

PRINTED: 02/16/2022  
FORM APPROVED

## State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  02/08/2022
NAME OF PROVIDER OR SUPPLIER  SKYVIEW SPRINGS REHAB AND NURSING CE		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) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure inspection was conducted 2/6/22 through 2/8/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 120 certified bed facility was 105 at the time of the survey. The survey sample consisted of forty-eight current residents and three closed record reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: 12 VAC 5 - 371 - 140 D.12 - cross references to Federal Deficiency F 577 12 VAC 5 - 371 - 220 D - cross references to Federal Deficiency F 677 12 VAC 5 - 371 - 220 C.1 - cross references to Federal Deficiency F 686 12 VAC 5 - 371 - 370 A - cross references to Federal Deficiency F 700 12 VAC 5 - 371 - 200 B.3. - cross references to Federal Deficiency F 730 12 VAC 5 0 371 - 210 .4 -cross references to Federal Deficiency F 732 12 VAC 5 - 371 - 370 A - cross references to Federal Deficiency F 909 12 VAC 5 - 371 - 200 B.3 - cross references to Federal Deficiency F 947  12VAC5-371-140. Policies and procedures Cross reference to F842  12VAC5-371-360. Clinical records Cross reference to F842	F 001	Cross reference to F 577  Cross reference to F 677  Cross reference to F 686  Cross reference to F 700  Cross reference to F 730  Cross reference to F 732  Cross reference to F 909  Cross reference to F 947  Cross reference to F 842  Cross reference to F 842	

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FEB 25 2022  
VDH/OLC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

State of Virginia

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F 001	Continued From page 1  Safety and emergency procedures 12VAC5-371-190A, B cross reference to E007, E0018, E0034, E0036, E0037, E0041  Nursing services. 12VAC5-371-220 B. cross reference to F689, F695, F697  Resident assessment and care planning. 12VAC5-371-250 G cross reference to F656 12VAC5-371-180. Infection control cross reference to F883.  12VAC5-371-180. Infection control cross reference to F888. Resident Rights 12VAC5-371-150 A Resident rights cross reference to F584.  Nursing Services 12VAC5-371-220 B cross reference to F695.  State tag cross reference  Resident Assessments Accuracy of Assessments 483.20(g) under 483.20 cross referenced to F641  Quality of Care Free of Accident/Hazards/Supervision/Devices" 483.25(d)(1)(2) under 483.25 cross referenced to F689	F 001	Cross reference to E007 E0018, E0034, E0036, E0037, E0041  Cross reference to F689, F695, F697  Cross reference to F656, F883  Cross reference to F888, F584  Cross reference to F696  Cross reference to F641  Cross reference to F689	