

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

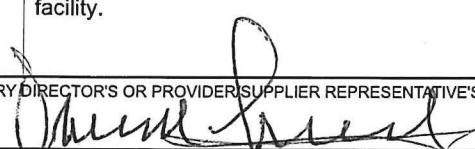
PRINTED: 08/21/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/14/2023
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 8/14/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint (VA00059332-substantiated with deficiency), was investigated during the survey. The census in this 120 certified bed facility was 108 at the time of the survey. The survey sample consisted of three current resident reviews.	F 000			
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.	F 561	1. Resident #1s Care plan was updated to show he has the following activities per his MDS: having books, newspapers, and magazines to read, listen to music he likes, to be around animals such as pets, to keep up with the news, do things with groups of people, do his favorite activities, go outside to get fresh air when the weather is good, and participate in religious services or practices. Resident R1 receives hard copy activity calendars every month and Audio-Visual daily activity calendars via in-room TV. Physical support will be provided as needed to attend any activities. 2. All residents have potential to be affected by this deficient practice. The Activity Department staff and MDS Team will review all resident care plans to assure the individualized care plans have activities listed to match the MDS.		

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

TITLE

(X6) DATE

 Administrator 8-29-23

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 561	<p>Continued From page 1</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, facility document review and clinical record review, it was determined the facility staff failed to promote self-determination to participate in activities and socialization with other resident for one of three residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>Resident #1 (R1) only participated in an activity of choice 13 out of 28 days from 7/16/2023 through 8/14/2023.</p> <p>On the most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 7/22/2023, the resident was coded as scoring a nine out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired to make daily decisions. In Section G - Functional Status, the resident was coded as being either independent or requiring only supervision for all his activities of daily living. The resident was coded as being independent for locomotion on and off the unit. In Section F - Preferences for Customary Routine and Activities, the resident was coded as the following items being very important to him: having books, newspapers, and magazines to read, listen to music he likes, to be around animals such as pets, to keep up with the news, do things with</p>	F 561	<p>The Activity Department will ensure all patients are offered the chance to attend activities according to their individual preferences. All residents receive hard copy activity calendars every month and electronic daily activity calendars via in-room TV. Physical support is provided as needed to attend activities.</p> <p>3. NHA/Designee will educate Activity Department Team on promoting self-determination to participate in activities of choice and socialization with other residents and friends and family of choice.</p> <p>4. The Activity Department Team will audit 5 residents weekly x 4 weeks to assure self-determination to participation in activities and socialization with other residents were met. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring.</p> <p>5. Date of Compliance 9/8/2023.</p>		

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F 561	<p>Continued From page 2</p> <p>groups of people, do his favorite activities, go outside to get fresh air when the weather is good, and participate in religious services or practices.</p> <p>On 7/16/2023, due to an incident with another resident, R1's room was changed from one hall to another. An alarm was placed on the door to alert the staff when the resident came out of the room. R1 required supervision to attend activities.</p> <p>An interview was conducted with R1 on 8/14/2023 at 12:45 p.m. When asked if the alarm interfered with his life at the facility, R1 stated he isn't allowed to go play dominoes with (names of three residents). R1 stated he must find someone to take him to the other unit. When his wife comes, R1 stated, she takes him down there to play dominoes. But if his wife doesn't come, then he doesn't get to go play dominoes. R1 stated he missed his friends down on the (name of former) unit. He stated he liked to just sit and talk with a few of them.</p> <p>An interview was conducted with OSM (other staff member) #1, the director of social services, on 8/14/2023 at 1:12 p.m. When asked how the facility is meeting R1's needs of self-determination since the alarm was placed on the doorway to his room, OSM #1 stated, "We go in and talk to him. I do room rounds every morning, Monday through Friday in his room." OSM #1 was asked if R1 was confined to his room, OSM #1 stated she has seen him out of his room with supervision.</p> <p>An interview was conducted with OSM #3, the activities director, on 8/14/2023 at 2:26 p.m. OSM #3 was asked to explain what activities R1 participated in prior to his move to the other unit,</p>	F 561			

