

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

PRINTED: 09/30/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/22/2022
NAME OF PROVIDER OR SUPPLIER SKYLINE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 237 FRANKLIN PIKE ROAD, SE FLOYD, VA 24091		
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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 9/20/22 through 9/22/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid survey was conducted 9/20/22 through 9/22/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One (1) complaint was investigated during the survey: VA00053081 - Substantiated without deficient practice. The Life Safety Code survey/report will follow. The census in this 90 certified bed facility was 83 at the time of the survey. The survey sample consisted of 18 current resident reviews and 2 closed record reviews.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial	F 580			

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

TITLE

(X6) DATE

Jason Schumann NHA

10/6/2022

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 580	<p>Continued From page 1</p> <p>status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews, clinical record review, and</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>facility document review, the facility staff failed to ensure a resident's medical provider and/or responsible party (RP) was notified of a significant weight loss for one (1) of 20 sampled residents, Resident #9.</p> <p>For Resident #9, the facility staff failed to notify the resident's medical provider and/or responsible party (RP) of the resident's following weight changes: on 7/1/22 Resident #9's weight was documented as 121.4 pounds; on 7/5/22 Resident #9's weight was documented as 121.4 pounds; and on 8/2/22 Resident #9's weight was documented as 114.6 pounds.</p> <p>The findings include:</p> <p>Resident #9's clinical documentation failed to provide evidence of medical provider and/or responsible party (RP) notification of the resident's aforementioned weight loss.</p> <p>Resident #9's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 7/1/22, was dated as completed on 7/7/22. Resident #9 was assessed as sometimes able to make self understood and sometimes able to understand others. Resident #9 was assessed as having short-term memory problems and long-term memory problems. Resident #9 was documented as requiring assistance with bed mobility, dressing, and toilet use. Resident #9 was documented as being dependent on others for personal hygiene and bathing. Resident #9's diagnoses included, but were not limited to: anemia, heart disease, high blood pressure, kidney disease, malnutrition, and dementia.</p> <p>The following information was found in a facility</p>	F 580	<p>F 580 Notification of Change</p> <ol style="list-style-type: none"> 1. The facility notified Resident #9's RP and MD of her current weight. The medical team recommended adding a magic cup twice daily as a supplement as a new intervention. 2. All residents with significant weight change have the potential to be impacted by the alleged deficient practice. A quality review will be completed of weights since September 1, 2022 to ensure residents/RPs and the medical team have been notified of significant changes. 3. Licensed nurses will be re-educated regarding resident/RP/medical team notification of significant changes with weights and documentation in the medical record as indicated. The IDT will review in the weekly care meeting that residents/RP/medical team have been notified of significant weight changes and that documentation in the medical record supports actions. 4. The DCS/designee will complete quality monitoring of resident/RP/medical team significant weight change notification weekly x 6 weeks. The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with the quarterly monitoring by the RDCS/designee 	10/21/2022	

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F 580	<p>Continued From page 3</p> <p>policy titled "Notification of Change in Condition" (with a revision date of 12/16/20):</p> <ul style="list-style-type: none"> - "POLICY: The Center to promptly notify the Patient / Resident, the attending physician, and the Resident Representative when there is a change in the status or condition." - "The nurse to notify the attending physician and Resident Representative when there is a(n): ... Significant change in the patient / resident's physical, mental, or psychosocial status ..." - "Notify the patient / resident and the resident representative of the change in condition. Document notification in the medical chart." <p>On 9/22/22 at 1:57 p.m., the facility's Director of Nursing (DON) was interviewed about Resident #9's aforementioned weight loss. The DON acknowledge the weight loss was a significant change in the resident's weight. The DON reported neither the resident's medical provider nor the resident's responsible party had been notified of the weight loss.</p> <p>On 9/22/22 at 4:06 p.m., the failure of the facility staff to notify Resident #9's medical provider and/or responsible party of the resident's significant weight loss was discussed during a survey team meeting with the facility's Administrator, DON, Nurse Consultant, and Infection Preventionist. No additional information related to this issue was provided prior to the conclusion of the survey.</p>	F 580			
F 623 SS=D	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p>	F 623			

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F 623	<p>Continued From page 4</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written</p>	F 623			

