

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 03/16/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility policy, and interviews for 1 of 2 residents (Resident #7) reviewed for personal property, the facility failed to report an allegation of misappropriation of property to the State Agency within the required time frame. The findings include: Resident #7 had diagnoses that included Type 2 Diabetes, non-pressure chronic ulcers of the skin, and a history of malignant neoplasm of bladder. The significant change in status Minimum Data Set (MDS) assessment dated [DATE] identified Resident #7 had a Brief Interview for Mental Status (BIMS) score of 12 indicative of moderately impaired cognition. The Resident Care Plan (RCP) dated 2/11/2026 identified Resident #7 was at risk for falls with interventions that directed to anticipate the resident's needs and keep personal items within reach. Interview with Person #1 on 3/5/2026 at 10:23 AM, identified he/she notified the Administrator about Resident #7's missing electronic device/tablet approximately one month ago. A review of facility documentation from 1/1/2025 to 3/10/2026 identified no grievances filed regarding missing items or the missing electronic device/tablet, and no State Reportable event was completed for Resident #7's missing device. Interview with Social Worker #1 (SW) on 3/10/2026 at 10:02 AM identified Person #2 (Resident #7's conservator) informed her Resident #7's electronic device/tablet was missing when he/she returned from the hospital. SW #1 indicated she was never told the electronic device/tablet was stolen, only that a replacement was needed. SW #1 identified she did not document the communication with Person #2 in a social service progress note within Resident #7's medical record. Interview with Person #2 on 3/10/2026 at 2:31 PM identified Resident #7 was transferred to the hospital in November 2025, and his/her electronic device/tablet was stolen while he/she was in the hospital. Person #2 indicated he/she notified the Administrator that Resident #7's electronic device/tablet was stolen and was told by the Administrator the facility would investigate the missing device. Interviews with the Director of Nursing Services (DNS), the Administrator, and SW #1 on 3/11/2026 at 9:57 AM identified the facility did not file a State Reportable event for Resident #7's missing electronic device/tablet, and an investigation was not completed. Subsequent to surveyor inquiry, the facility reported an allegation of misappropriation of property to the State Agency on 3/11/2026 at 2:30 PM. Review of the facility Abuse policy identified, in part, that reporting of alleged violations are to be made to the Administrator with notification provided to the state agency, ombudsman, resident representative, law enforcement officials, and primary physician.</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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(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>Note: The nursing home is disputing this citation.</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility policy, and interviews for 1 of 2 residents (Resident #7) reviewed for personal property, the facility failed to conduct a complete and thorough investigation for an allegation of misappropriation of property. The findings include:Resident #7 had diagnoses that included Type 2 Diabetes, non-pressure chronic ulcers of the skin, and a history of malignant neoplasm of bladder.The significant change in status Minimum Data Set (MDS) assessment dated [DATE] identified Resident #7 had a Brief Interview for Mental Status (BIMS) score of 12 indicative of moderately impaired cognition.The Resident Care Plan (RCP) dated 2/11/2026 identified Resident #7 was at risk for falls with interventions that directed to anticipate the resident's needs and keep personal items within reach.Interview with Person #1 on 3/5/2026 at 10:23 AM, identified he/she notified the Administrator about Resident #7's missing electronic device/tablet approximately one month ago.Review of facility documentation, clinical record, and Social Service progress notes from 1/1/2026 through 3/10/2026 was unable to provide documentation to reflect an investigation was completed for Resident #7's alleged stolen electronic device/tablet.Interview with Social Worker #1 (SW) on 3/10/2026 at 10:02 AM identified Person #2 (Resident #7's conservator) informed her Resident #7's electronic device/tablet was missing when he/she returned from the hospital. SW #1 indicated she was never told the electronic device/tablet was stolen, only that a replacement was needed. SW #1 identified she did not document the communication with Person #2 in a social service progress note within Resident #7's medical record.Interview with Person #2 on 3/10/2026 at 2:31 PM identified Resident #7 was transferred to the hospital in November 2025, and his/her electronic device/tablet was stolen while he/she was in the hospital. Person #2 indicated he/she notified the Administrator that Resident #7's electronic device/tablet was stolen and was told by the Administrator the facility would investigate the missing device.Interviews with the Director of Nursing Services (DNS), the Administrator, and SW #1 on 3/11/2026 at 9:57 AM identified the facility did not complete an investigation regarding Resident #7's missing electronic device/tablet.Subsequent to surveyor inquiry, the facility initiated an investigation and reported an allegation of misappropriation of property to the State Agency on 3/11/2026 at 2:30 PM. Review of the facility Abuse policy identified in part, that reporting of alleged violations are to be made to the Administrator with notification provided to the state agency, ombudsman, resident representative, law enforcement officials, and primary physician. Unless otherwise requested by the resident, the social service representative will provide the administrator and the director of nursing services with a written report of his/her findings through social service progress notes in the medical record.</p>		