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F 561	<p>Continued From page 3</p> <p>OSM #3 stated the resident would attend social gatherings, played dominoes with a group of residents in the evenings, bingo, coffee socials, dining programs in the evenings every day, and socialize with (name of a female resident). OSM #3 stated the resident was quite social, but his socialization had decreased after he was told he had to stay at the facility for long term care. OSM #3 was asked to explain what activities are being provided to R1 since 7/16/2023. OSM #3 stated, R1 has been in his room, activities stop in to see him but he's not on one to one for activities. She stated he watches television. OSM #3 stated the resident does go out for dominoes but since that happens after she leaves for the day, she's not sure how often he goes down there now. OSM #3 stated, "I don't know honestly what to do with him for now. He's welcome to come to bingo but they need to send him with supervision as I'm not staffed for that." OSM #3 was asked to bring the documentation of R1's participation in activities since 7/16/2023.</p> <p>An interview was conducted with ASM (administrative staff member) #3, regional nurse consultant, and ASM #2, the assistant director of nursing, on 8/14/2023 at 2:44 p.m. When asked if R1 can come out of the room, ASM #3 stated, yes, the staff is supposed to be with him when he comes out. ASM #3 was asked if the resident knows that, and ASM #3 stated, "I would think so. He still comes out to play dominoes." ASM #2 interjected that they had a hospitality aide stay late one day on the weekend so he could be supervised playing dominoes.</p> <p>OSM #3 presented the activity participation logs for July and August 2023 on 8/14/2023 at 3:12 p.m. The form documented the number of days</p>	F 561			

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F 561	<p>Continued From page 4 for the following activities from 7/16/2023 through 8/14/2023: Activity Visits: 15 Television: 26 Walking/Strolling: 5 Social Events: 2</p> <p>OSM #3 was asked to explain the events above. OSM #3 stated the activity visits is socialization with the resident, talking to them and asking if they want to participate in activities that day. Television is when they have observed the resident watching television. Social Events could be an ice cream social and if the resident didn't attend, she brings the ice cream cart to their rooms.</p> <p>The one-to-one documentation for R1 since July 16, 2023 documented the resident went to play dominoes on: 7/22/2023, 7/24/2023, 7/25/2023, 7/26/2023, 7/29/2023, 7/30/2023, 7/31/2023, 8/2/2023, 8/3/2023, 8/6/2023, 8/8/2023, 8/12/2023 and 8/13/2023. This is 13 out of 28 days.</p> <p>The facility policy, "Resident Self Determination and Participation" documented in part, "Policy: Our facility respects and promotes the right of each resident to exercise his or her autonomy regarding what the resident considers to be important facets of his or her life...1. Each resident is allowed to choose activities, schedules and health care that are consistent with his or her interests, values, assessments and plans of care including: activities, hobbies, and interests....2. In order to facilitate resident choices, the administration and staff: b. Gather information about the residents' personal preferences on initial assessment and periodically thereafter and</p>	F 561			

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F 561	Continued From page 5 document these preferences in the medical record...4. Resident are helped as need to engage in their preferred activities on a routine basis."	F 561			
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review, and clinical record review, the facility failed to protect the resident's right to be free from sexual abuse by a resident, for one of three residents in the survey sample, Resident #2. The facility developed and implemented an acceptable plan of correction,	F 600	Past noncompliance: no plan of correction required.		

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F 600	<p>Continued From page 6 therefore this deficiency is cited at past non-compliance.</p> <p>The findings include:</p> <p>For Resident #2 (R2), the facility staff failed to ensure the resident was free from sexual abuse by another resident (Resident #1) on 7/16/2023.</p> <p>The facility synopsis of the event, dated 7/16/2023, documented, "Incident type: Resident to resident sexual abuse. Describe Incident: (Name of R1) noted in (room number) with (Name of R2) with (R2's) penis in mouth performing oral sex. Residents separated immediately."</p> <p>The nurse's note dated, 7/16/2023 at 3:20 p.m. documented, "At 1500 [3:00 p.m.] a nursing staff member came to nurse's station and notified this write and another nurse that (room number of R1) was noted to be in (room number of R2) with (R2) lying in bed and with (R1) performing oral sex to (R2). This write and another nurse down to room (room number of R2). "STOP" sign was covering doorway. (R1) was noted in his wheelchair beside (R2) and leaning over the bed providing oral sex. Upon the nurse stating (R1's) name, (R1) leaned up and turned and (R2) tucked his penis back into brief. Residents were separated immediately. Skin assessment performs with no skin issues noted. DON (director of nursing) and NP (nurse practitioner) notified immediately. (R1's) RP (responsible party) aware. (R2's) RP, (first name of RP), attempted to be contacted and notified with no answer. Message left for her to call facility back. APS (adult protective services) and VDH (Virginia Department of Health) notified with initial FRI (facility reported incident). Law</p>	F 600			