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F 623	Continued From page 5 notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information	F 623	F623-Transfer and Discharge Requirements 1. The facility recognizes that it was unable to provide complete hospital documentation for Resident #32. 2. All residents that are transferred to the hospital are at risk to be impacted by the alleged deficient practice. A quality review will be conducted by the DCS of residents discharged to the hospital since September 1 to gauge hospital transfer documentation. 3. Licensed nurses will be re-educated by the DCS/designee related to hospital transfer documentation required upon discharge. The IDT will review hospital transfers in the am meeting to ensure hospital transfer documentation was provided to the hospital. 4. The ED/designee will conduct quality monitoring of transferred residents' medical records to ensure proper documentation was provided to the hospital weekly x 6 weeks. The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with the quarterly monitoring by the RDCS/designee.	10/21/2022	

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F 623	<p>Continued From page 6 becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility document review, the facility staff failed to provide notice in writing to the resident and resident representative prior to a facility transfer or discharge for 1 of 20 residents in the survey sample, Resident #32.</p> <p>For Resident #32, the facility failed to provide the resident written notice to include the reason for the move prior to transfer to an acute care hospital.</p> <p>The findings included:</p> <p>Resident #32's diagnosis list indicated diagnoses, which included, but not limited to Methicillin Susceptible Staphylococcus Aureus Infection, Rheumatoid Arthritis, Atrial Fibrillation, Essential Hypertension, and Mediastinitis.</p> <p>The admission minimum data set (MDS) with an assessment reference date (ARD) of 8/08/22 assigned the resident a brief interview for mental status (BIMS) summary score of 15 out of 15 indicating the resident was cognitively intact.</p>	F 623			

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F 623	Continued From page 7 A review of Resident #32's clinical record revealed the resident was transferred to an acute care hospital on 8/18/22. On 9/21/22 at 2:56 pm, surveyor spoke with the Director of Nursing (DON) who stated they did not have documentation of a written notice of transfer provided to the resident, staff did a Change of Condition assessment instead of a Notice of Discharge. Surveyor requested and received the facility policy entitled "Transfer/Discharge Notification & Right to Appeal" which read in part " ...Notice Before Transfer: Before a center transfers or discharges a resident the center must: Notify the resident and resident representative(s) of the transfer or discharge and the reasons for the move in writing (in a language and manner they understand) ..." On 9/21/22 at 3:32 pm, survey team met with the administrator, DON, Infection Preventionist, and Regional Nurse Consultant and discussed the concern of the facility staff failing to provide written notice of transfer to Resident #32 prior to transfer to an acute care hospital. No further information regarding this concern was presented to the survey team prior to the exit conference on 9/22/22.	F 623			
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a	F 625			

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F 625	<p>Continued From page 8</p> <p>nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to provide written bed hold policy information to the resident or resident representative prior to transfer for 1 of 20 residents in the survey sample, Resident #32.</p> <p>For Resident #32, the facility failed to provide the resident written bed hold policy information prior to transfer to an acute care hospital.</p> <p>The findings included:</p>	F 625	<p>F625-Notice of Bed Hold Policy Before/Upon Transfer</p> <ol style="list-style-type: none"> 1. The facility recognizes that it was unable to provide evidence of an offered bed hold for Resident #32 upon transfer to the hospital. 2. All residents transferred to the hospital are at risk to be impacted by the alleged deficient practice. A quality review will be conducted by the DCS/designee of hospital transfers since September 1 to gauge compliance with bed hold policy. 3. Licensed nurses will be re-educated by the DCS/designee related to the bed hold policy and documentation. The IDT will review hospital transfers in the am meeting to ensure proper bed hold notice was provided to the resident. 4. The ED/designee will complete quality monitoring of bed hold notifications weekly x 6 weeks. The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with the quarterly monitoring by the RDSCS/designee. 	10/21/2022	

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F 625	<p>Continued From page 9</p> <p>Resident #32's diagnosis list indicated diagnoses, which included, but not limited to Methicillin Susceptible Staphylococcus Aureus Infection, Rheumatoid Arthritis, Atrial Fibrillation, Essential Hypertension, and Mediastinitis.</p> <p>The admission minimum data set (MDS) with an assessment reference date (ARD) of 8/08/22 assigned the resident a brief interview for mental status (BIMS) summary score of 15 out of 15 indicating the resident was cognitively intact.</p> <p>A review of Resident #32's clinical record revealed the resident was transferred to an acute care hospital on 8/18/22.</p> <p>On 9/21/22 at 2:56 pm, surveyor spoke with the Director of Nursing (DON) who stated they did not have documentation of bed hold information being provided to Resident #32.</p> <p>Surveyor requested and received the facility policy entitled "Bed Hold" which read in part " ...At the time of transfer to the hospital or therapeutic leave, the center will provide a copy of notification of bed hold ..."</p> <p>On 9/21/22 at 3:32 pm, survey team met with the administrator, DON, Infection Preventionist, and Regional Nurse Consultant and discussed the concern of the facility staff failing to provide bed hold information to Resident #32 when transferred to an acute care hospital.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 9/22/22.</p>	F 625			

