

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview and facility policy review the facility failed to store food in a sanitary manner. This had the potential to affect all 79 residents residing in the facility, as the facility identified zero residents with an order for nothing by mouth (NPO). The facility's census was 79. Findings Include: During the initial kitchen tour conducted on 08/04/25 from 8:30 A.M. to 8:50 A.M. observations revealed in the dry food/canned food storage three cans of 66.5 ounces (oz) of tuna each were dented along the seal and stored in the main storage area for resident foods to be used for meal preparation. In the walk-in freezer there was an opened box of beef patties with the plastic storage bag opened exposing approximately 20 frozen beef patties to the cardboard box and the freezer air. In the walk-in cooler there was an opened box of bacon with the plastic bag cut opened exposing the bacon to the cooler air and the cardboard box. On the plate and cup storage rack sat a closed container of topical pain ointment medication Icy Hot. In the food preparation refrigerator near the steam table was an opened undated unlabeled container of half-eaten seafood salad with the sell by date of 07/31/25. An interview on 08/04/25 at 8:45 A.M. with Dietary [NAME] (DC) #244 confirmed the dented cans of tuna, the opened boxes with exposed beef patties and bacon, the Icy Hot container located on the clean plates and cups storage and the undated, unlabeled container of seafood salad in the food preparation refrigerator. DC #244 stated stored food had to be secured in the boxes or the plastic bags and personal items should not be stored on shelves in the kitchen or in the food preparation refrigerator. Review of the facility's policy titled, Food Handling undated revealed food will be stored, prepared, handled, and served so that the risk of foodborne illness is minimized.		

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: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, staff interviews, and facility policy review the facility failed to maintain the dignity of three residents (Resident #42, #64, and #75) during the lunch service in the dining room, and failed to ensure dignity of a resident was maintained by not removing facial hair for one resident (Resident #66) out of four residents reviewed for dignity. The facility census was 79. Findings include: 1. Review of Resident #42's medical record revealed admission to facility on 02/01/23 with diagnoses of heart disease, pulmonary hypertension, chronic obstructive pulmonary disease, speech and language deficits, stroke, and gastric reflux. Review of Resident #42's physician orders revealed an order for a regular diet, mechanical soft texture, regular thin liquids consistency. Review of Resident #42's most recent Minimum Data Set (MDS) 3.0 assessment revealed no cognitive impairment. Resident #42 required meal set up for all meals and was independent with a wheelchair for mobility. 2. Record Review of Resident #64 revealed admission to facility on 5/28/25 with most recent reentry of 6/24/25 for diagnoses of high blood pressure, heart failure, dysphagia (difficulty swallowing), anemia (low blood count), and weakness. Diet order was for mechanical soft texture, regular thin liquids. Record Review of Resident #75 revealed admission to facility on 3/11/25 with diagnoses of broken pelvis, atrial fibrillation (irregular heartbeat), anemia, weakness, diabetes mellitus, and Non-[NAME] lymphoma (cancer of white lymph system). Diet order was for regular diet, mechanical soft texture, regular (thin liquid) consistency. Observation on 08/04/25 from 12:01 P.M. to 12:30 P.M. revealed lunch service being served to residents in the dining room. Residents were observed sitting at six tables with three to four residents sitting at each table awaiting lunch meal service with Activity Aide (AA) #234 visiting with several residents. The tables were clear of drinks, silverware, and place settings. The open sided tray cart filled with the resident's meal trays was delivered to the dining room, at that time AA #234 left the room stating she was not a certified nursing assistant and could not pass the meal trays. Observation on 08/04/25 at 12:10 P.M. revealed Certified Nursing Assistant (CNA) #255 entered dining room and began serving the meal trays from the tray cart. The first table to be served had four female Residents awaiting tray pass. CNA #255 provided trays to three of four Residents at the first table, omitting tray pass to Resident #42. CNA #255 proceeded to pass trays to the second table for two Residents, then approximately 10 minutes later CNA #255 returned to first table to provide a tray to Resident #42 where the three other Residents had already begun consuming their meals. CNA #255 then returned to finish passing trays to the remaining Residents at the second table. CNA #255 began to pass trays to the third table with four Residents, including Resident #75, and one guest. CNA #255 could not locate Resident #75's tray and proceeded to complete tray pass for the other three residents at the third table. CNA #255 continued to serve the residents sitting at the remaining tables. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At 12:15 P.M. Resident #64's spouse stood up and asked if she could please assist CNA #255 in tray pass due to the amount of time it was taking. Resident #64's spouse was told politely she could not. Resident #64 and his spouse then exited the dining room to find where Resident #64's tray had been sent. At 12:25 P.M. Resident #64 and his spouse returned to the dining room accompanied by the Activities Director #226 carrying Resident #64's tray, which had been placed on the room tray cart for service in his room. The guest of Resident #75 asked the Activities Director #266 if she would assist in locating Resident #75's meal tray. At 12:28 P.M. CNA #255 left dining room with Resident #75 not being served a tray and did not return. At 12:30 P.M. the Activities Director #226 returned with Resident #75's tray, which had been sent out on the room tray cart for service in the rooms, and