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F 600	<p>Continued From page 7</p> <p>enforcement notified. This write spoke with dispatch 905 at 1612 [4:12 p.m.]."</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment with an assessment reference date of 6/23/2023, R2 scored an eight out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is moderately cognitively impaired for making daily decisions. In Section G - the resident was coded as requiring extensive assistant for most of his activities of daily living except eating in which he was independent after set up assistance was provided.</p> <p>The psychologist notes dated 7/19/2023 documented R2 could not recall the incident.</p> <p>An interview was conducted with R2 on 8/14/2023 at 12:52 p.m. R2 was asked about the incident of 7/16/2023 of another male resident performing oral sex on him and he stated he could not recall it and denied that it happened.</p> <p>R2's comprehensive care plan dated, 11/2/2021 and revised on 7/20/2023, documented in part, "Focus: The resident has a behavior problem r/t (related to) a hx (history) of masturbating in public areas and getting agitated with staff when redirected. Hx of crawling OOB (out of bed), 'sits self on floor to go to bathroom,' throws objects in room, hitting staff/residents, hx of attempts to grab between female staff members legs while providing care. Hx of making inappropriate sexual comments to staff. Resident noted to have a hx of pulling out genitals in public at staff and residents. Resident has a hx of making sexual accosts towards staff/residents. 6/23/22: TDO [temporary detaining order] considered on</p>	F 600			

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F 600	<p>Continued From page 8</p> <p>this date to er [emergency room] with return [to facility]. The "Interventions" documented in part, "Administer medications as ordered. Monitor/document for side effect and effectiveness. 7/20/2023: Alarm to door frame to notify staff of resident leaving room or staff/residents entering room for monitoring. Anticipate and meet the resident's needs. Attempt to redirect and explain to resident that sexual behaviors are not appropriate. Encourage resident to ring for toileting/urinal assistance when needed. Explain all procedures to the resident before starting and allow the resident to adjust to changes. If reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate in a calm manner. Divert attention. Remove from situation and take to alternate location as needed. Minimize potential for the resident disruptive behaviors. Offer snacks, TV on, provide activities of choice as needed. Offer privacy if resident feels need to address sexual urges. Offer urinal at bedside. Provide privacy as needed. Psych (psychiatric/psychological) consult for behaviors as needed. 6/24/2022: Stop sign to residents' door to deter other resident from entering this room."</p> <p>For Resident #1 (R1), on 8/14/2023 at 9:22 a.m. R1 was observed in bed with his wheelchair next to the bed. Observations were made of R1 on 8/14/2023 at 10:18 a.m. R1 was sitting on the side of his bed. There was no roommate in his room. Continuous observation was made of R1 from 10:18 a.m. through 10:59 a.m. The resident never exited his room. At 10:56 a.m. the alarm when off and two staff members went to the room. The resident never came out of the room and not visible in the hallway. Staff left and then</p>	F 600			

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F 600	<p>Continued From page 9</p> <p>reentered the room at 10:59 a.m. and left right afterwards. R1 was observed in his bed, lying across the bed on 8/14/2023 at 12:01 p.m.</p> <p>An interview was conducted with R1 on 8/14/2023 at 12:45 p.m. R1 was asked if he recalled an incident where he was having oral sex with another male resident. R1 stated he could not recall that.</p> <p>On the most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 7/22/2023, R1 was coded as scoring a nine out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired to make daily decisions. In Section G - Functional Status, the resident was coded as being either independent or requiring only supervision for all his activities of daily living. The resident was coded as being independent for locomotion on and off the unit.</p> <p>For R1, the comprehensive care plan dated, 2/14/2023 and revised on 7/16/2023, documented, "Focus: The resident has a behavior problem r/t (related to) being sexually active in hallways in front of other residents, becomes aggressive with wife when visiting and staff at times when he can't go home. Resident has noted to attempt to be sexually inappropriate with staff and is redirected. Resident hx [history] of sexual acts with another male residents." The "Interventions" documented, "7/19/2023: 1:1 with resident while out of his room until further notice. Administer medications as ordered. Monitor/document for side effects and effectiveness. Anticipate and meet the resident's needs. Caregivers to provided opportunity for</p>	F 600			

