STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035074	A. Building B. Wing	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Tempe	2525 East Southern Avenue Tempe, AZ 85282

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident and staff interviews, and policy review, the facility failed to ensure that an incident involving abuse between a staff member and one resident (#30) was reported in a timely manner. The deficient practice could result in continued staff to resident abuse. Findings include: Resident #30 was admitted to the facility on [DATE] with diagnoses that included anxiety, depression, hypertension, head contusion, delirium, and epilepsy. A 5-Day Medicare Minimum Data Set (MDS) assessment initiated on February 18, 2025, revealed a Brief Interview for Mental Status (BIMS) score of 03, which indicated severe cognitive impairment. A progress note dated March 6, 2025 at 8:38 a.m. revealed that Resident #30 spoke to her daughter who reported to the Registered Nurse (RN/Staff#4) that the resident was pulled out of bed and splashed with water by a staff member in the morning. Review of the facility investigation report for staff-to-resident abuse dated March 6, 2025 revealed that the incident occurred on March 5, 2025 at approximately 10 a.m. The investigation revealed that the facility reported the incident to Adult Protective Services (APS) on March 6, 2025 at 9:58 a.m., the Police Department on March 6, 2025 at 11:40 a.m., and the Arizona Department of Health Services (AZDHS) on March 6, 2025 at 4:53 p.m The investigation also revealed that Resident #30 ' s daughter sent a text message to a Social Worker (SW/Staff#7) at the facility on March 5, 2025 at 4:56 p.m. reporting that she attempted to call the nursing supervisor because her mother was pulled up out of bed and was requesting a more gentle approach to care. The investigation revealed that the SW went to Staff #4, the RN, and asked if she knew anything about the report and the RN reported the resident was talking about the incident with her and the activity aide 30 minutes prior. A telephonic interview was conducted on April 1, 2025 at 10:57 a.m. with Resident #30 ' s daughter who stated that the resident called her on March 5, 2025 to tell her she was yanked out of bed that morning, and the daughter called the nurse supervisor right away to report it. The daughter stated that the facility called her on March 6, 2025 to investigate and explain the incident, despite the incident occurring on March 5, 2025. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035074	A. Building B. Wing	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Tempe	2525 East Southern Avenue Tempe, AZ 85282

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A telephonic interview was conducted on April 1, 2025 at 11:23 a.m. with a Certified Nursing Assistant (CNA/Staff#17), who stated that, for all types of abuse, staff were required to report immediately per facility policy, and within 2 hours to the nurse, Director of Nursing (DON), and next shift staff if an allegation of abuse was made or suspected. The CNA stated that she answered Resident #30 ' s call light with another CNA (Staff #50) and they prevented the resident from falling out of the bed by helping her move up. The CNA stated that the resident told her you were just rough with me, and their response was to transfer her slower. The CNA stated that she reported the incident immediately to the RN (Staff #4) and that it was for sure within 2 hours of the event. A telephonic interview was attempted with a LNA (Licensed Nursing Assistant/staff #50) who was involved in the incident on March 5, 2025, however there was no response to the call. A telephonic interview was attempted on April 1, 2025 at 11:43 a.m with the RN (staff #71) who was involved in the March 5, 2025 incident, however there was no response to the call. A telephonic interview was attempted on April 1, 2025 at 11:44 a.m with a RN(Staff #4) who was involved in the incident, however there was no response An interview was conducted on April 1, 2025 at 1:50 p.m. with the Director of Nursing (DON/Staff#46) who stated that staff are to report allegations of abuse immediately, however, the facility has 2 hours to report to state agencies for serious bodily injury, and 24 hours for abuse without serious bodily injury. The DON stated that the SW(Staff #7) overheard the resident saying she was yanked out of her bed, and the social worker reported the incident to management later in the afternoon. An interview was conducted on April 1, 2025 at 2:21 p.m. with the Administrator (Admin/Staff#11), who stated that it was her expectation for staff to report abuse immediately, and the facility had 2 hours to report abuse with injury and 24 hours to report abuse with no injury. The administrator stated that the event occurred on March 5, 2025 in the morning, and the facility became aware of the allegation on March 5, 2025 at 5:00 p.m. The administrator also stated that the police were notified on March 6, 2025 at 11:40 a.m., and APS was notified on March 6, 2025 at 10 a.m. The administrator further stated that the allegation was reported to AZDHS on March 6, 2025 at 4:54 p.m., and it was reported 24 hours after the incident occurred. Review of a policy titled, Abuse Prevention Program, revealed that employees were required to report any incident, allegation, or suspicion of potential abuse if they had observed, heard about, or suspected it immediately to the administrator or person in charge of the community. The policy also revealed that any allegation of abuse would be reported to the administrator, AZDHS, and the resident ' s representative as soon as possible within 24 hours. The policy revealed that the timeframe for reporting allegations of abuse was immediately but no later than 2 hours for abuse with serious bodily injury, and all others no later than 24 hours after forming the suspicion. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035074	A. Building B. Wing	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Tempe	2525 East Southern Avenue Tempe, AZ 85282

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of §483.12(c)(1) in the State Operations Manual, Appendix PP, revealed that the facility should ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035074	A. Building B. Wing	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Tempe	2525 East Southern Avenue Tempe, AZ 85282

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, observations, and facility documentation, staff interviews and policy review, the facility failed to ensure professional standards of quality were met regarding accurate documentation for one of three sampled residents (#24). The deficient practice could result in residents' clinical record not being accurate and complete. Findings include : Resident #24 was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation, hypertension, pacemaker, and anemia. A quarterly Minimum Data Sheet (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The clinical record dated February 14, 2025 through February 16, 2025, revealed no evidence of the resident ' s allegation of abuse that occurred on February 14, 2025, despite the facility investigation regarding abuse on February 14, 2025. A facility allegation record, dated February 14, 2025 revealed that Resident #24 reported to a RN(staff #112) that on February 14, 2025, a Certified Nurse Assistant (CNA/staff #55) was rude, loud and told Resident #24 that she had a big butt while providing personal care. An interview was conducted on April 1, 2025 at 2:32 p.m. with the Director of Nursing (DON/staff #46), who stated that the facility investigated the complaint as verbal abuse, therefore due to protecting residents' confidentiality the allegation was not recorded in the clinical record. She stated that the facility never records such allegations in the clinical records because all staff have access to it, therefore the facility investigates it separately in confidentiality. An interview was conducted on April 1, 2025 at 1:38 pm with a Registered Nurse (RN/staff #100), who stated it is important to document allegations like verbal abuse in the clinical record for resident safety and care. A policy titled, Abuse Prevention Program, revealed that resident and resident representative concerns will be recorded, reviewed and addressed. All incidents will be documented, whether or not abuse occurred, was alleged or suspected.