

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2022
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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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(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	<p>Initial Comments</p> <p>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.</p> <p>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.</p>	F 000	<p>12 VAC 5-371-220 (H)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 RD/DCS/designee</p>	10/21/2022
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>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:</p> <p>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</p>	F 001		

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

TITLE

(X6) DATE

Jason Schumaker

NH17

10/6/2022

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2022
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F 000	Initial Comments 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 000	12 VAC 5-371-220 (A) and (C) 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 RDCS/designee	10/21/2022
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	F 001		

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Jason Schumann

NHN

10/6/2022