

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

Printed: 12/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495092	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2019
NAME OF PROVIDER OR SUPPLIER FRIENDSHIP HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 327 HERSHBERGER RD NW ROANOKE, VA 24012		
(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>INITIAL COMMENTS</p> <p>Surveyor: 34730</p> <p>Description of Structure: This is a single story non-combustible structure, steel frame with spray on fireproofing, metal decking and concrete floors. The interior walls are steel studs with gypsum wallboard.</p> <p>Construction Type: II (222)</p> <p>Sprinkler status: Fully Sprinklered</p> <p>An initial announced Life Safety Code survey was conducted 12/19/2019 in accordance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p> <p>The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</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.