put the whole tray on the table without removing the contents (plates, drink cup, and silverware) from the tray and removing the tray from the table. The remaining Residents at table three had their trays removed after their plates, cups, and silverware were placed on the table. Resident #75 verbalized to her guest, this is (expletive). At 12:30 P.M. all Residents in dining room had received their lunch meal. Interview on 08/05/25 at 3:00 P.M. with CNA #255 confirmed during lunch meal on 08/04/25 the residents had not been served a table at a time and several residents did not receive their lunch meal trays at the same time as the other residents seated in the dining room. CNA #255 stated she does not generally work in the dining room during mealtimes and was not trained on tray pass in the dining room. CNA #255 was not aware of completing tray service to one table prior to beginning another table. Review of the facility's policy titled Meal Service undated revealed no procedure for tray/meal pass to ensure the dignity of Residents. Review of the facility's policy titled Resident Rights undated revealed the facility is to assure the resident's personal dignity, well-being, and self-determination is maintained and Residents are knowledgeable regarding The [NAME] of Rights. 3. Review of Resident #66's medical record revealed admission date 12/28/23 with diagnoses including but not limited emphysema and Alzheimer's dementia. Review of Resident #66's MDS 3.0 assessment dated [DATE] revealed Resident #66 had impaired cognition, no behaviors were marked for refusal of care and required substantial to maximum assistance from staff to complete personal hygiene tasks including shaving. Review of Resident #66's Activities of Daily Living (ADL) care plan dated 01/05/24 revealed Resident #66 required assistance with ADLs related to impaired cognition with interventions implemented including staff assistance with daily personal hygiene tasks including shaving as needed. Further review revealed no care plans implemented for behaviors and/or refusals of care by Resident #66. Review of Resident #66's personal hygiene task documentation dated 07/05/25 to 08/04/25 revealed Resident #66 received partial to dependent assistance from staff to complete daily personal hygiene, there were no entries to reflect refusal of care by Resident #66. Observation on 08/04/25 at 11:30 A.M. revealed Resident #66 (a female resident) lying in bed watching television. Resident #66 had glasses in place and had dark facial hair to her top lip covering the entire top lip as a mustache. Interview on 08/04/25 at 11:40 A.M. with Resident #66 revealed the staff usually assists with shaving (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	off her facial hair, staff had not assisted with shaving facial hair in several days. Resident #66 stated it bothered her when the staff does not assist with shaving off facial hair and she does not like to be seen with facial hair in place. Interview on 08/04/25 at 3:30 P.M. with Licensed Practical Nurse (LPN) #221 confirmed Resident #66 had dark facial hair to her top lip like a mustache. LPN #221 stated staff should be offering to shave the residents during bathing and when needed. Review of the facility's policy titled Personal Care Bathing undated revealed, Residents are interviewed during the admission process, quarterly, and as needed regarding the frequency they want for bathing and the type of bathing that they prefer, i.e., shower, bath, or bed bath. Nailcare, oral care, and shaving are also offered during routine personal care and bathing, and as needed. Review of the facility's policy titled Resident Rights undated revealed, To assure the resident's personal dignity, well-being and self- determination is maintained to assure the resident's are knowledgeable to rights and responsibilities in this regard.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the surety bond was greater than the personal funds managed by the facility. This had the potential to affect all 53 residents (Residents #2, #3, #4, #5, #8, #9, #11, #14, #16, #18, #19, #20, #22, #25, #26, #28, #29, #31, #32, #35, #36, #38, #40, #42, #43, #44, #45, #47, #48, #50, #52, #53, #54, #55, #56, #58, #59, #63, #64, #65, #66, #68, #70, #72, #73, #74, #76, #77, #80, #83, #86, #88 and #97) who had their funds managed by the facility. The facility census was 79. Findings include: Review of the surety bond purchased by the facility on [DATE] revealed they were insured for \$50,000 for resident funds. This bond expired on [DATE]. Review of the Resident Funds Management Service Trial Balance, from [DATE] through [DATE] revealed the balances were greater than \$50,000 on [DATE] and [DATE]. The balance showed \$62,318.40 on [DATE] and \$70,729.40 on [DATE]. Interview on [DATE] at 10:08 A.M. with the Business Office Manager (BOM) #273 revealed June of 2025 the facility had switched ancillary service providers and the billing had changed. She stated this caused the resident funds to show higher amounts of money in the account as not all the provider bills had been paid. She verified the funds were in the account and the balances were correct on the dates listed above.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure pharmacy recommendations were addressed by the physician for four (Residents #2, #5, #24, #54) of five residents reviewed for unnecessary medications. The facility census was 79. Findings include: 1. Review of the medical record for Resident #2 revealed an admission date of 03/23/22 with diagnoses including diabetes mellitus, heart failure, depression and history of falling. Review of the physician ' s orders for Resident #2 revealed she had an order for Prozac 20 milligrams (mg) (an antidepressant) once daily dated 04/04/23 and Trazodone 50 mg (an antidepressant) at bedtime dated 11/24/22. The Trazodone was discontinued on 11/20/24. Review of the pharmacy recommendation titled Note To Attending Physician/Prescribed, dated 08/07/24 revealed the pharmacist recommended to consider a gradual taper of Resident 2 ' s antidepressant Prozac 20 milligrams (mg). The recommendation was left blank and