DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS F	OR MEDICARE & MEDICAID SERVICES			"A" FORM
STATEMENT C	DF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:
		345474	B. WING	11/1/2013
NAME OF PROVIDER OR SUPPLIER FRIENDS HOMES WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 6100 W FRIENDLY AVENUE GREENSBORO, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN	ICIES		
F 500	483.75(h) OUTSIDE PROFESSIONAL RESOURCES-ARRANGE/AGRMNT If the facility does not employ a qualified professional person to furnish a specific service to be provided by			
	the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or an agreement described in paragraph (h)(2) of this section.			
	Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and the timeliness of the services.			
	This REQUIREMENT is not met as evidenced by: Based on record review and interview with staff the facility failed to obtain from an outside resource a written agreement for dialysis services. Findings included.			
	Review of the Resident Census and Condition of Residents form dated 10/30/13 revealed the facility currently had (one) 1 resident residing in the facility who received hemodialysis treatments.			
	Review of the facility contracts revealed no contract or agreement for dialysis services outside of the facility.			
	Interview with the administrator on 11/1/13 at 5:45 pm revealed the facility did not have a contract for dialysis services.			

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

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