

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 04/23/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on record review and staff interviews, the facility failed to ensure an assessment to include a measurement, and a description of a new wound was documented in the medical record. This affected one (Resident #25) out of three residents reviewed for wounds. The facility census was 82.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #25 revealed an admitted [DATE] with diagnoses of dysphagia, oropharyngeal phase, chronic obstructive pulmonary disease, chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity, peripheral vascular disease, and acquired absence of left leg below knee.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #25 was cognitively intact and required supervision assistance with eating, partial assistance with oral hygiene, and was dependent on staff assistance with toileting hygiene, bathing, dressing, personal hygiene, and bed mobility.</p> <p>Review of the physician order dated 02/03/25 revealed an order to reduce pressure to right heel and left stump, float heel / stump off of bed at all times.</p> <p>Review of the physician order dated 02/11/25, with a discontinue date of 02/19/25, revealed an order for a treatment to left heel to cleanse area with wound cleanser, pat dry, cover in betadine, and apply boarder gauze.</p> <p>Review of the physician order dated 03/05/25, with a discontinue date of 03/06/25 revealed an order for treatment to the right foot to cleanse area, pat dry, paint heel with betadine, leave open to air two times a day for wound healing.</p> <p>Review of the physician order dated 03/06/25, with a discontinue date of 03/10/25 revealed an order for treatment to the right foot to cleanse area, pat dry, paint heel with betadine, leave open to air, re-apply moon boot, two times a day for wound healing.</p> <p>Review of the physician order dated 03/10/25, with a discontinue date of 03/28/25 revealed an order for a treatment to the right heel to cleanse area, pat dry, apply medhoney, cover with boarder gauze, apply tubi grip, then re-apply moon boot. apply lotion to surrounding area daily every Monday, Wednesday, Friday for wound healing.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the physician order dated 03/31/25 revealed an order for treatment to the right heel to cleanse area, pat dry, apply medhoney, cover with boarder gauze, apply tubi grip, then re-apply moon boot. apply lotion to surrounding area one time a day every Monday, Wednesday, Friday for wound Healing</p> <p>Review of the progress note dated 02/11/25 at 3:30 P.M. revealed wound care provided for right heel area.</p> <p>Review of the Skin Observation Tool dated 02/12/25 revealed no new skin concerns.</p> <p>Review of the After Visit Summary, dated 02/14/25 from [NAME] Health [NAME] Wound Care revealed no documentation related to a right heel wound.</p> <p>Review of the Skin Observation Tool dated 02/19/25 revealed no new skin concerns.</p> <p>Review of the Skin Observation Tool dated 02/22/25 revealed below the knee amputation with treatment currently in place and moisture associated skin damage with treatment. No new areas.</p> <p>Review of the Wound Observation Tool, dated 02/24/25 revealed physician notified on 02/24/25 of a pressure wound to the right heel, not staged measuring 2.5 cm x 5.0 cm x 0.0 cm with treatment as betadine.</p> <p>Review of the Skin Observation Tool dated 03/12/25 revealed no new skin concerns.</p> <p>Interview on 04/23/25 at 9:49 A.M. with Licensed Practical Nurse (LPN) #501 confirmed on 02/11/25 when the wound on the right heel for Resident #25 was found, an assessment of wound was not documented in the medical record to include measurements and a description of the wound bed. Interview also confirmed the wound bed was 100 percent black necrotic tissue and dry, with no drainage. Interview also confirmed the expectation of when a new wound is found that a change in condition or skin assessment be completed with the measurements and description of the wound be completed. Interview confirmed a change of condition or the skin assessment on the new skin area to the right heel was not completed for Resident #25.</p> <p>Facility unable to provide a policy for documentation requires for a new wound.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164982 and OH00164075.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on record review, observation, staff interviews, and policy review the facility failed to ensure medications were not left at bedside. This affected one (Resident #33) out of three reviewed for medications. The facility census was 82.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #33 revealed an admitted [DATE] with diagnoses of chronic obstructive pulmonary disease, schizoaffective disorder, anemia, and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #33 with sever cognitive impairment. Resident was independent with oral hygiene, toileting hygiene, dressing, bed mobility, and ambulation. Resident required set-up assistance with eating, bathing, and personal hygiene and required supervision assistance with transfers.</p> <p>Review of the physician order dated 12/27/19 revealed an order for Gabapentin Capsule 100 mg tablet three times a day for pain.</p> <p>Review of the physician order dated 02/21/25 revealed an order for Buspirone HCl Oral Tablet 7.5 mg (Buspirone HCl), give 7.5 mg by mouth three times a day for anxiety.</p> <p>Review of the care plan dated 08/11/22 revealed Resident #33 has impaired cognitive function / dementia or impaired thought processes related to dementia and schizoaffective disorder, with intervention dated 08/31/24 to administer medications as ordered; observe for side effects and effectiveness.</p> <p>Observation on 04/21/25 at 2:33 P.M. in Resident #33's room revealed a medication cup sitting on the bedside table with two pills in it. Resident voices she will take them. r.</p> <p>Interview on 04/21/25 at 2:34 P.M. with Licensed Practical Nurse (LPN) #374 confirmed Resident #33 is not approved to self-administer her medications.</p> <p>Interview on 04/21/25 at 2:35 P.M. with LPN #506 confirmed the medications sitting on Resident #33's bedside table as Gabapentin 100 mg tablet and Buspirone HCl 7.5 mg tablet. Interview also confirmed she left the medications on Resident #33's bedside table when she left the room. Interview also confirmed resident is not to administer her own medications.</p> <p>Review of the General Guidelines for Medication Administration policy, dated 06/17/21 revealed medications will be administered by legally-authorized and trained persons in accordance to applicable State, Local and Federal laws and consistent with accepted standards of practice. Identify the resident, administer medication and remain with resident while medication is swallowed. Never leave medication in a resident's room without orders to do so.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This deficiency represents non-compliance investigated under Master Complaint Number OH00165066 and Complaint Number OH00164982.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on record review and staff interviews, the facility failed to ensure resident who are not to able to eat by mouth (NPO) did not receive oral feedings. This affected one (Resident #101) out of three reviewed for NPO status. The facility census was 82.</p> <p>Findings include:</p> <p>Review of the medical record revealed an admitted [DATE] with diagnoses of acute respiratory failure with hypoxia, aphasia, morbid (severe) obesity due to excess calories, type 2 diabetes mellitus without complications, and food in respiratory tract, part unspecified causing other injury, initial encounter.</p> <p>Review of the Medicare 5-Day Minimum Data Set (MDS) dated [DATE] revealed Resident #101 with severe cognitive impairment. Resident was dependent on staff assistance for all activities of daily living. Resident had a peg feeding tube. Resident was not on a mechanically a altered diet or a therapeutic diet.</p> <p>Review of physician admission orders dated 02/13/25 revealed no diet order.</p> <p>Review of physician order dated 02/13/25 revealed an order for regular diet, regular texture, and thin liquids consistency.</p> <p>Review of the progress note dated 02/14/25 at 12:34 P.M. revealed an e-interact SBAR Summary for Providers with change in condition reported with staff reporting resident had coughing episode. Physician contacted with new orders for a chest x-ray and resident to remain NPO.</p> <p>Review of the physician order dated 02/14/25 revealed on order for NPO diet, NPO texture, NPO consistency, resident has a g-tube.</p> <p>Interview on 04/22/25 at 11:33 A.M. with Registered Nurse (RN) # 327 confirmed Resident #191 was started on a regular diet, regular texture, thin liquid diet on admission on 02/13/25. Interview also confirmed the diet order was not on the admission orders, and that the regular diet, regular texture, thin liquids diet was started without verifying with the physician whether the resident should be NPO. Interview also confirmed that Resident #101 was being fed by staff when the resident was coughing or choking. Interview confirmed the resident had a peg tube and should have been NPO.</p> <p>The facility was unable to provide a policy for verifying diet orders.</p>		