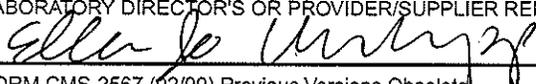


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165081	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Friendship Village Retirement			STREET ADDRESS, CITY, STATE, ZIP CODE 600 Park Lane , Waterloo, Iowa, 50702	
(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
F0000 	INITIAL COMMENTS Correction Date: <u>9/24/2025</u>  The following deficiencies resulted from the facility's annual recertification survey and the investigation into facility reported incident #2619855 conducted 9/22/25 - 11/17/25.  Facility reported incident #2619855 did not result in a deficiency.  See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000	Please accept this plan of correction as the facility's credible allegation of compliance.	
F0641 SS = D	Accuracy of Assessments  CFR(s): 483.20(g)(h)(i)(j)  §483.20(g) Accuracy of Assessments.  The assessment must accurately reflect the resident's status.  §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.  §483.20(i) Certification.  §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed.  §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.  §483.20(j) Penalty for Falsification.  §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly-  (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty	F0641	F 641  The MDS Assessment was corrected immediately after the error was identified on 9/24/25. Every MDS Assessment will be audited by the Director of Nursing or the Administrator before it is submitted. Any errors will be corrected before submission.  Any issues will be reviewed by the QA/QAPI team. Audits will continue as deemed necessary by the QA/QAPI team.  Compliance was achieved as of 9/24/25.	

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 reverse for further 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 Administrator	(X6) DATE 11/18/25
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165081	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/17/2025
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F0641 SS = D	<p>Continued from page 1 of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on Electronic Health Record (EHR) review, the Centers for Medicare and Medicaid Services (CMS) Long term Care (LTC) Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, and staff interviews the facility failed to accurately code 1 of 1 resident (Resident #9) Minimum Data Set (MDS) assessment for hospice services during the look back period. The facility reported a census of 66.</p> <p>Findings include:</p> <p>Resident #9's MDS Assessment dated 9/9/25 lacked documentation for hospice care. The MDS documented diagnoses of coronary artery disease (poor blood flow from the heart), hypertension (high blood pressure), peripheral vascular disease (poor blood flow in the blood vessels returning to the heart), hyperlipidemia (high bad cholesterol) and depression. The MDS Coordinator electronically signed the MDS on 9/10/25 verifying assessment completion.</p> <p>In an interview on 9/24/25 at 4:02 PM, the MDS Coordinator acknowledged she is responsible for completing the MDS assessments. The MDS Coordinator identified Resident #9 received hospice care. The MDS Coordinator stated the MDS assessment dated 9/9/25 missed coding hospice care for Resident #9. The MDS Coordinator acknowledged she followed the RAI manual for coding MDS assessments.</p> <p>In an interview on 9/24/25 at 4:10 PM, the Director of Nursing (DON) acknowledged the MDS assessment dated 9/9/24 lacked documentation for hospice care. The DON verbalized she expected the MDS assessments completed accurately.</p> <p>The Centers for Medicare and Medicaid Services (CMS) Long term Care (LTC) Facility Resident Assessment Instrument (RAI) 3.0 User's Manual Version 1.20.1 October 2025 instructed to code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the</p>	F0641		

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F0641 SS = D	Continued from page 2 palliation and management of terminal illness and related conditions.	F0641		