

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

PRINTED: 03/12/2025
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 R 03/12/2025	
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>Construction Type: II (222)</p> <p>Building description: Wing 1 - 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. (USBC 2006, I-2, 1-B Construction)</p> <p>Wing 2 - This is a one story non-combustible structure, steel frame, metal decking and concrete floors. The interior walls are steel studs with gypsum wallboard. This wing is the one west renovated in 2021 including resident rooms, pharmacy, and bistro.</p> <p>Wing 3 - 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 wing is the two north day room and therapy rooms, renovated in 2013.</p> <p>Sprinkler Status: Fully sprinklered and supplied by Municipal water.</p> <p>An standard paper revisit Life Safety Code survey was conducted 03-12-2025 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 EXISTING regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate compliance with Title 42 Code of Regulations, 483.90(a) et</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}	Continued From page 1 seq (Life Safety from Fire.)	{K 000}			