

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/27/2025
NAME OF PROVIDER OR SUPPLIER  Skyview Rehab and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  35 Marc Drive Wallingford, CT 06492	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on a review of clinical records, facility documentation, facility policy, and interviews for one of three residents (Resident #2) reviewed for abuse, the facility failed to investigate an allegation of abuse timely. The findings include:</p> <p>Resident #2's diagnoses included chronic pain, depression, and anxiety.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #2 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen, indicative of no cognitive impairment, no behaviors and required substantial/maximal assistance with lower body dressing, personal and toilet hygiene, and transfers, partial/moderate assistance with bathing and bed mobility, and always incontinent of bowel and bladder.</p> <p>The Resident Care Plan (RCP) dated 2/27/2025 identified Resident #2 had an ADL self-performance and mobility deficit, and interventions were directed to encourage the resident to participate in ADLs to promote independence.</p> <p>A review of the Social Service (late entry) note dated 4/30/2025 at 11:15 AM identified that the social worker met with the resident upon the resident request, The resident was alert, and oriented to person, place time, and situation. Resident shared new information on the alleged incident which occurred Sunday 4/27/2025, resident reported that a staff member had shaken his/her dinner tray, and that interaction caused the resident to feel fearful that the tray may be thrown at him/her. Emotional support was provided, and the Administrator was informed.</p> <p>A review of the reportable event (RE) dated 4/30/2025 indicated that an aide shook a tray at him/her and he/she felt scared. A review of the RE summary identified the Social Worker was alerted on 04/29/25 of an interaction that occurred the weekend prior between Resident # 2 and NA # 1.</p> <p>On 5/27/2025 at 12:23 PM interview with Resident #2 identified on 4/27/2025 he/she shared concerns regarding NA #1's behavior (aide appeared visibly frustrated and was shaking tray, resident feared aide would throw tray at him/her) towards him/her with LPN #2. Resident #2 indicated LPN #2 told him/her that she would report Resident #2's concerns to the RN supervisor (DNS) and when LPN #2 visited later in the shift the resident indicated he/she and LPN #2 discussed that the RN supervisor/DNS had not come by to see the resident. Resident #2 further indicated no one else came in to discuss the incident and the DNS did not visit until days later.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview, clinical record review and statement review on 5/27/2025 at 12:51 PM with LPN #2 identified that NA #1 reported to her that Resident #2 was upset and did not want NA #1 to provide him/her care. LPN #2 indicated Resident #2 had shaken his/her meal tray and that he/she felt NA #1 could have thrown it at him/her and did not want NA #1 to provide care. LPN #2 told Resident #2 that she would report to the RN supervisor the resident's refusal of care by NA #1 and that she informed the RN supervisor/DNS, who in turn indicated she (DNS) would speak with Resident #2.</p> <p>On 5/27/2025 at 2:28 PM interview, clinical record review and facility documentation review with DNS identified that she was the RN supervisor on 4/27/25, that LPN #2 and NA #1 informed her that Resident #2 had concerns regarding a negative interaction between resident and NA #1. DNS further indicated she spoke with LPN #2 and NA #1, she did not go in to see Resident #2 and later learned during the investigation from another aide that Resident #2 had been afraid that NA #1 was going to throw the tray at him/her. DNS further indicated NA #1 needed to be re-educated on customer service and stress management, and in hindsight, she should have gone in to interview Resident #2 on the evening of 4/27/2025.</p> <p>Review of facility Resident Rights Policy directed in part, to provide care and services in accordance with Resident [NAME] of Rights as outlined by the federal Nursing Home Reform Law. The Resident [NAME] of Rights is outlined as follows: You have the right to exercise your rights as a resident and as a citizen. The facility must protect and promote your rights and support, encourage, and assist you in exercising them.</p> <p>Review of facility Abuse Reporting Policy directed in part, that all personnel must promptly report any incident or suspected incident. All personnel, residents, visitors, etc., are mandated to report incidents of resident abuse or suspected incidents of abuse. Such reports may be made without fear of retaliation from the facility or its staff. Abuse is defined as willful intimidation by an individual. The charge nurse or supervisor must complete a Reportable Event Form and obtain a written, signed, and dated statement from the person reporting the incident.</p>		