was not signed or dated by the physician. Review of the pharmacy recommendation titled Note To Attending Physician/Prescribed, dated 11/13/24 revealed the pharmacist recommended a consideration of a gradual taper of Resident 2 ' s antidepressants Prozac 20 mg and Trazodone 50 mg. The recommendation was left blank and was not signed or dated by the physician. Review of the pharmacy recommendation titled Note To Attending Physician/Prescribed, dated 05/31/25 revealed the pharmacist recommended a consideration of a gradual taper of Resident 2 ' s antidepressant Prozac 20 mg. The recommendation was left blank and was not signed or dated by the physician. Review of the pharmacy recommendation titled Note To Attending Physician/Prescribed, dated 07/31/25 revealed the pharmacist recommended a consideration of a gradual taper of Resident 2 ' s antidepressant Prozac 20 mg. The recommendation was left blank and was not signed or dated by the physician. Interview on 08/07/25 at 9:50 A.M. with the Director of Nursing (DON) verified she had printed them off of the pharmacy website during the survey. She was unable to verify if the physician had been provided with the pharmacy recommendations when the facility had received them on the dates listed above. Review of the facility policy titled, Psychotropic Drug and Unnecessary Drug Use, undated, revealed the consulting pharmacist would report any irregularities specific to unnecessary medications to the physician and these reports would be acted upon in a timely manner. The policy stated the physician would document the rationale in the medical record for the continued use of those medications. 2. Review of records for Resident #5 revealed an admission date of 05/14/20. Diagnoses included but not limited to chronic respiratory failure with hypoxia, unspecified psychosis, and anxiety disorder. Review of the physician orders for June 2025 revealed an order for Seroquel (an antipsychotic used to (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	treat mental health conditions) 25 milligram (MG) by mouth (PO) at bedtime (HS). Review of the monthly pharmacy review dated 06/28/25 indicated Resident #5 had orders for Seroquel 25 milligram mg by (PO) at (HS). The pharmacy requested an attempt at a trial discontinuation of Seroquel. There was nothing under the area for physician response indicating whether the physician accepted or declined the recommendations, no rationale, not signed and not dated. Interview on 08/07/25 at 9:50 A.M. with DON revealed reviewed gradual dose reeducation (GDR) from pharmacy that were to be given to the physician. There was one form provided for this resident provided by the DON. She stated she had printed them off from the pharmacy during the survey. She was unable to state if the physician had seen the provider form. She verified the physician had not agreed/disagreed, provided a rationale, signed and dated the form. Review of facility policy Psychotropic Drug & Unnecessary Drug Use, undated, revealed the physician will documents the use of the medication benefits the well-being of the resident and the benefit outweighs the risk, or documents contraindications for reductions in the medical record. 3. Review of the medical record for Resident #24 revealed admission date 02/10/25 with diagnoses including but not limited osteomyelitis of vertebra, Multiple Sclerosis (MS), heart failure, sepsis, and depression. Resident #24 had intact cognition and was non-ambulatory. Review of Resident #24 ' s physician orders dated 08/01/25 to 08/30/25 revealed an order dated 07/22/25 for anti-depressant medication Sertraline (Zoloft) 50 milligrams (mg) give one tablet by mouth in the morning for depression. Review of Resident #24 ' s pharmacist ' s health status progress notes revealed the pharmacist completed a Medical Record Review (MRR) on the following dates 04/18/25, 05/31/25 and 07/31/25 with no recommendations issued. Further review revealed the pharmacist issued recommendations following the completion of MRRs on 04/09/25, 06/29/25, and 02/18/25. Review of an email dated 08/06/25 from the pharmacy to the DON revealed Resident #24 had an admission order for antipsychotic medication Zyprexa on 02/13/25 which was discontinued in May 2025 and reinstated on 07/16/25 and then discontinued on 07/19/25. There was no further documentation to review concerning any of the pharmacy recommendations made on 02/18/25, 04/09/25, and 06/29/25. An interview on 08/07/25 at 9:50 A.M. with the DON confirmed there were no further documentation for review for Resident #24. The DON stated she had printed the forms off from the pharmacy during the survey and she was unable to state if the physician had seen the provider forms. 4. Review of medical record for Resident #54 revealed admission to the facility on [DATE] and reentry on 10/09/24 with diagnosis including acute respiratory failure, chronic obstructive pulmonary disease, morbid obesity, history of pulmonary emboli (blood clot in lung), deep vein thrombosis (blood clot in leg), gastric reflux, insomnia (difficulty sleeping), other depressive disorder, and other psychoactive substance dependence in remission, bilateral hand contractures, and Amyotrophic Lateral Sclerosis. Review of medication orders updated on 08/07/25 for Resident #54 revealed Resident #54 was (continued on next page)		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	prescribed Paxil (anti-depressant) 20 milligrams (mg) daily at bedtime. Review of pharmacist completed health status notes for Resident #54 dated 07/10/24 through 8/07/25 revealed monthly pharmacy medication reviews completed on 07/10/24 (no recommendations made), 09/13/24 (recommendations made), 10/09/24 (no recommendations made), 11/13/24 (recommendations made), 12/05/24 (recommendations made 01/13/25 (admission review completed with no recommendations), 04/29/25 (recommendations made), 05/31/25 (no recommendations made), 06/29/25 (no recommendations made), 07/31/25 (no recommendations made). Review of pharmacy form titled MD recommendations dated 12/05/25 and printed on 12/09/24 for Resident #54 revealed initial pharmacist requesting review of the