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F 600	<p>Continued From page 10</p> <p>positive interaction, attention. Stop and talk with him/her as passing by. Explain all procedures to the resident before starting and allow the resident time to adjust to changes. If reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident. Intervene as necessary to protect the rights and safety of others. Approach/Speak in a calm manner. Divert attention. Remove from situation and take to alternate location as needed. 7/20/2023: Motion Sensor alarm to alert staff of resident being out of room. Psych [psychiatric or psychological] consults as needed. Re-educate resident on the inappropriateness of behaviors when occurring. 7/16/2023: Room move offered and resident and POA [power of attorney] accepted."</p> <p>An interview was conducted with OSM (other staff member) #1, the director of social services, on 8/14/2023 at 1:12 p.m. When asked if R2 had any history of sexual behaviors, OSM #1 stated, R2 was always nice. She stated the resident had a "slick mouth regarding sexual behaviors" but has never physically touched another resident. OSM #1 stated R2 was on one-to-one a while back, maybe over a year ago, due to his behaviors a while back. OSM #1 stated the care plan talks about sexual behaviors, but he hasn't touched anyone to her knowledge.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 8/14/2023 at 1:30 p.m. When asked what happened on 7/16/2023, LPN #1 stated she was at the nurse's station with another nurse doing their charting when a CNA (certified nursing assistant) came up the hall in a panic. She told me them they had to come down there, the CNA felt they were in the room doing</p>	F 600			

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

PRINTED: 08/21/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/14/2023
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F 600	<p>Continued From page 11</p> <p>something not good. The CNA told her she was going by the door but couldn't see if anything was going on. LPN #1 stated she and (name of RN -registered nurse - #1) ran down there. When she got to the doorway, we could see that the stop sign was in place. The resident had gone under it. She stated both she and (RN #1) saw a resident's head (R1) going up and down over (R2)'s private area. Once they saw what was going on they called out both resident names. The resident performing the oral sex lifted their head up, he was in his wheelchair, next to the bed of (R2) and turned and looked at them. LPN #1 stated (R2) took [sic] his privates into his brief. She stated they immediately separated them. LPN #1 stated she interviewed the male resident performing the oral sex and at first, he denied it but once she told him she saw what he was doing he didn't deny it at that point.</p> <p>The facility policy, "Abuse" documented in part, "Policy: This organization recognized an respect that each resident has the right to be free from abuse, neglect, misappropriation of resident's property, and exploitation as defined in this subpart. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion and any physical, or chemical restraint not required to treat the resident's medical symptoms... 3 a. Prevention: The facility will not use verbal, mental, sexual, or physical abuse, corporal punishment or involuntary seclusion...4. Identification: b. Staff are encouraged to identify, correct, and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur. Immediately following ensuring the resident's safety, staff are to report any allegation or observation of abuse to their supervisor, director</p>	F 600			

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F 600	<p>Continued From page 12</p> <p>of nursing administrator or facility leadership member...Protection: a. In the event of an allegation or observation of abuse, the facility will immediately assess the residents, notify the physician and resident representative, and protect the resident and other residents from further harm or incident."</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the assistant director of nursing, and ASM #3, the regional nurse consultant, were made aware of the above findings on 8/14/2023 at 3:44 p.m.</p> <p>The facility presented the following plan of correction:</p> <ol style="list-style-type: none"> 1. Room change was completed on 7/16/2023 for Resident #1. Frequent monitoring was initiated on 7/16/2023 for both Resident #1 & Resident #2. Both Resident #1 & Resident #2 had skin assessments completed on 7/16/2023. After further discussion 1:1 initiated when Resident #1 comes out of room on 7/20/2023. 2. Situation reported to VDH, APS, Law Enforcement, Medical Director, Responsible parties, and Director of Nursing per policy. 3. All resident [sic] on north have the potential to be affected by the alleged deficient practice. The facility will conduct interviews on north for all interviewable residents with a BIMS score of 8 or greater screening for abuse and neglect. Non-interviewable residents will have skin assessments performed assessing for signs and symptoms of abuse. Any allegations of abuse and neglect will be immediately addressed in accordance with the facility abuse and neglect policy. 4. All nursing staff on will be education on resident #1 having alarm on doorway and staff to 	F 600			

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F 600	<p>Continued From page 13</p> <p>be 1:1 when he leaves his room until further notice. No staff will be allowed to return to work after 7/24/2023 until the abuse and neglect education is completed.</p> <p>5. The facility will conducted an adhoc QAPI (quality assurance program improvement) meeting reviewing this plan by 7/24/2023. The attendees of the adhoc QAPI meeting will consist of the administrator, director of nursing services (DON), the medical director, the regional nurse consultant, Human Resources, and a certified nursing assistant.</p> <p>6. The DON or designee will conduct interviews to validate understanding of reporting guidelines and investigating allegations of abuse 3 x week x 4 weeks. Any issues identified will be addressed immediately by DON/Designee and appropriate action will be taken. The DON/Designee will identify any trends or patterns and educate as needed. All findings will be discussed with QAPI committee at least quarterly.</p> <p>7. Date of compliance 7/24/2023.</p> <p>All of the credible evidence was reviewed. Verification of above was made through observation, resident interviews, and staff interviews.</p> <p>Past non-compliance.</p>	F 600			