

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

PRINTED: 05/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/05/2021
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
(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	
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 5/4/21 through 5/5/21. Two complaints (VA00051064-substantiated with deficiency, VA00051359-substantiated with deficiency) were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 120 certified bed facility was 98 at the time of the survey. The survey sample consisted of 5 current resident reviews (Residents #1 through #5).	F 000	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, clinical record review, and in the course of complaint investigation, it was determined that the facility staff failed to provide ADL (activities of daily living) care for two of 5 residents in the survey sample, Residents #1 and #2. Resident #1, who is coded as requiring physical help from staff in bathing activity, was not provided full bathing/showers by facility staff between 2/24/21 until 3/3/21, a period of 7 days and from 4/14/21 until 4/21/21, a period of 7 days, and Resident #2, who is coded as dependent on staff for bathing, was not provided full bathing/showers by facility staff from 2/4/21 until	F 677	1. Residents #1, and #2 have been receiving their routine shower on their shower days and plans of care have been updated to address the residents' shower needs and preferences, to include residents' rights to refuse care. 2. An audit has been performed on all residents of receiving their showers on their regular scheduled shower days. Any residents found to have not received a shower have been offered the appropriate ADL care and those residents' plans of care have been updated to address the residents' needs and	5/21/21	

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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F 677	<p>Continued From page 1</p> <p>2/15/21, a period of 11 days, and from 2/15/21 until 2/22/21, a period of 7 days.</p> <p>The findings include:</p> <p>1. Resident #1 was admitted to the facility on 9/29/20. Resident #1's diagnoses included but were not limited to diabetes, asthma and low back pain. Resident #1's quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 4/14/21, coded the resident as cognitively intact, scoring 15 out of a possible 15 on the brief interview for mental status. Section G coded Resident #1 as requiring physical help in part of bathing activity.</p> <p>Resident #1's comprehensive care plan dated 9/30/20 documented, "(Resident #1) has the potential for ADL self-care performance (sic) r/t (related to) OA (osteoarthritis), lumbar spinal stenosis, asthma, COPD (chronic obstructive pulmonary disease) (lung disease), low back pain, and muscle weakness." The care plan failed to document specific information regarding baths and showers.</p> <p>Review of Resident #1's clinical record revealed a physician's order dated 2/6/21 that documented the charge nurse had to sign off acknowledging the resident's bath was completed on day shift every Wednesday and Saturday.</p> <p>Review of Resident #1's February and April 2021 TARs (treatment administration records) revealed a bath was scheduled and not documented as being given on 2/27/21 and 4/17/21. A nurse's note dated 2/27/21 documented Resident #1's bath was not completed. A nurse's note dated 4/17/21 documented the bath order but no further</p>	F 677	<p>preferences, to include residents' rights to refuse care.</p> <p>3. The Director of Nursing/Designee will reeducate CNAs, LPNs, and RNs on the importance of offering and giving showers and residents' rights to refuse care. This education will include, but not be limited to, offering showers on shower days and giving showers on shower days and updating plans of care to address individual residents' shower preferences.</p> <p>4. The Director of Nursing/Designee will develop a shower tracking log to ensure the residents' needs of showers are being done on the residents' scheduled shower days. The Director of Nursing/Designee will perform a daily tracking assessment/audit on all scheduled showers for 6 weeks. The Director of Nursing/Designee will identify any issues, patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p>		