anti-depressant Paxil 20 mg every night for gradual dose reduction (GDR). There was no documentation by the physician of review of information and there were no new orders or rationale for no dose reduction obtained. Review of Resident #54 ' s progress notes dated 12/01/24 to 04/30/25 revealed no documentation or follow up being completed for the pharmacy recommendations dated 12/05/24 and 04/29/25. Interview on 08/06/25 at 3:30 P.M. with DON confirmed there was no documentation of the recommendation form dated 04/29/25 being reviewed and addressed by the physician. The DON also confirmed there was no physician follow-up to the recommendations made on 12/05/24 in the medical record. Review of the facility policy titled Psychotropic Drug and Unnecessary Drug Use, undated revealed the facility pharmacist will assess each Resident ' s medical record and medication regimen monthly and report irregularities or recommendations for gradual dose reduction to the attending physician, facility medical director, and the Director of Nursing. These findings will be acted upon in a timely manner by the attending physician acknowledging in writing review of the information/recommendations and actions taken or why no action was taken.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and review of facility policy, the facility failed to ensure infection control was maintained during medication administration for Resident #2 and #72, during incontinence care for Resident #61 and when caring for Resident #75 during contact isolation. This affected four residents (#2, #72, #61 and #75) of 24 residents observed for infection control. The facility census was 79. Findings include: 1. Review of the medical record for Resident #2 revealed an admission date of 03/23/22. Diagnoses included but not limited to pulmonary hypertension and type 2 diabetes mellitus with diabetic chronic kidney disease. Review of the minimum data set (MDS) 3.0 assessment dated [DATE] revealed Resident #2 had moderately impaired cognition. Observation on 08/06/25 at 8:39 A.M. with LPN #279 during medication administration revealed she had taken the medicine cup with medications into Resident #2 ' s room to administer. LPN #279 donned gloves without performing hand hygiene first. Interview on 08/06/25 at 8:59 A.M. with LPN #279 confirmed she did not wash her hands before donning gloves. Interview on 08/06/25 at 9:11 A.M. with Director of Nursing (DON) confirmed hand hygiene was to be performed before and after glove usage. Interview on 08/11/25 at 9:29 A.M. with Assistant Director of Nursing (ADON) #208 confirmed hand hygiene was to be performed before and after glove usage. Review of facility policy, Handwashing, undated, revealed to maintain a high standard of hygiene in patient care through thorough handwashing procedures to include before and after physical contact with a resident. 2. Review of the medical record for Resident #72 revealed an admission date of 08/07/24. Diagnoses included but not limited to malignant neoplasm of pancreas, atrial fibrillation, and unspecified jaundice. Review of the MDS 3.0 assessment dated [DATE] revealed Resident #72 had intact cognition. Review of the physician orders for July 2025 for Resident #72 revealed an order for Pantoprazole Sodium (used to treat conditions involving excessive stomach acid production) oral tablet delayed release (DR) 40 milligram (MG) to administer one tablet every day. Observation on 08/06/25 at 8:20 A.M. with LPN #279 during medication administration revealed she was removing Pantoprazole Sodium 40 mg from the package, and she could not get it out, so LPN #279 used her bare hand to touch the tablet to pull it out from the package and placed the tablet in the medicine cup. LPN #279 entered Resident 72 ' s room and administered the medication to the resident. Interview on 08/06/25 at 8:59 A.M. with LPN #279 confirmed she used her bare hand to remove the Pantoprazole Sodium 40 mg from the medication package and administered to Resident #279. LPN #279 confirmed she should have used gloves to remove the medication. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 08/06/25 at 9:11 A.M. with DON confirmed staff were not to use their bare hands to touch residents ' medication Interview on 08/11/25 at 9:29 A.M. with ADON #208 confirmed staff were not to use their bare hands to touch residents ' medication Review of facility policy, Handwashing, undated, revealed to maintain a high standard of hygiene in patient care through thorough handwashing procedures to include before and after physical contact with a resident 3. Review of the medical record for Resident #61 revealed an admission date of 04/12/24. Diagnoses included but not limited to anemia, chronic obstructive pulmonary disease, chronic kidney disease stage 3 and congestive heart failure. Review of the admission MDS 3.0 assessment revealed Resident #61 had intact cognition, and was dependent for toileting assistance and always incontinent of bladder and bowel. Review of the care plan dated 06/20/25 revealed Resident #61 had bladder incontinence. Interventions included to remain clean and odor free and skin remain intact, administer treatments per physician orders and assist with toileting and incontinence care as needed. Observation on 08/06/25 at 1:44 P.M. of incontinence care for Resident #61 revealed Certified Nursing Assistant (CNA) #214 while performing incontinent care had removed her gloves and applied new gloves without performing hand hygiene. Interview on 08/06/25 at 1:57 P.M. with CNA #214 confirmed she did not perform hand hygiene before applying gloves during incontinence care. Interview on 08/06/25 at 2:33 P.M. with the DON confirmed staff were to perform hand hygiene before and after glove usage. Interview on 08/11/25 at 9:29 A.M. with the ADON #208 confirmed staff were to perform hand hygiene before and after glove usage. Review of facility policy, Incontinence Care, undated, revealed staff are to wash hands and don gloves. 