FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING VA0225 09/22/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 FRANKLIN PIKE ROAD, SE SKYLINE NURSING & REHABILITATION CENTER FLOYD, VA 24091 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 12 VAC 5-371-220 (H) 10/21/2022 F 000 Initial Comments F 000 1. The facility notified Resident #9's RP and MD of her current weight. The medical team An unannounced biennial State Licensure recommended adding a magic cup twice daily as a Inspection was conducted 9/20/2022 through supplement as a new intervention. 9/22/2022. The facility was not in substantial 2. All residents with significant weight change compliance with Virginia Rules and Regulations have the potential to be impacted by the alleged for the Licensure of Nursing Facilities. deficient practice. A quality review will be completed Corrections are required. of weights since September 1, 2022 to ensure residents/RPs and the medical team have been The census in this 90 certified bed facility was 83 notified of significant changes. at the time of the survey. The survey sample 3. Licensed nurses will be re-educated regarding resident/RP/medical team notification of significant consisted of 18 current resident reviews and 2 changes with weights and documentation in the closed record reviews. medical record as indicated. The IDT will review in the weekly care meeting that residents/RP/medical F 001 Non Compliance F 001 team have been notified of significant weight changes and that documentation in the medical record The facility was out of compliance with the supports actions. following state licensure requirements: 4. The DCS/designee will complete quality monitoring of resident/RP/medical team significant weight change This RULE: is not met as evidenced by: notification weekly x 6 weeks. The findings of these The facility was not in compliance with the quality monitorings to be reported to the Quality following Virginia Rules and Regulations for Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based Licensure of Nursing Facilities: on findings with the quarterly monitoring by the RDCS/des **Nursing Services** ignee 12 VAC 5-371-220 (H) - cross reference to F-580 12 VAC 5-371-220 (A) and (C) - cross reference to F-692

LABORATORY	DIRECTOR'S	OR PROVIDER/	SUPPLIER RE	EPRESENTATIVE	'S SIGNATURE

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(X6) DATE

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10/6/2022 If continuation sheet 1 of 1 State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0225		B. WING		09/2	; 2/2022
	ROVIDER OR SUPPLIER NURSING & REHABILITA	ATION CENTER		RESS, CITY, STA			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	(X5) COMPLETE DATE	
	An unannounced biennial State Licensure Inspection was conducted 9/20/2022 through 9/22/2022. The facility was not in substantial compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. Corrections are required. 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 001 Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities: Nursing Services 12 VAC 5-371-220 (H) - cross reference to F-580 12 VAC 5-371-220 (A) and (C) - cross reference to F-692		12 VAC 5-371-220 (A) and (C) 1. Resident #9 had a new weight obtained MD/NP was notified and a new intervention cup twice daily was initiated and her RP was 2. All residents with weight loss have the part be impacted by the alleged deficient pract A quality review will be completed of weight September 1, 2022 to ensure significant to been discussed with the medical provider interventions put into place as indicated a documentation made in the medical reconnactions. 3. Licensed nurses will be re-educated requotifying medical team/RP with significant changes and interventions implemented as		and the n magic as notified, otential to ce. hts since hanges have RP and hd d to support arding weight s indicated	10/21/2022	
					with supporting documentation in the medic The IDT will discuss weight changes in the care meeting and ensure that changes required medical team intervention are followed upon residents/RPs will be notified of changes. 4. The DCS/designee will complete quality of significant weight changes and resident/ team notifications weekly x 6 weeks. The fit these quality monitorings to be reported to Assurance/Performance Improvement Commonthly. Quality Monitoring schedule mod on findings with the quarterly monitoring by RDCS/designee	weekly uiring on and that monitoring RP/medical ndings of the Quality nmittee ified based	

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

TITLE

(X6) DATE

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