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F 677	<p>Continued From page 2 information.</p> <p>Further review of Resident #1's clinical record, including the TAR, ADL (activity of daily living) documentation and nurses' notes for February 2021 and April 2021, failed to reveal that Resident #1 was provided full bathing/showers from 2/24/21 until 3/3/21, a period of 7 days, and from 4/14/21 until 4/21/21, a period of 7 days.</p> <p>On 5/4/21 at 10:59 a.m., an interview was conducted with Resident #1. Resident #1 stated sometimes she does not receive her showers because the facility "does not have enough help."</p> <p>On 5/5/21 at 10:49 a.m., a telephone interview was conducted with RN (registered nurse) #2. RN #2 stated Resident #1 did not always receive baths/showers as scheduled because the facility was short staffed.</p> <p>On 5/5/21 at 3:15 p.m., ASM (administrative staff member) #1 was made aware of the above concern.</p> <p>The facility policy regarding showering a resident failed to document information about how often full bathing/showers should occur. On 5/5/21 at 2:08 p.m., ASM #2 documented the facility follows CMS (Centers for Medicare and Medicaid Services) guidelines for twice a week.</p> <p>No further information was presented prior to exit.</p> <p>COMPLAINT DEFICIENCY</p> <p>2. Resident #2 was admitted to the facility on 1/31/17. Resident #2's diagnoses included but</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>were not limited to congestive heart failure, chronic kidney disease and urinary tract infection. Resident #2's quarterly MDS (minimum data set) with an ARD (assessment reference date) of 4/26/21, coded the resident as being cognitively intact, scoring 15 out of a possible 15 on the brief interview for mental status. Section G coded Resident #2 as being totally dependent on staff for bathing.</p> <p>Resident #2's comprehensive care plan dated 2/1/17 documented, "(Resident #2) has the potential for ADL self-care performance deficit r/t (related to) Psychotic disorder with hallucinations, osteoarthritis, chronic pain, muscle weakness." The care plan failed to document specific information regarding baths and showers.</p> <p>Review of Resident #2's clinical record revealed a physician's order dated 12/11/20 that documented the charge nurse had to sign off acknowledging the resident's bath was completed on day shift every Monday and Thursday.</p> <p>Review of Resident #2's February 2021 TARs (treatment administration records) revealed a bath was scheduled and not documented as being given on 2/8/21, 2/11/21 and 2/18/21. A nurse's note dated 2/8/21 documented Resident #2's bath was not given. A nurse's note dated 2/11/21 documented Resident #2's bath was not administered. A nurse's note dated 2/18/21 documented Resident #2's bath was not performed.</p> <p>Further review of Resident #2's clinical record, including the TAR, ADL documentation and nurses' notes for February 2021, failed to reveal that Resident #2 was provided a full bath and/or</p>	F 677			

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F 677	Continued From page 4 shower from 2/4/21 until 2/15/21, a period of 11 days, and from 2/15/21 until 2/22/21, a period of 7 days. On 5/4/21 at 11:40 a.m., an interview was conducted with Resident #2. Resident #2 stated that in the past, there was "Not a lot of help" and she was not getting her baths. On 5/5/21 at 10:12 a.m., a telephone interview was conducted with LPN (licensed practical nurse) #3. LPN #3 stated that at times, there were only two CNAs during day shift on Resident #2's unit (a 60 bed unit). LPN #3 stated the CNAs tried to give showers and baths but sometimes Resident #2 did not receive her baths. On 5/5/21 at 3:15 p.m., ASM (administrative staff member) #1 was made aware of the above concern. No further information was presented prior to exit.	F 677	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.		
F 725 SS=E	COMPLAINT DEFICIENCY Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required	F 725	1. Residents #1, and #2 have been receiving their routine shower on their shower days and plans of care have been updated to address the residents' shower needs and preferences, to include residents' rights to refuse care. 2. An audit has been performed on all residents to ensure they have received their showers on their regular scheduled shower days. A	5/21/21	

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F 725	<p>Continued From page 5 at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, clinical record review, facility document review and in the course of complaint investigation, it was determined that the facility staff failed to maintain sufficient nursing staff for two of 5 residents in the survey sample, Residents #1 and #2.</p> <p>Due to insufficient CNA (certified nursing assistant) staffing, the facility staff failed to provide full bathing/showers for Resident #1 between 2/24/21 until 3/3/21, a period of 7 days, and from 4/14/21 until 4/21/21, a period of 7 days, and failed to provide full bathing/showers for Resident #2 from 2/4/21 until 2/15/21, a period of 11 days, and from 2/15/21 until 2/22/21, a period of 7 days.</p> <p>The findings include:</p> <p>1. Due to Insufficient CNA staffing, the facility staff</p>	F 725	<p>shower team has been hired to perform showers and ADL needs for residents. Those residents' plans of care have been updated to address the residents' needs and preferences, to include residents' rights to refuse care.</p> <p>3. The Director of Nursing/Designee has educated the shower team on the importance of offering and giving showers, proper way of giving ADL care, and residents' rights to refuse care. This education had included, but was not be limited to, offering showers on shower days and giving showers on shower days and updating plans of care to address individual residents' shower preferences.</p> <p>4. The Director of Nursing/Designee will develop a shower tracking log to ensure the shower team is able to meet the residents' needs of showers and that showers are being done on the residents' scheduled shower days. The Director of Nursing/Designee will perform a daily tracking assessment/audit on all scheduled showers for 6 weeks.</p>		