4. Review of the medical record for Resident #75 revealed an admission date of 06/02/25 with diagnoses including Vancomycin-resistant enterococci (VRE) in her urine (type of bacteria that is resistant to the antibiotic Vancomycin), heart disease and diabetes mellitus. Review of the urine culture dated 07/31/25 and reported on 08/03/25 revealed Resident #75 had VRE in her urine. Review of the physician ' s orders for Resident #75 revealed an order for contact isolation for VRE dated 08/03/25. Observations on 08/04/25 at 8:48 A.M. and 08/04/25 at 3:31 P.M. revealed a sign prior to entering Resident #75 ' s room stating that she was on enhanced barrier precautions (providers and staff must (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	clean their hands before entering and leaving the room, wearing gown and gloves for high-contact resident care activities including dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care and wound care). There was no signage stating that Resident #75 was on contact precautions. Interview on 08/04/25 at 3:32 P.M. with Certified Nursing Assistant (CNA) #268 verified Resident #75 had contact isolation. She stated staff did not have to wear personal protective equipment (PPE) when going into the room, only when doing care on the resident. Interview on 08/04/25 at 3:35 P.M. with Licensed Practical Nurse (LPN) #267 verified Resident #75 was on contact isolation. She stated staff had not placed the correct isolation sign on the door and were not wearing PPE when going into Resident #75 ' s room. Review of the facility policy titled, Transmission-Based Precautions, dated September 2024, revealed contact precautions reduced the risk of transmission of microorganisms by direct or indirect contact. Staff were to wear gloves and gowns at all times and perform hand washing prior to entering the room and before leaving the room.		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on record review and interview, the facility failed to ensure Resident #86's personal funds were forwarded to the resident's estate within 30 days. This affected one (Resident #86) of one resident reviewed for personal funds after death. The facility census was 79. Findings include: Review of the medical record for Resident #86 revealed an admission date of 01/09/24 with diagnoses including chronic obstructive pulmonary disease (COPD), dementia and heart disease. Resident #86 passed away at the facility on 06/09/25. Review of the Resident Funds Management Service Trial Balance, dated 08/06/25 revealed Resident #86 had a balance of \$613.71. Interview on 08/06/25 at 10:58 A.M. with Business Office Manager (BOM) #273 verified Resident #86's personal funds of \$613.71 were not dispersed to her estate within 30 days.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Number of residents sampled: Number of residents cited: Based on observation, staff interview and facility policy review the facility failed to maintain a clean homelike environment in resident's rooms by leaving visibly soiled privacy curtains hanging. This affected five residents (Residents #24, #45, #59, #66 and #78) out of 79 residents reviewed for environment. The facility's census was 79. Findings Include: Observation on 08/06/25 at 1:25 P.M. revealed Resident #24's privacy curtain was soiled with several large dark circular stains visible from the doorway and from the bed, where Resident #24 was lying. Interview on 08/06/25 at 1:30 P.M. with Certified Nursing Assistant (CNA) #235 confirmed the visibly soiled privacy curtain in Resident #24's room. CNA #235 stated housekeeping usually will change out the soiled privacy curtains for clean ones as needed. Observations on 08/06/25 from 2:05 P.M. to 2:25 P.M. revealed visibly soiled privacy curtains in the rooms of Residents #45, #59, #66 and #78. Each privacy curtain was observed with dark stains visible from the doorway. Interview on 08/06/25 at 2:27 P.M. with Housekeeping and Laundry Director (HLD) #270 confirmed the visibly soiled privacy curtains located in the rooms of Residents #45, #59, #66 and #78. HLD #270 stated the privacy curtains are to be laundered every two weeks and as needed. Currently the facility was in the process of purchasing enough privacy curtains to have a rotating laundry schedule for each privacy curtain in the facility. Reviewed the facility's policy titled, Housekeeping Cleaning and Disinfection of Environmental Surfaces dated 01/11/21 revealed Walls, blinds, privacy and window curtains in resident areas will be cleaned when these surfaces are visibly soiled.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide showers per resident preference and shower schedule. This affected one (Resident #27) of four residents reviewed for activities of daily living (ADL's). The facility census was 79. Findings include: Review of the medical record for Resident #27 revealed an admission date of 06/25/25 with diagnoses including heart failure, chronic respiratory failure, diabetes mellitus, history of falling and difficulty walking. Review of the care plan dated 06/25/25 for Resident #27 revealed she required assistance with ADL's related to shortness of breath, weakness and history of falls. Interventions included for staff to assist her as needed daily with hygiene and showering her as per the facility policy weekly. Review of the document Shower Preference, dated 06/25/25, revealed Resident #27 preferred to have three showers weekly in the morning. Review of the document Shower Schedule, undated, revealed Resident #27 was scheduled to have showers on Monday and Thursday on night shift. Review of the admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed it was very important for the resident to choose between showers, bed baths, tube baths and sponge baths. Resident #27 required substantial to maximum assistance from staff for showers. Review of the shower documentation from 07/09/25 through 08/06/25 for Resident #27 revealed she had not received her scheduled showers on 07/10/25, 07/14/25 and 07/31/25. Review of the nursing progress note dated 08/05/25 at 3:17 A.M. for Resident #27 revealed she had refused her shower three times on nightshift as she had gotten a shower on dayshift. Interview on 08/04/25 at 10:59 A.M. with Resident #27 revealed she was scheduled to have her showers at night. She stated she had updated the staff when she was admitted that she wished to have her showers in the morning. Resident #27 also stated she wished to have three showers a week and the facility had only scheduled her to have two showers a week. Interview on 08/06/25 at 12:15 P.M. with the Director of Nursing (DON) verified Resident #27's shower preference sheet stated she wanted three showers a week in the morning. She also verified Resident #27 was not getting her showers as scheduled or per her preference. Review of the facility policy titled, Personal Care/Bathing, undated, revealed residents were interviewed during the admission process, quarterly and as needed regarding the frequency they wanted showers. The policy also stated residents would receive personal care according to their plan of care to promote dignity, cleanliness and general well-being.