STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49E075	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skyline Terrace Conv Home	123 Lakeview Road Woodstock, VA 22664

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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observations, and staff interview, facility staff failed to maintain the confidentiality of a resident's clinical documentation for one of 26 residents in the survey sample, Resident #4 (R4). The findings include:For R4, facility staff failed to place the amount of fluid restrictions in a confidential manner. R4 was admitted to the facility with a diagnosis that included by not limited to respiratory failure. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 08/13/2025, R4 scored 14 out of 15 on the BIMS (brief interview for mental status) score, indicating R4 was cognitively intact for making daily decisions. On 10/14/2025 at approximately 2:40 p.m. and at 4:45 p.m., an observation of R4's room revealed a sheet of paper tapped onto the wall above the bed. The paper documented, 1500ml (milliliter) Fluid Restrictions. 700ml - dayshift. 600ml - evening shift. 200ml - night shift. On 10/15/2025 at approximately 8:20 a.m., an observation of R4's room revealed a sheet of paper tapped onto the wall above the bed. The paper documented, 1500ml (milliliter) Fluid Restrictions. 700ml - dayshift. 600ml - evening shift. 200ml - night shift. The physician's order for R4 documented in part, 1500 mL fluid restriction - 700ml for dayshift, 600ml evening shift, 200ml night shift every shift. Order Date: 02/13/2025. Start Date: 02/13/2025. On 10/15 2025 at approximately 11:05 a.m. an interview was conducted with LPN (licensed practical nurse) #2. When asked about posting a resident's medical information for others to see she stated that it was a violation of HIPPA and should not been posted for others to see. At approximately 11:10 a.m. an observation of R4's room was conducted with LPN #2. After observing R4's fluid restriction list above R4's bed she stated that it was R4's medical information and should not have been posted on the wall. On 10/15/2025 at approximately 3:30p.m. ASM (administrative staff member) #1, administrator, and ASM #2, director of nursing, were made aware of the above findings.No further information was presented prior to exit.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49E075	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skyline Terrace Conv Home	123 Lakeview Road Woodstock, VA 22664

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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident interview, staff interview and clinical record review, the facility staff failed to provide respiratory care and services for one of 26 residents in the survey sample, Resident #4 (R4). The findings include:For R4, facility staff failed to store the incentive spirometer (1) in a sanitary manner. R4 was admitted to the facility with a diagnosis that included by not limited to respiratory failure. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 08/13/2025, R4 scored 14 out of 15 on the BIMS (brief interview for mental status) score, indicating R4 was cognitively intact for making daily decisions. On 10/14/2025 at approximately 2:40 p.m., and 4:45 p.m. observations of R4's room revealed an incentive spirometer lying on top of the bedside table uncovered. On 10/15/2025 at approximately 8:20 a.m., an observation of R4's room revealed an incentive spirometer lying on top of the bedside table uncovered. The Medical Discharge Summary for R4 dated 07/05/2025 documented in part, (R2) is a 90 y.o. (year old) female that was admitted on [DATE] for management for community-acquired pneumonia was treated with IV (Intravenous) (2) antibiotics initially which was subsequently changed to Augmentin (3) twice daily. She was also treated with chest physiotherapy (4) Pep therapy (5) and incentive spirometer. On 10/14/2025 at approximately 2:40 p.m., an interview was conducted with R4. She stated that she uses the incentive spirometer. On 10/15 2025 at approximately 11:05 a.m. an interview was conducted with LPN (licensed practical nurse) #2. When asked to describe the procedure for storing an incentive spirometer when a resident was not using it, she stated that it should be covered to prevent contamination. At approximately 11:10 a.m. and observation of R4's incentive spirometer was conducted with LPN #2. After observing the incentive spirometer on the bedside table uncovered she stated that it should have been covered. On 10/15/2025 at approximately 3:30p.m. ASM (administrative staff member) #1, administrator, and ASM #2, director of nursing, were made aware of the above findings.No further information was presented prior to exit. References:(1) A device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive spirometer teaches you how to take slow deep breaths. Deep breathing keeps your lungs well-inflated and healthy while you heal and helps prevent lung problems, like pneumonia. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000451.htm. (2) Intravenous means within a vein. This information was obtained from the website: https://medlineplus.gov/ency/article/0002383.html. (3) Used to treat certain infections caused by bacteria. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a685024.html. (4) A treatment that loosens mucus in your lungs so you can clear it. A healthcare provider uses their hands or handheld devices to shake (percuss or vibrate) your chest and back to free mucus. This information was obtained from the website: https://my.clevelandclinic.org/health/treatments/chest-physiotherapy. (5) A person breathes through a mask or a handheld mouthpiece. PEP devices allow air to flow freely as you breathe in, but not when you breathe out. You must breathe out harder against the resistance. This helps air get behind the mucus and helps move it from lung and airway walls. It also holds your airways open, keeping them from closing. This information was obtained from the website: https://www.cff.org/managing-cf/positive-expiratory-pressure-pep-therapy