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F 692 F 692 SS=D	Continued From page 10 Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on interviews, clinical record review, and facility document review, the facility staff failed to address a significant weight loss for one (1) of 20 sampled residents, Resident #9. For Resident #9, the facility staff failed to address the resident's following weight changes: on 7/1/22 Resident #9's weight was documented as 121.4 pounds; on 7/5/22 Resident #9's weight was documented as 121.4 pounds; and on 8/2/22 Resident #9's weight was documented as 114.6 pounds.	F 692 F 692	F 692 Nutrition and Hydration Status Maintenance 1. Resident #9 had a new weight obtained and the MD/NP was notified and a new intervention magic cup twice daily was initiated and her RP was notified. 2. All residents with weight loss have the potential to be impacted by the alleged deficient practice. A quality review will be completed of weights since September 1, 2022 to ensure significant changes have been discussed with the medical provider/RP and interventions put into place as indicated and documentation made in the medical record to support actions. 3. Licensed nurses will be re-educated regarding notifying medical team/RP with significant weight changes and interventions implemented as indicated with supporting documentation in the medical record. The IDT will discuss weight changes in the weekly care meeting and ensure that changes requiring medical team intervention are followed up on and that residents/RPs will be notified of changes. 4. The DCS/designee will complete quality monitoring of significant weight changes and resident/RP/medical team notifications weekly x 6 weeks. The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with the quarterly monitoring by the RD/CS/designee	10/21/2022	

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/22/2022
NAME OF PROVIDER OR SUPPLIER SKYLINE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 237 FRANKLIN PIKE ROAD, SE FLOYD, VA 24091		
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F 692	<p>Continued From page 11</p> <p>The findings include:</p> <p>The facility staff failed to notify a medical provider of Resident #9's aforementioned weight loss. The facility staff failed to address Resident #9's aforementioned weight loss. No evidence was found to indicate Resident #9's weight loss was evaluated by a medical provider and/or a registered dietitian.</p> <p>Resident #9's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 7/1/22, was dated as completed on 7/7/22. Resident #9 was assessed as sometimes able to make self understood and sometimes able to understand others. Resident #9 was assessed as having short-term memory problems and long-term memory problems. Resident #9 was documented as requiring assistance with bed mobility, dressing, and toilet use. Resident #9 was documented as being dependent on others for personal hygiene and bathing. Resident #9's diagnoses included, but were not limited to: anemia, heart disease, high blood pressure, kidney disease, malnutrition, and dementia.</p> <p>The following information was found in a facility policy titled "Weighing the Resident" (with a revision date of 10/4/21): "Record weight and alert nurse to any significant change. Nurse to notify the physician of any significant weight change ... Consult with the Director of Dietary Services and/or dietitian ... Notify the Interdisciplinary Team in order to update the plan of care." On 9/22/22 at 11:23 a.m., the Director of Nursing (DON) reported the facility did not have a policy detailing the definition of a significant change in weight for a resident.</p>	F 692			

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F 692	<p>Continued From page 12</p> <p>On 9/22/22 at 1:57 p.m., the facility's Director of Nursing (DON) was interviewed about Resident #9's aforementioned weight loss. The DON acknowledge the weight loss was a significant change in the resident's weight. The DON reported neither the resident's medical provider nor the resident's responsible party had been notified of the weight loss. The DON reported a dietary supplement was implemented prior to the resident's weight loss; the DON acknowledged no evidence was found to indicate Resident #9's aforementioned weight loss was addressed by facility staff members.</p> <p>On 9/22/22 at 4:06 p.m., the failure to ensure Resident #9's significant weight loss was addressed by facility staff was discussed during a survey team meeting with the facility's Administrator, DON, Nurse Consultant, and Infection Preventionist. No additional information related to this issue was provided prior to the conclusion of the survey.</p>	F 692			