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and facility policy review, the facility failed to complete weekly skin assessments for Resident #39 who the facility identified as having surgical wounds upon admission. This affected one Resident (Resident #39) out of one resident reviewed for skin impairment. The facility census was 79. Findings Include: Review of the medical record for Resident #39 revealed admission date of 06/06/25 with diagnoses of aftercare for surgical repair of fracture to right ankle, atrial fibrillation (an irregular heartbeat), diabetes mellitus type two, chronic osteomyelitis, esophageal varices (bleeding of small blood vessels in the esophagus, liver cirrhosis (chronic liver damage), and congestive heart failure. Review of the Comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #39 was cognitively intact and required partial to moderate assistance with personal care and bathing. Resident #39 required a wheelchair or crutches for mobility and was non-weight bearing to right foot. Review of Resident #39's admission skin assessment dated [DATE] revealed documentation and description of multiple surgical incisions to right foot and ankle, callous to right heel, callous to bottom right foot under great toe, right great toe bruised and purple in color, and raised, scaly, cracked area to top and bottom of left great toe. Review of Resident #39's routine weekly skin assessments dated 06/13/25 and 06/20/25 revealed no documentation or description of specified wounds. There were no weekly wound tracking/assessments created and/or completed for Resident #39's surgical wounds to be assessed by the facility wound nurse. Review of Resident #39's progress notes revealed on 06/23/25 Resident #39 was transferred to the hospital for treatment to surgical wounds on the right foot. Review of Resident #39's hospital documentation revealed Resident #39 returned to the facility on [DATE] with new wound care treatment orders. Interview on 08/07/25 at 2:35 P.M. with facility Assistant Director of Nursing (ADON) #208 revealed all Residents are to have a skin assessment completed within 24 hours of admission and if any abnormalities or wounds present staff are to notify the ADON #208. ADON #208 will then complete a more in-depth assessment of wounds, verify treatment orders as needed and initiate weekly wound tracking assessments to further monitor the wound. Interview on 08/07/25 at 2:40 P.M. with the Director of Nursing (DON), confirmed there were no wound assessments/tracking completed weekly for Resident #39 prior to being hospitalized on [DATE]. Review of the facility's policy titled Skin Assessment undated revealed skin assessments are to be completed within 24 hours of admission and every 7 days for any skin abnormalities.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility did not ensure appropriate treatment and equipment were provided to Resident #54 for bilateral hand contractures to prevent further decrease in range of motion. This affected one resident (#54) of one resident reviewed for range of motion/mobility. The facility census was 79. Findings Include: Review of the medical record for Resident #54 revealed admission to facility on 11/22/23 and reentry on 10/09/24. Pertinent diagnoses included bilateral hand contractures and Amyotrophic Lateral Sclerosis (ALS). Review of the physician orders from 11/22/23 to 08/07/25 for Resident #54 revealed there were no orders for bilateral hand splints. Further review revealed an order dated 04/14/2 for referral to a hand specialist for bilateral hand contractures. Review of the Occupational Therapy (OT) Discharge summary dated [DATE] for services 10/16/24 to 11/08/24 revealed Resident #54 was treated for bilateral hand contractures and bilateral hand splints were initiated for four to six hours per day. Resident #54 was provided with an exercise program for hands and staff education was provided on splint use. No restorative nursing program was recommended. Review of a nursing progress note dated 04/14/25 revealed Resident #54's physician made rounds and Resident #54 was complaining of difficulties moving hands and splints were ineffective. Further review of the medical record nursing progress notes, OT treatment notes, and aide tasks grids for April 2025 through August 2025 for Resident #54 revealed no documentation of refusals by Resident #54 in regard to wearing of bilateral hand splints after OT recommendations. Review of the Physical Therapy (PT) Discharge summary dated [DATE] for services dated 04/23/25 through 06/20/25 revealed physical therapy recommendations for restorative nursing program for restorative splint and brace program to bilateral hands. Review of the PT discharge summary further revealed a recommendation for bilateral resting hand splints, complete range of motion program before performing splint/brace program, monitor skin and circulation, report to nurse if any edema, swelling, or skin discolorations and refer to OT and PT as needed. Patient to wear splints at night as tolerated. Review of Occupational Therapy treatment notes dated 07/20/25 through 07/31/25 revealed Resident #54 was receiving treatment for bilateral hand contractures. Review of occupational therapy treatments notes further revealed Resident #54 reported the current hand splints not fitting correctly and Resident #54 was being measured for new, better fitting splints. Review of Resident #54 care plan report dated 02/23/25 and revised on 07/12/25 revealed Resident #54 was non-compliant related to not wearing hand splints and interventions by nursing staff to include education by staff to Resident on rationale for use and negative outcomes if not used, explanation of benefits of use, and notification to physician of non-compliance. Further review revealed there was not a splint use care plan implemented to review. Observation on 08/04/25 at 9:30 A.M. revealed Resident #54 sitting on the side of bed having just completed breakfast. There were two teal green hand splints observed lying on the chair seat opposite the bed. Resident #54 was observed with contractors to four fingers on bilateral hands. Interview on 08/04/25 at 9:30 A.M. with Resident #54 revealed hand splints did not fit correctly so he was unable to wear the splints due to not fitting. Resident #54 reported that he recently started occupational therapy, and the facility was working on getting him a new pair of hand splints that would fit better but does not know when they were ordered. Interview on 08/06/25 at 1:55 P.M. with the Therapy Director (TD) #281 confirmed there was no nursing documentation reflecting the use of bilateral hand splints following the completion of OT and/or Physical Therapy (PT) services on 10/16/24, 04/24/25, and 06/20/25 for Resident #54. TD #281 also confirmed there and been no communication between therapy services and the nursing department for use of and education of placement for the clinical staff to place the bilateral hand splints for Resident #54. Interview on 08/06/25 at 2:00 P.M. with the Director of Nursing (DON) confirmed there were no physician orders for bilateral hand splints on/after 10/16/25, on/after (continued on next page)		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	04/24/25, on/after 6/20/25. DON confirmed there was no Restorative Nursing Program for hand splints after physical therapy recommendation on 06/20/25. DON confirmed there was no documentation of Resident #54 refusal to wear bilateral hand splints in the nursing notes, no documentation of interventions completed from care plan dated 02/23/25 and revised on 07/12/25 related to Resident #54's non-compliance, and no documentation of physician notification that the hand splints were not being worn by Resident #54.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and review of the facility policy, the facility failed to ensure a thorough investigation was completed for a fall. This affected one (Resident #5) out of one resident reviewed for falls. Facility census was 79. Findings include: Review of the medical record for Resident #5 revealed an admission date of 05/14/20. Diagnoses included chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, morbid obesity, and asthma with exacerbation. Review of the quarterly minimum data set (MDS) 3.0 assessment dated [DATE] revealed Resident #5 had moderately impaired cognition. Activities of daily living (ADL's) included substantial assistance for shower, dressing and hygiene and dependent for toileting assistance. Resident #5 was a Hoyer lift (mechanical lift) for transfers. Review of the physician orders for July 2025 revealed Resident #5 was a Hoyer lift for transfers, bilateral turning bars for bed mobility assist, bed in lowest position, mat to right side of bed due to history of falls, perimeter mattress, frequent assessment of bed height to ensure it's in lowest position and remind resident not to change height of bed, and Compass Palliative Care. Review of the care plan dated 03/22/24 revealed Resident #5 was at risk for falls and potential injury related to valgus deformity right leg, chronic obstructive pulmonary disease (COPD), asthma, emphysema, shortness of breath, history of falls, history of cerebral vascular accident, scoliosis, morbid obesity, incontinence, and bone density disorder. Interventions included keep commonly used articles within easy reach, maintain a clear pathway, mat to floor right side of bed, educational attempts of education regarding compliance, educate resident and family on negative outcomes related to non-compliance, explain all procedures before starting, bed in lowest position when occupied, frequent assessment of bed height to ensure its in lowest position and remind resident not to change height of bed, move room close to nurses station, and perimeter mattress to bed. Review of the facility fall investigation report dated 03/22/25 at 3:30 A.M. revealed Licensed Practical Nurse (LPN) #241 was called to Resident #5's room by Certified Nursing Assistant (CNA) #237. LPN #241 found Resident #5 on the floor lying in supine position next to her bed. LPN #241 observed deformity to right lower leg just below knee on medial side and one just above ankle. LPN #241 did an assessment to include good pedal pulses to lower leg and immobilized with pillows. Emergency Medical Services (EMS) were called immediately. Resident #5 was unable to provide description of what happened. Immediate intervention included first aide and EMS contacted to transport to hospital for evaluation. All notifications to Physician, family, and DON completed. There were no witness statements from staff included in the investigation. Interview on 08/06/25 at 9:11 A.M. with Director of Nursing (DON) confirmed the falls investigation for Resident #5 was missing the staff statements. DON reported she was unable to find the staff statements and she had the Assistant Director of Nursing (ADON) #208 call the staff today to get their statements. Interview on 08/11/25 at 9:29 A.M. ADON #208 confirmed the falls investigation wasn't thorough due to no staff statements being completed. ADON #208 confirmed she contacted the staff on 08/06/25 via phone for their statements. Interview on 08/11/25 at 12:20 P.M. via phone with LPN #241 revealed she was notified immediately by CNA #237 regarding a fall with Resident #5. LPN #241 reported she immediately assessed Resident #5, provided first aide and sent to hospital for evaluation. LPN #241 reported falls interventions were in place and the new immediate falls intervention was first aide and sent to hospital for evaluation. LPN #214 reported she returned the same day with a fracture, sling and follow up appointment scheduled with orthopedic physician. LPN #241 confirmed she was never interviewed or asked for a statement until 08/06/25 when ADON #208 called her by phone for her statement. Review of facility policy, Fall Management, undated, revealed if a fall occurs, the licensed nurse will assess the resident for injury from the fall and initiate an investigation of the reason for the fall.