167/62, Pulse 51 - July 31, 2022, P.M. dose, 105/66, Pulse 55 According to the corresponding Medication Administration Report notes, the medication was held because the vital sign was outside of the parameter. This is not in accordance with the ordered parameter of Hold SBP <100 and BP <60. An interview was conducted with resident #38 on August 4, 2022 at 2:38 p.m., she stated that her blood pressure is not under control. She noted that she is concerned about it. She said she will know more tonight when it is next taken. An interview was conducted on August 4, 2022 at 3:18 p.m. with a registered nurse (RN/staff #244), who stated that if an order is unclear or have a potential typo, the nurse should clarify with the doctor and let the nurse manager know, then check if there was a change or if there is indeed a typo. The order was reviewed with staff #244 on August 4, 2022 at 3:18 p.m. Staff #244 said that looking at the order, it will need to be clarified because it seemed unclear. However, because it used the word AND, both have to occur for the medication to be administered. An interview conducted with the director of nursing (DON/staff #172) on August 4, 2022 at 3:39 p.m. She said that her expectation is that her staff will ensure that it is the right resident, right dose, follow infection control protocols and follow physician order prior to administering medication. She stated that she also expects staff to clarify orders that they are unclear about.	Y1235		

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Y1235	Continued From page 11 The order was reviewed with staff #172 on August 4, 2022 at 3:39 p.m. She said she does not have a problem with the order. When the July 2022 MAR was reviewed along with her pertaining to the order and the discrepancy was noted, she stated that she understood why the order might be confusing. Review of the facility's policy titled "Medication Administration" revised June 2014 indicated to assess and document vital signs as ordered or indicated prior to the administration of medication.	Y1235		
Y2307	R9-10-423.A.3.b.Food Services R9-10-423.A. An administrator shall ensure that: R9-10-423.A.3. If a nursing care institution contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution: R9-10-423.A.3.b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident; This RULE is not met as evidenced by: Based on observations, staff interview, and policy review, the facility failed to ensure food items were not moldy. Findings include: During the initial kitchen observation conducted on August 1, 2022 at 7:57 a.m., 2 cantaloupes which appeared to have mold on them were found stored in a box located in the dry storage room.	Y2307	It is the intention of Friendship Village to follow food safety requirements in an effort to store, prepare, distribute and serve food to meet standards for food service safety. 1. The cantaloupe and onions were thrown away in the kitchen at the time of the observation (8/5/2022). Daily inspection of produce is completed by the Registered Dietician or designee to ensure compliance and food storage safety. 2. All Residents and employees have the risk of being affected by contamination if safe food storage practices are not in place to maintain the safety and wholesomeness of food for human consumption. All employees have been educated on food storage and safety practices 8/24/2022, see attached. 3. Inspection of produce is conducted daily by the Registered Dietician or designee to ensure compliance. All employees were educated on food storage, 8/24/2022 (see attached).	

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Y2307	Continued From page 12 Another observation of the kitchen was conducted on August 3, 2022 at 10:10 a.m. During this observation, two red onions which appeared to have mold on them were found stored in a box in the dry storage room. One of the red onions was also wet due to being rotten. In an interview conducted with the kitchen manager (staff #241) on August 3, 2022 at 2:07 p.m., he stated that with produce they put it away as soon as they receive it. They take out the old inventory and put in the new inventory so that they go in to check inventory and if there are moldy items then they get rid of it and bring in the replacement the next day. Staff #241 said that dry items such as onions, bananas, cantaloupe, honey dew and watermelon normally go in the dry storage and all other produce goes in the walk-in fridge. The dry storage's thermostat is set at 70 degrees Fahrenheit. The thermostat is checked each time they do an inventory to ensure the setting is right. The kitchen's policy titled "Food and Supply Storage" revised January 2018, stated that all food, non-food items and supplies used in food preparation shall be stored in a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption. The kitchen's 2018 policy and procedure manual titled "Food Storage an Date Marking" indicated That temperatures for refrigerators may be between 35 to 41 degrees Fahrenheit. Thermometers should be checked routinely. check for proper functioning of the unity at the same time.	Y2307	4. The Registered Dietician or designee is conducting quality improvement audits of produce storage, daily for the first 30 days; then weekly for 30 days; then monthly for 30 days. Additional audits will be completed based upon the level of compliance. Results of all audits are being reported to the QAPI Committee monthly and QAA Committee, quarterly for additional recommendations as necessary. 5. See signature of Administrator at the bottom of page one.	

