

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

PRINTED: 05/14/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02, 03</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/06/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRIENDSHIP HEALTH AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>327 HERSHBERGER RD NW</b> <b>ROANOKE, VA 24012</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	
{K 000}	<p><b>INITIAL COMMENTS</b></p> <p>Description of Structure: This is a four story noncombustible structure, steel frame with spray on fireproofing, metal decking and concrete floors. The interior walls are steel studs with gypsum wallboard. The south renovation was constructed with flame retardant wood framing for the walls and partitions with gypsum wallboard.</p> <p>Construction Type: II (222)</p> <p>Sprinkler status: Fully Sprinklered</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/23/2017 and 08/24/2017 was conducted on 10/06/2017, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Health Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p> <p>Description of Structure: This is a one story non-combustible structure, steel frame, metal decking and concrete floors. The interior walls are steel studs with gypsum wallboard. The is a roof overbuild of combustibile construction that requires a FSES under the 2012 Life Safety Code. The FSES for compliance with the 2012 Life Safety Code was provided at time of survey.</p> <p>Construction Type: II (222)</p> <p>Sprinkler status: Fully Sprinklered</p>	{K 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.

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{K 000}	<p>Continued From page 1</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/23/2017 and 08/24/2017 was conducted on 10/06/2017, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Health Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p> <p>Description of Structure: This is a four story non-combustible structure, steel frame with spray on fireproofing, metal decking and concrete floors. The interior walls are steel studs with gypsum wallboard. This building is the two north day room and therapy rooms, renovated in 2013.</p> <p>Construction Type: II (222)</p> <p>Sprinkler status: Fully Sprinklered</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted on 08/23/2017 and 08/24/2017 was conducted on 10/06/2017, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Health Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>Corrected deficiencies are identified on the CMS-2567B.</p>	{K 000}			