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F 725	<p>Continued From page 6</p> <p>failed to provide full bathing/showers for Resident #1 from 2/24/21 until 3/3/21, a period of 7 days and from 4/14/21 until 4/21/21, a period of 7 days.</p> <p>Resident #1 was admitted to the facility on 9/29/20. Resident #1's diagnoses included but were not limited to diabetes, asthma and low back pain. Resident #1's quarterly MDS (minimum data set) assessment with an ARD (assessment reference date) of 4/14/21, coded the resident as cognitively intact, scoring 15 out of a possible 15 on the brief interview for mental status. Section G coded Resident #1 as requiring physical help in part of bathing activity.</p> <p>Resident #1's comprehensive care plan dated 9/30/20 documented, "(Resident #1) has the potential for ADL self-care performance (sic) r/t (related to) OA (osteoarthritis), lumbar spinal stenosis, asthma, COPD (chronic obstructive pulmonary disease) (lung disease), low back pain, and muscle weakness." The care plan failed to document specific information regarding baths and showers.</p> <p>Review of Resident #1's clinical record revealed a physician's order dated 2/6/21 that documented the charge nurse had to sign off acknowledging the resident's bath was completed on day shift every Wednesday and Saturday.</p> <p>Review of Resident #1's February and April 2021 TARs (treatment administration records) revealed a bath was scheduled and not documented as being given on 2/27/21 and 4/17/21. A nurse's note dated 2/27/21 documented Resident #1's bath was not completed. A nurse's note dated 4/17/21 documented the bath order but no further information.</p>	F 725	<p>The Director of Nursing/Designee will identify any issues, patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p>		

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F 725	<p>Continued From page 7</p> <p>Further review of Resident #1's clinical record, including the TAR, ADL (activities of daily living) documentation and nurses' notes for February 2021 and April 2021, failed to reveal that Resident #1 was provided full bathing/showers from 2/24/21 until 3/3/21, a period of 7 days, and from 4/14/21 until 4/21/21, a period of 7 days.</p> <p>Review of a nursing staff schedule for 2/27/21 revealed two CNAs were scheduled for day shift on Resident #1's unit (a 60 bed unit) and another CNA was scheduled on day shift but was scheduled to float between Resident #1's unit and the other unit. Review of a nursing staff schedule for 4/17/21 revealed three CNAs were scheduled for day shift on Resident #1's unit.</p> <p>On 5/4/21 at 10:59 a.m., an interview was conducted with Resident #1. Resident #1 stated sometimes she does not receive her showers because the facility "does not have enough help."</p> <p>On 5/5/21 at 9:25 a.m., a telephone interview was conducted with CNA #1. CNA #1 stated some days the facility had been short staffed with CNAs and residents did not receive showers but the CNAs did the best they could to care for the residents.</p> <p>On 5/5/21 at 10:26 a.m., a telephone interview was conducted with OSM (other staff member) #1, the nursing scheduling coordinator. OSM #1 stated she tries to schedule six CNAs for each unit during the day shift, the shift responsible for Resident #1's showers. OSM #1 stated the facility had been "Short on CNAs" but she was posting job offerings on social media and agency staff had been hired so staffing was getting</p>	F 725			

