

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185281</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/11/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRIENDSHIP HEALTH AND REHAB, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7400 FRIENDSHIP DRIVE PEWEE VALLEY, KY 40056</b>
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F 000	INITIAL COMMENTS  An Abbreviated Survey initiated on 08/05/2020 and concluded on 08/11/2020 investigating KY#00032199, KY#00032145, and KY#00032143. In addition, a COVID-19 Focused Infection Control Survey was initiated on 08/05/2020 and concluded on 08/11/2020. Complaint KY32199 was partially substantiated with deficiencies cited, and KY32145, and KY32143 were unsubstantiated with no deficiencies cited. Total census 117.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the	F 656		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	<p>Continued From page 1</p> <p>findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and policy review, it was determined the facility failed to implement the individualized care plan for two (2) of four (4) sampled residents, Resident #1, and Resident #2. Staff failed to administer ordered and care planned medications to Resident #1 and failed to provide gastrostomy tube feeding treatments and ordered medications as care planned for Resident #2.</p> <p>The findings include:</p> <p>Review of the policy and procedure, "Care Plans, Comprehensive Person-Centered" dated 12/2016, revealed a comprehensive,</p>	F 656			

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F 656	<p>Continued From page 2</p> <p>person-centered care plan was developed and implemented for each resident to meet their physical, psychosocial and functional needs.</p> <p>The facility admitted Resident #2 on 01/17/06. Current diagnoses included Unspecified Convulsions, Gastrostomy Status, and Type II Diabetes Mellitus without Complications. Additional diagnoses included Personal History of Traumatic Brain Injury, Quadriplegia, and Persistent Vegetative State.</p> <p>Observation of Resident #2 on 08/05/2020 revealed the resident to be non-verbal, awake, and sitting up in a chair. The resident was odor-free, and appeared clean. He/she was dressed appropriately for the season. Diabetasource at seventy (70) milliliters (ML) per hour was infusing via pump through a gastrostomy tube. Gastrostomy tube observed with staff, and appeared dry and intact to the resident's abdomen without leakage or odor.</p> <p>Review of the Annual Minimum Data Set (MDS), signed and dated 06/10/2020, revealed a Brief Interview for Mental Status Exam score of ninety-nine (99) and the facility determined the resident was not interviewable. Continued review revealed the facility assessed the resident to have a feeding tube.</p> <p>Review of the plan of care (no date) revealed the focus of a potential for alteration in nutrition related to nothing per oral (NPO) need for tube feeding. Interventions listed included NPO and provide tube feeding as ordered. An additional focus was Resident #2 has a seizure disorder, which placed him/her at risk of injury and interventions included to give seizure medication</p>	F 656			

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F 656	<p>Continued From page 3</p> <p>as ordered by doctor, observe/document side effects and effectiveness.</p> <p>Review of the Medication Administration Record, dated 07/01/2020 through 07/31/2020, revealed staff omitted the following treatments for Resident #2 from 07/27/2020 through 07/31/2020. The omitted treatments included Diabetsource AC (a tube feeding formula) at seventy (70) ML per hour continuously, and levetiracetam solution (an anticonvulsant) one hundred (100) milligrams (MG) per ML, give fifteen (15) ML via gastrostomy tube two (2) times a day related to Convulsions.</p> <p>Continued review of Resident #2's MAR dated 08/01/2020 through 08/31/2020 revealed the treatments and medications were not administered 08/01/2020 through 08/03/2020 per physician orders. The missed treatments and medications included Diabetsource AC at seventy (70) ML per hour continuously, and levetiracetam solution one hundred (100) MG/ML, give fifteen (15) ML via gastrostomy tube two (2) times a day related to Convulsions.</p> <p>2. The facility re-admitted, Resident #1 on 11/12/2019 from an acute care hospital. Current diagnoses included Anemia, Arthritis, and Cerebrovascular Accident (CVA). Other diagnoses included Alzheimer's disease, Depression, Chronic Lung Disease, Adult Failure to Thrive, Dementia with Behaviors, Venous Insufficiency, and Gastro-Esophageal Reflux Disease without Esophagitis (GERD).</p> <p>Review of the Significant Change in Status MDS, dated 05/15/2020 revealed Resident #1 to have both short term, and long term memory problems, and the resident was not interviewable.</p>	F 656		