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FRIENDSHIP VILLAGE OF TEMPE	2525 E SOUTHERN AVE TEMPE, AZ 85282

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Y2353	R9-10-423.B.8. Food Services R9-10-423.B. A registered dietitian or director of food services shall ensure that: R9-10-423.B.8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; This RULE is not met as evidenced by: Based on observations, staff interview, and policy review, the facility failed to ensure stored dishware was clean. Findings include: An observation of the dining room kitchen located on the second floor was conducted on August 3, 2022 at 11:10 a.m. During the observation a rusted knife and two blue cups that had a film of debris and appeared slightly wet were found stored in the ready to use area. An interview was conducted with the lead diet Aide supervisor (staff #154) on August 3, 2022 at 11:43 a.m. Staff #154 said that dishware was manually inspected before use. If the dishware is not clean, it is taken downstairs to the main kitchen so that it can be washed. When asked about the utensil found during the observation, she noted that it was rusted and threw the knife in the trash. During an interview with kitchen manager (staff #241) on August 3, 2022 at 2:07 p.m., he said the person unloading the dishware is responsible for making sure it is good to go. If it is not, then it needs to go back in thru the dishwasher. Diet aides are also supposed to	Y2353	It is the intention of Friendship Village to follow food safety requirements in an effort to store, prepare, distribute and serve food to meet standards for food service safety. 1. The discolored dishware and utensil was thrown away in the kitchen at the time of the observation (8/5/2022). Daily inspection of dishware and utensils are completed by the Registered Dietician to ensure compliance. 2. All Residents and employees have the risk of being affected by contamination if safe food storage practices are not in place to maintain the safety and wholesomeness of food for human consumption. All employees have been educated on procedure for soiled dishware/flatware and safety practices 8/24/2022, see attached. 3. Inspection of dishware and produce is conducted by Registered Dietician or designee to ensure compliance. All employees received education regarding inspection for cleanliness of dishware and utensils, 8/24/2022 (see attached). 4. The Registered Dietician or designee is conducting quality improvement audits of dishware and utensil cleanliness, daily for the first 30 days; then weekly for 30 days; then monthly for 30 days. Additional audits will be completed based upon the level of compliance. Results of all audits are being reported to the Quality Assurance and Performance Improvement Committee quarterly for additional recommendations as necessary. 5. See signature of Administrator at the bottom of page one.	

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 _____	08/04/2022

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
Y2353	Continued From page 14 Double check the items are clean prior to putting the items away. The facility did not have a policy pertaining to the washing and storage of dishware which outlines the process.	Y2353		

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: August 1, 2022

Survey Event ID: QW7811

Inspector/Team Coordinator: Lisa Bashford

Accompanied By: I. Rajbhandari, L. Reese, C. Ray

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: Long Term Care, at 150 N. 18th Ave., Suite 440, Phoenix, Arizona 85007-3242, Phone: (602) 364-22690, FAX: (602) 324-0993, E-Mail: ltc.licensing@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, 7878 N. 16th St., Suite 235 Phoenix AZ 85020 (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: 9/1/2022

☐ 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: Lisa Bashford — Date: 8/1/22

☒ Copy left with Administrator/Director/Agency Representative

QUALITY RATING CERTIFICATE

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 R910919.

COMPONENTS	CRITERIA MET	
	Yes	No
I. Nursing Services	24	1
II. Resident Rights	25	0
III. Administration	24	1
IV. Environment and Infection Control	15	0
V. Food Services	10	0
TOTAL CRITERIA MET	98	2

QUALITY PERFORMANCE SCALE	
"A"	X
"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 Met? Criteria:	Pts. YES	Pts. 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	1 14
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 ___24_____

Points No ___1_____

Comments:

Resident Rights:

Criteria Met?

Criteria:

Pts.

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 Met? Criteria:	Pts. YES	Pts. 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	0
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	0
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	0
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	0
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	0
The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.	2	1	1
The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.	1	1	0

Points Yes ___24_____

Points No _____1___

Comments:

Environment and Infection Control:

Criteria Met? Criteria:	YES	NO	Pts.
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	0
The nursing care institution establishes and maintains a pest control program.	1	1	0
The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.	1	1	0
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	0
The nursing care institution maintains a clean and sanitary environment.	1	1	0
The nursing care institution is implementing a system to prevent and control infection.	5	5	0
An employee washes hands after each direct resident contact or where hand washing is indicated to prevent the spread of infection.	1	1	0

Points Yes ____15_____

Points No ___0_____

Comments:

Food Services:

Criteria Met? Criteria:		Pts. 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: