

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

PRINTED: 03/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |  |   |  |  |                            |
|---|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>495421</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                          |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><br><b>02/23/2023</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>FRIENDSHIP HEALTH AND REHAB CENTER - SOUTH</b> |  |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5647 STARKEY ROAD</b><br><b>ROANOKE, VA 24018</b> |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |  |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE |
| F 000   | <p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid abbreviated survey was conducted 2/22/23 through 2/23/23. One complaint was investigated during the survey. The facility was in substantial compliance with 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 120 certified bed facility was 118 at the time of the survey. The survey sample consisted of five (5) resident reviews (Residents #1 through #5).</p> |  |  | F 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.