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F 656	<p>Continued From page 4</p> <p>Review of Resident #1's plan of care, no date, revealed the focus Resident #1 was at risk for complications related to use of anticoagulant medication with a history of bilateral lower extremity Deep Vein Thrombosis (DVT). Interventions for this focus included medications as ordered. An additional focus was Resident #1 had a risk for or actual alteration related to Glaucoma, impaired vision, macular degeneration and was unable to participate in vision testing due to impaired cognition. Other focus included Resident #1 had a history of shortness of breath (SOB) and wheezing and has allergies. Interventions included to administer medications as ordered.</p> <p>Review of Resident #1's MAR, dated 07/01/2020 through 07/31/2020, revealed staff did not document the administration of the following physician ordered medications on 07/20/2020: Fluticasone Propionate fifty (50) Micrograms (MCG) one (1) spray in both nostrils, one (1) time a day related to Allergic Rhinitis and Eliquis U-D five (5) MG tablet, one (1) tablet by mouth two (2) times a day related to Embolism and Thrombosis of arteries of the Lower Extremities (missed morning dose). Other medications included Ketorolac Tromethamine zero point five percent (0.5%) drops, one (1) drop in both eyes two (2) times a day related to Glaucoma (missed morning dose), and OloPatadine HCL (antihistamine) zero point one percent (0.1%), one (1) drop in both eyes two (2) times a day (missed morning dose).</p> <p>Continued review of Resident #1's MAR revealed staff did not document the administration of the following physician ordered medications on</p>	F 656			

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F 656	Continued From page 5 07/28/2020: Fluticasone Propionate fifty (50) Micrograms (MCG) one (1) spray in both nostrils one (1) time a day related to Allergic Rhinitis. Other medications include Eliquis U-D five (5) MG tablet one (1) tablet by mouth two (2) times a day related to Embolism and Thrombosis of arteries of the Lower Extremities (missed morning dose), Ketorolac Tromethamine zero point five percent (0.5%) drops one (1) drop in both eyes two (2) times a day related to Glaucoma (missed morning dose), and OloPatadine HCL (antihistamine) zero point one percent (0.1%) one (1) drop in both eyes two (2) times a day (missed morning dose).  Telephonic interview with Registered Nurse #1 revealed a resident's care plan was individualized and made staff aware of how to take care of each resident. He stated a negative outcome could occur if the plan of care was not followed.  Telephonic interview with the Administrator on 08/11/2020 at 12:54 PM revealed it was a facility expectation staff follow the individualized care plan to meet the needs of each resident.	F 656			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.	F 684			

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F 684	Continued From page 6  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined the facility failed to ensure two (2) of four (4) sampled residents received treatment and care in accordance with the physician orders (Residents #1 and #2). Resident #1 did not receive medications as ordered and Resident #2 did not receive gastrostomy tube feedings and medications as ordered.  The findings include:  Review of the policy and procedure, Administering Medications, dated 04/2019, revealed medications were to be administered in a safe and timely manner, and as prescribed.  1. The facility admitted Resident #2 on 01/17/06. Diagnoses included Unspecified Convulsions, Gastrostomy Status, and Type II Diabetes Mellitus without Complications. Other diagnoses included Personal History of Traumatic Brain Injury, Quadriplegia, and Persistent Vegetative State.  Review of the Annual Minimum Data Set (MDS), signed and dated 06/10/2020, revealed a Brief Interview for Mental Status Exam scored at ninety-nine (99) and the facility determined the resident was not interviewable. Additionally the	F 684			

