STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366416	A. Building B. Wing	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Vista Royale LLC	1800 Sinclair Avenue Steubenville, 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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review, interview and facility policy review, the facility failed to update a resident's Pre-admission Screening and Resident Review (PASARR) with changes to the resident medical diagnosis This deficient practice affected one resident (Resident #5) of one resident reviewed for PASARR. The facility census was 46.Findings Include: Review of Resident #5's medical record revealed an admission date of 07/01/24 with diagnoses including but not limited to high blood pressure, anxiety disorder, post traumatic stress disorder (PTSD), and history of falls.Review of Resident #5's physician orders revealed an order dated 04/01/25 for the antidepressant medication, Zoloft Oral Tablet 50 milligrams (mg). Give one (1) tablet by mouth one time a day for depression, sadness, tearfulness, self-isolation related to anxiety disorder, and an order dated 09/29/25 for the antianxiety medication Vistaril Oral Capsule, 50 mg. Give 50 mg by mouth at bedtime related to insomnia and anxiety disorder.Review of Resident #5's PASARR dated 05/06/24 revealed mood disorder, panic or other severe anxiety disorder was marked no. Additionally, the PASARR asked if in the last six months, the individual was prescribed any psychotropic medications, including antidepressants or anti-anxiety medications. The assessment was marked no. This was the only PASARR to review for the resident.An interview on 02/23/26 at 2:17 P.M. with Social Services (SS) #264 confirmed Resident #5 did not have an updated PASARR to reflect the new medications and diagnoses. SS #264 stated the PASARR should be updated when there is a new psychotropic diagnosis or medication is ordered.Review of the facility's policy titled Pre-admission Screening and Resident Review revised date 01/2026 revealed PASARR will be completed with a significant change or with a new psychotropic medication and appropriate diagnoses.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on record review, observation, interview, review of manufacturer operating guidelines, and facility policy review the facility failed to ensure pressure relieving interventions were appropriate based on resident weight and the location of the resident's pressure ulcer was accurately documented. This affected one resident (Resident #24) of two residents reviewed for pressure ulcers. The facility census was 46.Findings Include: Review of Resident #24's medical record revealed an admission date of 04/28/23 with diagnoses including but not limited to dysphagia, dementia, hypokalemia, depression disorder, and high blood pressure.Review of Resident #24's physician orders revealed an order dated 12/23/25 for an air mattress to the bed to prevent skin breakdown, check placement and function every shift and a treatment order dated 02/03/26 for a left buttock wound - irrigate with normal saline, pack with calcium alginate with silver ribbon, cover with foam dressing daily and as needed (PRN) if soiled or loose every day shift for wound healing.Review of Resident #24's weekly wound/skin grid documentation revealed the resident had a pressure ulcer to the coccyx or left buttock. Further review of the medical record revealed the resident weighed 97 pounds.Observation on 02/24/26 from 11:15 A.M. to 11:35 A.M revealed Assistant Director of Nursing (ADON) #208 provided wound care to Resident #24's pressure ulcer located on the coccyx. The low air loss (LAL) mattress control unit, located at the foot of the bed, was observed to be on the weight setting for a person weighing 350 pounds.Interview on 02/24/26 at 11:30 A.M. with ADON #208 confirmed the location of Resident #24's pressure ulcer was on the coccyx and not on the left buttock. ADON #208 stated the pressure ulcer had always been on the coccyx. ADON #208 also confirmed the LAL mattress control knob was set at 350 pounds. ADON #208 stated Resident #24 weighed 97 pounds and someone must have changed the control knob setting to 350 pounds instead of the 100 pound setting which would be appropriate for Resident #24.Review of the manufacturer operating guidelines for the Proactive low air loss mattress undated revealed in the operating instructions, step #6- determine the patient's weight and set the control knob to that weight setting on the control unit.Review of the facility's policy titled Pressure Ulcer Prevention dated 01/16/07 revealed place the at-risk resident on a pressure reducing mattress and or a pressure reducing chair pad.