

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/31/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SKYLINE TERRACE CONV HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>123 LAKEVIEW ROAD WOODSTOCK, VA 22664</b>
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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 01/30/2023 through 01/31/2023. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 70 bed certified facility was 51 at the time of the survey. The survey sample consisted of 14 current resident reviews and two closed record reviews.</p>	F 000		
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: 12VAC5-371-140 (D). Policies and procedures. Cross reference to F623.</p>	F 001	<ol style="list-style-type: none"> <li>1. The DON or designee will notify the resident representative and the ombudsman in writing of the hospital transfer for Resident #26.</li> <li>2. The DON or designee will review facility discharges and transfers from the last 30 days to ensure that all responsible parties and the ombudsman were notified of the transfer or discharge in writing.</li> <li>3. Licensed Nurses will be re-educated on providing written notice of a transfer or discharge to the resident's responsible party and to the ombudsman.</li> <li>4. The DON or designee will review all facility discharges and transfers weekly for 4 weeks to ensure that all responsible parties and the ombudsman were notified of the transfer or discharge in writing.</li> <li>5. The corrective action will be accomplished by February 24, 2023.</li> </ol>	2/24/23

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

TITLE

(X6) DATE

Electronically Signed

02/07/23

State of Virginia

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F 001	Continued From page 1	F 001	Results will be reported to the QA committee. Findings and results will be reflected in the QA minutes.	