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F 684	<p>Continued From page 7</p> <p>facility assessed the resident to have a feeding tube.</p> <p>Observation of Resident #2 on 08/05/2020 revealed the resident to be non-verbal, awake, and sitting up in a chair. The resident was odor-free, and appeared clean and he/she was dressed appropriately for the season. Diabetasource (a tube feeding formula) at seventy (70) milliliters (ML) per hour was infusing via pump through a gastrostomy tube. Gastrostomy tube observed with staff, and appeared dry and intact to the resident's abdomen without leakage or odor.</p> <p>Review of the Nursing Note, dated and timed 07/27/2020 at 6:54 AM, revealed the facility sent Resident #2 to the hospital Emergency Department (ED) for a gastrostomy tube replacement.</p> <p>Review of the Discharge Summary Report from an acute care hospital, signed and dated 07/27/2020 by the physician, revealed Resident #2 presented to the Emergency Department (ED) from the nursing home with reports of his/her gastrostomy tube as dislodged. The medication list stated no changes made to your prescriptions during this visit and the hospital discharged the resident back to the facility in stable condition.</p> <p>Review of the nurses' note, dated 07/27/2020 at 1:30 PM, revealed Resident #2 returned from the hospital ED with no new orders and to continue current orders.</p> <p>Review of the plan of care (no date) revealed the focus the potential for alteration in nutrition related to nothing per oral with need for tube</p>	F 684			



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F 684	<p>Continued From page 8</p> <p>feeding. Interventions included NPO (nothing by mouth), and provide tube feeding as ordered. Continued review revealed the focus Resident #2 had a seizure disorder, which placed him/her at risk of injury. Interventions for this focus included for staff to give seizure medication as ordered by doctor, observe/document side effects and effectiveness.</p> <p>Review of the Medication Administration Record (MAR), dated 07/01/2020 through 07/31/2020, revealed staff omitted the following treatments for Resident#2 from 07/27/2020 through 07/31/2020: Diabetasource AC at seventy (70) milliliters (ML) per hour continuously. Other treatments included Omeprazole Suspension, two (2) milligrams (MG) per ML, one (1) time a day related to Gastroesophageal Reflux Disease; and Amantadine HCL Syrup, one hundred (100) MG via gastrostomy tube, every twelve (12) hours related gastrostomy status. Further review revealed levetiracetam Solution, one hundred (100) MG/ML, give fifteen (15) ML via gastrostomy tube two (2) times a day related to Convulsions; and Polyethylene Glycol Powder seventeen (17) grams via gastrostomy tube two (2) times a day related to constipation.</p> <p>Continued review of Resident #2's MAR, dated 08/01/2020 through 08/31/2020, revealed the following treatments and medications were not administered 08/01/2020 through 08/03/2020 per physician orders: Diabetasource AC at seventy (70) ML per hour continuously one (1) time a day; and Omeprazole Suspension two (2) milligram (MG) per ML one (1) time a day related to Gastroesophageal Reflux Disease. Other treatments included Amantadine HCL Syrup one hundred (100) MG, via gastrostomy tube every</p>	F 684			

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F 684	<p>Continued From page 9</p> <p>twelve (12) hours related gastrostomy status; and levetiracetam Solution one hundred (100) MG/ML, give fifteen (15) ML via gastrostomy tube two (2) times a day related to Convulsions. Further review revealed the treatment Polyethylene Glycol Powder, seventeen (17) grams via gastrostomy tube two (2) times a day related to constipation.</p> <p>Telephonic interview with Licensed Practical Nurse (LPN) # 3, on 08/07/2020 at 12:58 PM, revealed she sent Resident #2 out of the facility to the Emergency Department on 07/27/2020 at approximately 7:00 AM for a gastrostomy tube placement. She stated when the resident returned to the facility, she reconnected the tube feeding; however, she did not verify a medical doctor's order because she was familiar with the resident, the tube-feeding machine was set up, so she just turned the feeding back on.</p> <p>Telephonic interview with Assistant Director of Nursing #1 (ADON), on 08/06/2020 at 12:08 PM revealed she provided care to Resident #2 on 07/29/2020, and she observed an empty bottle of tube feeding hanging in the residents room. She stated she thought the resident received the tube feeding during the nighttime hours.</p> <p>Telephonic interview with LPN #1, on 08/07/2020 at 10:13 AM, revealed she provided care to Resident #2 on 08/01/2020. She stated she did administer the resident's tube feeding as previously ordered. She stated the resident did not have any medications ordered and assumed the resident's medications were administered on another shift.</p> <p>Telephonic interview with LPN #4, on 08/10/2020</p>	F 684			