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 record review, observation, interview and review of facility policy, the facility failed to provide respiratory care per physician order for Resident #77. This affected one resident (Resident #77) of three residents reviewed for Respiratory Care. The facility identified 23 additional residents (#8, #22, #2, #20, #36, #92, #88, #1, #58, #18, #27, #33, #28, #6, #5, #63, #21, #14, #54, #55, #70, #78 and #44) as receiving oxygen therapy. The facility census was 79. Findings include: Record review revealed Resident #77 was admitted on [DATE] with diagnoses including Atherosclerotic Heart Disease (AHD), Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Acute Respiratory Failure with Hypoxia, Protein-Calorie Malnutrition, Dysphagia and Weakness. Review of Resident #77 's care plan dated 12/08/22 revealed she had alteration in health maintenance related to shortness of breath. Interventions included administering oxygen as ordered and as needed to relieve shortness of breath. Review of Resident #77 's physician orders revealed an order dated 11/18/24 for the resident to have three Liters (L) of oxygen by nasal cannula to keep her oxygen saturation above 90%. Review of a progress note, written on 07/29/25 at 8:50 A.M. by Respiratory Therapist (RT) #272, indicated the resident had been found on room air with an oxygen saturation level of 88%. RT #272 replaced the resident 's oxygen at two L, not the ordered three L, via nasal cannula. On 08/04/2025 at 10:12 A.M., observation revealed Resident #77 was receiving oxygen via nasal cannula at two L. On 08/05/2025 at 8:40 A.M., observation revealed Resident #77 's oxygen concentrator was set at two L, however, she did not have her cannula in her nose. This was confirmed by Licensed Practical Nurse (LPN) #279. On 08/05/2025 at 8:51 A.M., interview with LPN #279 confirmed the oxygen order for Resident #77 was three L via nasal cannula, and LPN #279 adjusted the oxygen level on the concentrator and applied the cannula to Resident #77 's nose. On 08/05/2025 at 2:28 P.M., Resident #77 's oxygen concentrator was noted to be set at two point five (2.5) L via nasal cannula. On 08/05/2025 at 2:32 P.M., LPN #279 verified Resident #77 's oxygen concentrator was set at two point five (2.5) L and adjusted the concentrator to three L. Review of facility 's undated policy, titled Oxygen Therapy Policy, revealed oxygen was to be adjusted to the flow rate prescribed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2025
NAME OF PROVIDER OR SUPPLIER Sienna Skilled Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Cadiz Road Wintersville, OH 43953	
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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview and facility policy review the facility failed to implement non-pharmacological interventions for pain management. This affected one resident (Resident #24) out of two residents reviewed for pain management. The facility census was 79. Findings Include: Review of the medical record for Resident #24 revealed an admission date 02/10/25 with diagnoses including osteomyelitis of vertebra, Multiple Sclerosis (MS), heart failure, sepsis, and depression. Resident #24 had intact cognition and was non-ambulatory. Review of Resident #24's physician orders revealed an order dated 07/18/25 for pain medication of Tramadol 50 milligram (mg) give one tablet by mouth every eight hours as needed for pain and an order dated 07/18/25 for pain medication of Tylenol 325 mg give two tablets (650 mg) by mouth every six hours as needed for pain. There were no non-pharmacological interventions (NPIs) implemented in the orders to be attempted prior to administering pain medications. Review of Resident #24's Medication Administration Record (MAR) dated 07/01/25 to 07/31/25 revealed the order for Tylenol 325 mg give two tablets (650 mg) by mouth every six hours as needed for pain was marked as being administered eight times for pain rated at seven out of 10 on the pain scale. There were no NPIs documented as being attempted prior to administration. Further review of the MAR revealed the order for Tramadol 50 milligram (mg) give one tablet by mouth every eight hours as needed for pain was marked has being administered 10 times for pain rated at eight out of 10 on the pain scale. There were no NPIs documented as being attempted prior to administration. Review of Resident #24's progress notes dated 07/01/25 to 07/31/25 revealed there were no entries or documentation related to the attempted use of NPIs prior to as needed pain medication being administered. Review of Resident #24's Medicare 5-day Minimum Data Set (MDS) dated [DATE] revealed Resident #24 received as needed pain medications and did not use and/or receive any NPIs. Interview on 08/06/25 at 10:27 A.M. with Licensed Practical Nurse (LPN) #201 confirmed there were no NPIs offered and/or attempted for Resident #42's pain control prior to the administration of as needed pain medications. LPN #201 stated there was usually a list of the NPIs in the order that can be attempted and then they are documented in the MAR of which ones were attempted prior to administration of the pain medication. Review of the facility's policy titled, Pain Management undated revealed, If the resident is assessed to be experiencing pain, the nurse will explore pharmacological and non-pharmacological interventions, as appropriate, per the resident's comprehensive assessment, plan of care, and standards of practice.		