

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52A429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2024
NAME OF PROVIDER OR SUPPLIER Sky View Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 309 Iron St Hurley, WI 54534	
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 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>49353</p> <p>Based on record review and interview, the facility did not ensure that 1 of 5 staff reviewed for verification of a current Nurse Aide Registry were on the Wisconsin registry before starting work in the facility. This has the potential to affect all 31 residents.</p> <p>Certified Nursing Assistant (CNA) C was not on the Wisconsin Nurse Aide Registry and was working in the facility at the time of the discovery.</p> <p>Findings include:</p> <p>On 1/31/24, Surveyor reviewed CNA certifications for a sample of 5 CNAs. CNA C was hired on 6/19/23. Nursing Home Administrator (NHA) A provided a state of Michigan CNA registry for CNA C. No Wisconsin CNA registry information was provided.</p> <p>On 1/31/24 at 12:22 PM, Surveyor interviewed NHA A about the missing Wisconsin CNA Registry for CNA C. NHA A stated CNA C had lost her social security card and had been unable to obtain CNA registry in Wisconsin. NHA A stated that they have been working on this for a while now.</p> <p>On 1/31/24 at 1:57 PM, NHA A provided Surveyor with a Wisconsin CNA registration for CNA C with a valid date of 1/31/24. This was completed today after Surveyor asked for the registry. Surveyor asked NHA A for a policy regarding employment requirements for a position requiring licensure or certification. NHA A provided Surveyor with the new employee checklist. NHA A stated this was all they had.</p> <p>According to the Wisconsin Nurse Aide Training and Registry team, nurse aides must be listed on the Wisconsin Nurse Aide Registry in order to be employed in any federally eligible health care setting in Wisconsin.</p> <p>Surveyor reviewed the staffing schedule and identified CNA C was scheduled and worked since hire date 6/19/23, prior to obtaining Wisconsin CNA registry, and NHA A confirmed this.</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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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>49353</p> <p>Based on interviews and record review, the facility failed to submit Centers for Medicare and Medicaid Services (CMS) mandatory Payroll Based Journal (PBJ) data for the third quarter of 2023 (April 1-June 30). This has the potential to affect all 31 residents.</p> <p>This is evidenced by:</p> <p>Surveyor noted the facility failed to submit PBJ data for Fiscal Year Quarter 3.</p> <p>On 1/31/24 at 2:41 PM, Surveyor completed an interview with Nursing Home Administrator (NHA) A and Payroll Specialist (PS) D about the PBJ submissions. PS D stated the facility attempted to submit PBJ on the deadline date but was unable to do so. PS D stated that PS D was unaware that this needed to be submitted prior to the deadline date. PS D stated that he made sure Quarter 4 was submitted on-time and stated the next quarter submission, due 2/14/24, would also be submitted on time.</p> <p>Surveyor then reviewed the staff schedules for that time period (April 1 -June 30, 2023) and compared the data with time punches. There were no concerns uncovered related to licensed staff coverage or Certified Nursing Assistant coverage.</p> <p>The facility had failed to submit PBJ data for third quarter.</p> <p>Surveyor reviewed the PBJ submission for Fiscal Year 2023 Quarter 4 (July 1 - September 30). The facility was noted to have submitted the 4th quarter's data on 11/8/23, accurately.</p> <p>The facility is in compliance as of 09/30/23. This was cited past noncompliance.</p>		