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F 684	<p>Continued From page 10</p> <p>revealed she provided care to Resident # 2 on 08/02/2020. She revealed she did not administer medications or tube feeding to the resident because the orders were not on the Medication Administration Record (MAR) or the Treatment Administration Record (TAR).</p> <p>Telephonic interview with LPN #2, on 08/07/2020 at 11:18 AM, revealed he identified on 08/04/2020, that Resident #2's tube feeding and medication orders were not continued after the resident had his/her gastrostomy tube replaced on 07/27/2020. He stated he reviewed the resident's medical record, and noted an order as well as a progress note dated 07/27/2020 to continue current medication/tube feeding orders. He revealed the previous night shift nurse had revealed the resident did have the tube feeding going when she had come on duty 08/03/2020. The LPN continued to reveal the resident's medications and tube feeding should have been placed on hold while the resident was out of the facility for a gastrostomy tube replacement; however, it appeared the resident's medications/tube feeding were discontinued on 07/27/2020.</p> <p>Telephonic Interview with the Director of Nursing, on 08/10/2020 at 1:20 PM, revealed any time a resident received services at the Emergency Department, and returned the same day to the facility, the medications/tube feedings should not be discontinued, and staff were educated on this. She stated staff should verified the orders once the resident returned to the facility on 07/27/2020 and the orders for the resident's medication, and tube feeding should have been identified on 07/27/2020 when Resident #2 arrived back to the facility.</p>	F 684			

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NAME OF PROVIDER OR SUPPLIER  <b>FRIENDSHIP HEALTH AND REHAB, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7400 FRIENDSHIP DRIVE PEWEE VALLEY, KY 40056</b>		
(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) COMPLETION DATE	
F 684	<p>Continued From page 11</p> <p>Telephonic interview with the Medical Provider on 08/11/2020 at 9:17 AM revealed he was notified by the facility that Resident #2 missed some tube feedings, and had missed prescribed medications. The Medical Provider revealed his expectations was residents received treatments and medications exactly as ordered.</p> <p>2. The facility readmitted Resident #1 on 11/12/2019 from an acute care hospital. Current diagnoses included Anemia, Arthritis, Cerebrovascular Accident (CVA), and Alzheimer's disease. Other diagnoses included Depression, Chronic Lung Disease, Adult Failure to Thrive, Dementia with Behaviors, Venous Insufficiency, and Gastro-Esophageal Reflux Disease without Esophagitis (GERD).</p> <p>Review of the Significant Change in Status MDS, dated 05/15/2020 revealed Resident #1 had both short term, and long-term memory problems, and the facility determined the resident was not interviewable.</p> <p>Review of Resident #1's plan of care, undated, revealed the focus that Resident #1 was at risk for complications related to use of anticoagulant medication and a history of bilateral lower extremity Deep Vein Thrombosis (DVT). The interventions included medications as ordered. The focus that Resident #1 was a risk for/actual alteration related to Glaucoma, impaired vision, macular degeneration and was unable to participate in vision testing due to impaired cognition. The focus of Resident #1 had a history of shortness of breath (SOB) and wheezing and had allergies, and the interventions for this focus included to administer medications as ordered.</p>	F 684			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>FRIENDSHIP HEALTH AND REHAB, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7400 FRIENDSHIP DRIVE PEWEE VALLEY, KY 40056</b>		
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F 684	<p>Continued From page 12</p> <p>Review of Resident #1's MAR, dated 07/01/2020 through 07/31/2020, revealed staff did not document the administration of the following physician ordered medications on 07/20/2020: Acidophilus W-Pectin, twenty-five (25) and one hundred (100) milligram (25/100) (MG) tablet, one (1) tablet by mouth, one (1) time a day for supplement and Calcium Tablet, five hundred (500) MG, one (1) tablet by mouth one (1) time a day related to Hypocalcemia. Other medications included Cranberry five hundred (500) MG one (1) tablet by mouth one, (1) time a day for supplement; Escitalopram Oxalate F/C, one (1) tablet by mouth, one (1) time a day every other day, related to Depressive Episodes and Fluticasone Propionate fifty (50) Micrograms (MCG), one (1) spray in both nostrils, one (1) time a day related to Allergic Rhinitis. Further medications included Eliquis U-D five (5) MG tablet, one (1) tablet by mouth, two (2) times a day related to Embolism and Thrombosis of arteries of the Lower Extremities (missed morning dose), Ketorolac Tromethamine zero point five percent (0.5%) drops one (1) drop in both eyes two (2) times a day related to Glaucoma (missed morning dose), Memantine HCL F/C ten (10) MG tablet one (1) tablet by mouth two (2) times a day related to Dementia (missed morning dose), OloPatadine HCL zero point one percent (0.1%), one (1) drop in both eyes two (2) times a day (missed morning dose).</p> <p>Continued review of Resident #1's MAR revealed staff did not document the administration of the following physician ordered medications on 07/28/2020: Acidophilus W-Pectin twenty-five (25) and one-hundred (100) milligram (25/100) (MG) tablet, one (1) tablet by mouth one (1) time</p>	F 684			