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F 725	<p>Continued From page 8 better.</p> <p>On 5/5/21 at 10:49 a.m., a telephone interview was conducted with RN (registered nurse) #2. RN #2 stated Resident #1 did not always receive baths/showers as scheduled because the facility was short staffed. RN #2 stated she thought the facility has now hired agency staff but in the past, there were not enough CNAs to complete residents' baths/showers.</p> <p>On 5/5/21 at 3:15 p.m., ASM (administrative staff member) #1 was made aware of the above concern.</p> <p>The facility staffing policy documented, "Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment."</p> <p>No further information was presented prior to exit.</p> <p>COMPLAINT DEFICIENCY</p> <p>2. The facility staff failed to provide full bathing/showers for Resident #2 from 2/4/21 until 2/15/21, a period of 11 days, and from 2/15/21 until 2/22/21, a period of 7 days.</p> <p>Resident #2 was admitted to the facility on 1/31/17. Resident #2's diagnoses included but were not limited to congestive heart failure, chronic kidney disease and urinary tract infection. Resident #2's quarterly MDS (minimum data set) with an ARD (assessment reference date) of 4/26/21, coded the resident as being cognitively intact, scoring 15 out of a possible 15 on the brief</p>	F 725			

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F 725	<p>Continued From page 9</p> <p>interview for mental status. Section G coded Resident #2 as being totally dependent on staff for bathing.</p> <p>Resident #2's comprehensive care plan dated 2/1/17 documented, "(Resident #2) has the potential for ADL self-care performance deficit r/t (related to) Psychotic disorder with hallucinations, osteoarthritis, chronic pain, muscle weakness." The care plan failed to document specific information regarding baths and showers.</p> <p>Review of Resident #2's clinical record revealed a physician's order dated 12/11/20 that documented the charge nurse had to sign off acknowledging the resident's bath was completed on day shift every Monday and Thursday.</p> <p>Review of Resident #2's February 2021 TARs (treatment administration records) revealed a bath was scheduled and not documented as being given on 2/8/21, 2/11/21 and 2/18/21. A nurse's note dated 2/8/21 documented Resident #2's bath was not given. A nurse's note dated 2/11/21 documented Resident #2's bath was not administered. A nurse's note dated 2/18/21 documented Resident #2's bath was not performed.</p> <p>Further review of Resident #2's clinical record, including the TAR, ADL documentation and nurses' notes for February 2021, failed to reveal that Resident #2 was provided a full bath and/or shower from 2/4/21 until 2/15/21, a period of 11 days, and from 2/15/21 until 2/22/21, a period of 7 days.</p> <p>Review of a nursing staff schedule for 2/8/21 revealed two CNAs and a restorative aide were</p>	F 725			

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(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	
F 725	<p>Continued From page 10</p> <p>scheduled for day shift on Resident #2's unit (a 60 bed unit). Review of a nursing staff schedule for 2/11/21 revealed two CNAs and a restorative aide were scheduled for day shift on Resident #2's unit. Review of a nursing staff schedule for 2/18/21 revealed two CNAs and a restorative aide were scheduled for day shift on Resident #2's unit.</p> <p>On 5/4/21 at 11:40 a.m., an interview was conducted with Resident #2. Resident #2 stated that in the past, there was "Not a lot of help" and she was not getting her baths.</p> <p>On 5/5/21 at 9:25 a.m., a telephone interview was conducted with CNA #1. CNA #1 stated some days the facility had been short staffed with CNAs and residents did not receive showers but the CNAs did the best they could to care for the residents.</p> <p>On 5/5/21 at 10:12 a.m., a telephone interview was conducted with LPN (licensed practical nurse) #3. LPN #3 stated at one point the facility was really struggling with staffing because several employees quit at the same time. LPN #3 stated that at times, there were only two CNAs during day shift on Resident #2's unit. LPN #3 stated the CNAs tried to give showers and baths but sometimes Resident #2 did not receive her baths.</p> <p>On 5/5/21 at 10:26 a.m., a telephone interview was conducted with OSM (other staff member) #1, the nursing scheduling coordinator. OSM #1 stated she tries to schedule six CNAs for each unit during the day shift, the shift responsible for Resident #2's showers. OSM #1 stated the facility had been "Short on CNAs" but she was</p>	F 725			

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

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F 725	<p>Continued From page 11</p> <p>posting job offerings on social media and agency staff had been hired so staffing was getting better.</p> <p>On 5/5/21 at 3:15 p.m., ASM (administrative staff member) #1 was made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>COMPLAINT DEFICIENCY</p>	F 725			