

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Siena Woods Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 N Main Street Dayton, OH 45415	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on medical record review, staff interviews and policy review, the facility failed to ensure medications were administered as physician ordered. This affected four (#47, #66, #80, and #91) out of four residents reviewed for medication administration. Facility census was 93.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #47 revealed an admitted [DATE] with diagnoses of seizures, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and chronic kidney disease, stage 3 unspecified.</p> <p>Review of the Medicare 5-Day Minimum Data Set (MDS) dated [DATE] revealed Resident #47 with severe cognitive impairment. Resident #47 required partial assistance with eating and oral hygiene. Resident # 47 required substantial assistance with toileting hygiene, bathing, dressing, bed mobility, and wheelchair mobility.</p> <p>Review of the September 2024 Medication Administration Record (MAR): Levothyroxine Sodium Oral Capsule 25 micrograms (MCG)-give 25 mcg by mouth one time a day, not initialed as completed on 09/20/24; Lexapro Oral Tablet 20 milligrams (MG)-give 1 tablet by mouth one time a day for depression, not initialed as completed on 09/20/24; Lipitor Oral Tablet 40 MG-give 40 mg by mouth one time a day, not initialed as completed on 09/20/24; MiraLax Oral Packet 17 grams (GM)-give 1 packet by mouth one time a day for constipation, not initialed as completed on 09/20/24; Carvedilol Oral Tablet 3.125 MG-give 1 tablet by mouth every 12 hours, not initialed as completed on 09/20/24 morning dose; Gabapentin Oral Capsule 300 MG-give 300 mg by mouth two times a day for nerve pain, not initialed as completed on 09/20/24 morning dose; Lacosamide Oral Tablet 100 MG-give 100 mg by mouth two times a day, not initialed as completed on 09/20/24 morning dose; Levetiracetam Oral Tablet 750 MG-give 1 tablet by mouth two times a day, not initialed as completed on 09/20/24 morning dose.</p> <p>2. Review of the medical record for Resident #66 revealed an admitted [DATE] with diagnoses of moderate protein-calorie malnutrition, pressure-induced deep tissue damage of right heel, pressure ulcer of right buttock, stage 4.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Siena Woods Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 N Main Street Dayton, OH 45415	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the significant change MDS completed on 09/06/24 revealed Resident #66 had moderate cognitive impairment. Resident #66 required supervision assistance with eating, oral hygiene, and personal hygiene, and was dependent on staff assistance for toileting hygiene, bathing, dressing, bed mobility, transfers, and wheelchair mobility.</p> <p>Review of the Resident #66's September 2024 MAR revealed: Atorvastatin Calcium Oral Tablet 10 MG-give 1 tablet by mouth at bedtime for treatment of high cholesterol, not initialed as complete on 09/22/24 at 9:00 P. M.;</p> <p>Cetirizine HCl Oral Tablet 5 MG-give 1 tablet by mouth at bedtime for seasonal allergies, not initialed as complete on 09/22/24 at 9:00 P.M.; Levothyroxine Sodium Oral Tablet 150 MCG-give 1 tablet by mouth one time a day for treatment of thyroid disease, not initialed as complete on 09/23/24 at 6:00 A.M.; Mirtazapine Oral Tablet 15 MG-give 15 mg by mouth at bedtime for depression/appetite, not initialed as complete on 09/22/24 at 6:00 A.M.; Apixaban Oral Tablet 5 MG-give 1 tablet by mouth two times a day for A-Fib, not initialed as complete on 09/22/24 at 9:00 P.M.; Coreg Oral Tablet 6.25 MG-give 1 tablet by mouth two times a day for hypertension, not initialed as complete on 09/22/24 at 9:00 P.M.; Gabapentin Oral Capsule 100 MG-give 1 capsule by mouth two times a day for diabetic neuropathy, not initialed as complete on 09/22/24 9:00 P.M.; and Nifedipine ER Oral Tablet Extended Release 24 Hour 30 MG-give 1 tablet by mouth two times a day for Hypertension, not initialed as complete on 09/22/24 9:00 P.M.</p> <p>3. Review of the medical record for Resident #80 revealed an admitted [DATE] with diagnoses of pressure ulcer of left buttock, stage 2, pressure ulcer of sacral region, stage 4, hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease.</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #80 was cognitively intact. Resident #80 required supervision assistance with eating and oral hygiene, required partial assistance with personal hygiene, and was dependent on staff assistance with toileting hygiene, bathing, dressing, bed mobility, and transfers.</p> <p>Review of the September 2024 MAR revealed: Latanoprost PF Ophthalmic Solution 0.005 %-instill 1 drop in both eyes at bedtime for glaucoma, not initialed as complete on 09/25/24 at 6:00 P.M.; Mirtazapine Oral Tablet 7.5 MG-give 7.5 mg by mouth at bedtime for depression, not initialed as complete on 09/25/24 at 6:00 P.M.; Rosuvastatin Calcium Oral Tablet 20 MG-give 20 mg by mouth at bedtime for hyperlipidemia, not initialed as complete on 09/25/24 at 6:00 P.M.; Vitamin D3 Oral Tablet-give 125 mcg by mouth in the evening for supplement, not initialed as complete on 09/25/24 at 6:00 P.M.; Zolofl Oral Tablet 100 MG-give 100 mg by mouth at bedtime for depression, not initialed as complete on 09/25/24 at 6:00 P.M.; Levetricetam Oral Tablet 500 M-give 500 mg by mouth two times a day for seizures, not initialed as complete on 09/25/24 at 6:00 P.M.; Metformin Oral Tablet 500 MG-give two tablet by mouth two times a day for diabetes mellitus type 2, not initialed as complete on 09/27/24 at 9:00 P.M.; Metformin Oral Tablet 500 MG-give 500 mg by mouth two times a day for diabetes mellitus, not initialed as complete on 09/25/24 at 6:00 P.M.</p> <p>4. Review of the medical record for Resident #91 revealed an admitted [DATE] with diagnoses of pressure ulcer of sacral region, stage 4, depression, unspecified dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Siena Woods Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 N Main Street Dayton, OH 45415	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Quarterly MDS dated [DATE] revealed Resident #91 with severe cognitive impairment. Resident requires partial assistance with eating, requires substantial assistance with oral care and personal hygiene, and was dependent on staff assistance with toileting hygiene, bathing, dressing, bed mobility, and transfers.</p> <p>Review of the September 2024 MAR revealed: Norco Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen)-give 1 tablet by mouth one time a day for stage 4 sacrum not initialed as complete on 09/27/24 at 5:00 P.M.; Clobazam Oral Tablet 10 MG-give 1 tablet by mouth two times a day for Seizures not initialed as complete on 09/27/24 at 10:00 P.M.; Clobazam Oral Tablet 10 MG-give 1 tablet via g-tube two times a day for Seizures not initialed as complete on 09/24/24 at 10:00 P.M.; Lacosamide Oral Tablet 200 MG-give 200 mg by mouth two times a day for Seizures, not initialed as complete on 09/27/24 at 10:00 P.M.; Lacosamide Oral Tablet 200 MG-give 200 mg via G-Tube two times a day for Seizures, not initialed as complete on 09/24/24 at 10:00 P.M.; Pregabalin Oral Capsule 150 MG-give 1 capsule by mouth two times a day for seizures / nerve pain, not initialed as complete on 09/27/24 at 10:00 P.M.; and Pregabalin Oral Capsule 150 MG-give 1 capsule via G-Tube two times a day for seizures/nerve pain, not initialed as complete on 09/24/24 at 10:00 P.M.</p> <p>Interview on 10/24/24 at 7:57 A.M. with Licensed Practical Nurse (LPN) #325 confirmed Resident #47, #66, #80, and #91 did not have orders completed as listed on their MAR's.</p> <p>Review of the medication administration policy dated 06/21/17 revealed it is the policy of the facility that medications will be administered by legally authorized and trained persons in accordance with applicable State, Local and Federal laws and consistent with acceptable standards of practice.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158320.</p>		