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F 684	<p>Continued From page 13</p> <p>a day for supplement; Calcium Tablet, five-hundred (500) MG one (1) tablet by mouth one (1) time a day related to Hypocalcemia. Other medications included Cranberry five-hundred (500) MG one (1) tablet by mouth once day for supplement; Escitalopram Oxalate F/C one (1) tablet by mouth one (1) time a day every other day, related to Depressive Episodes; and Fluticasone Propionate fifty (50) Micrograms (MCG) one (1) spray in both nostrils one (1) time a day related to Allergic Rhinitis. Further medications included Eliquis U-D five (5) MG tablet one (1) tablet by mouth two (2) times a day related to Embolism and Thrombosis of arteries of the Lower Extremities (missed morning dose); Ketorolac Tromethamine zero point five percent (0.5%) drops one (1) drop in both eyes two (2)times a day related to Glaucoma (missed morning dose); Memantine HCL F/C ten (10) MG tablet one (1) tablet by mouth two (2) times a day related to Dementia (missed morning dose); and OloPatadine HCL zero point one percent (0.1%) one (1) drop in both eyes two (2) times a day (missed morning dose).</p> <p>Telephonic interview with the Director of Nursing, on 08/10/2020 at 1:20 PM, revealed she assisted Resident #1 with his/her morning meal, and did recall the ADON administered Resident #1's morning medications, however, the nurse must have failed to sign the medications as given. She revealed the facility normally checked all the MARS/TARS monthly for any errors, however, with the advent of COVID19, the facility has not had time to check the MARS/TARs monthly for errors since around June 2020. She stated medications not signed and initialed by staff were assumed as not given to a resident.</p>	F 684			

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F 684	Continued From page 14 Telephonic interview with the Administrator, on 08/11/2020 at 12:54 PM, revealed the Quality Assurance Performance Improvement (QAPI) Committee met at least quarterly, and had discussed the omission of medication and treatments as prescribed by the physician.	F 684		

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NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP HEALTH AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 FRIENDSHIP DRIVE PEWEE VALLEY, KY 40056		
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E 000	Initial Comments  A COVID-19 Focused Infection Control Survey was initiated on 08/05/2020 and concluded on 08/11/2020. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 117.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>100355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/11/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRIENDSHIP HEALTH AND REHAB, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7400 FRIENDSHIP DRIVE PEWEE VALLEY, KY 40056</b>
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N 000	<p>Initial Comments</p> <p>An Complaint Survey initiated on 08/05/2020 and concluded on 08/11/2020 investigating KY32199, KY32145, and KY32143. In addition a COVID-19 Focused Infection Control Survey was initiated on 08/05/2020 and concluded on 08/11/2020. Complaint KY32199 was partially substantiated with deficiencies cited, and KY32145, and KY32143 were unsubstantiated with no deficiencies cited.</p>	N 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE