STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375534	A. Building B. Wing	12/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sienna Extended Care & Rehab	9221 Harmony Drive Midwest City, OK 73130

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. 35389 Based on record review and interview, the facility failed to ensure resident assessments were accurately coded for three (#27, 45, and # 52) of 18 sampled residents reviewed for resident assessments. The Administrator identified 70 residents resided in the facility. Findings: 1. Resident #52 had diagnoses which included chronic kidney disease stage four and vascular dementia. An Admission Resident Assessment, dated 09/22/23, documented the resident received a diuretic seven days of the seven day look-back period. There was no documentation Resident #52 had received a diuretic medication. On 12/19/23 at 2:56 p.m., MDS Coordinator #1 stated they reviewed resident charts, talked to staff and residents, and reviewed orders and documents to ensure resident assessments were accurately coded. The stated Resident #52's Admission Resident Assessment documented they received a diuretic and an antidepressant. MDS Coordinator #1 reviewed the resident's record and stated the resident had not received a diuretic medication. 2. Resident #27 had diagnoses which included dementia and palliative care. Resident #27's significant change assessment, dated 10/23/23, documented the resident was taking an antipsychotic medication during the seven day look-back period. It documented the resident had not received an antipsychotic medication since admission/entry or reentry. On 12/20/23 at 10:40 a.m., MDS Coordinator #1 stated an antipsychotic was taken by Resident #27 during the look-back period and it should have documented the resident had received an antipsychotic medication. 48344 3. Resident #45 had diagnoses which included congestive heart failure and hypertension. (continued on next page)

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

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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A physician's order, dated 09/05/23, documented admit to hospice care effective 08/30/23 due to diagnosis of stroke. Resident #45's quarterly resident assessment, dated 12/04/23, documented blank for hospice care. On 12/20/23 at 2:05 p.m., the MDS Coordinator #2 stated Resident #45 was on hospice care. On 12/20/23 at 2:06 p.m., the MDS Coordinator #2 stated Resident #45's quarterly resident assessment, dated 12/04/23 did not document the Resident was on hospice care. 49701

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 35389 Based on observation, record review, and interview, the facility failed to ensure: a. medications for administration were not left at the resident's bedside for one (#55) of 24 residents observed during initial pool; and b. medications were administered as ordered for two (#27 and #54) of five sampled residents reviewed for unnecessary medications. The administrator identified 70 residents resided in the facility and no residents with orders to self administer medications. Findings: An Administering Medications policy, revised 04/19, read in part, .Medications are administered in a safe and timely manner, and as prescribed .Medications are administered in accordance with prescriber orders . Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined they have the decision making capability to do so safely . 1. Resident #55 had diagnoses which included schizophrenia, dementia, insomnia, and chronic pain syndrome. On 12/18/23 at 9:16 a.m., Resident #55 stated it took the facility six hours to bring them their pain pill. Resident #55 picked up a medicine cup located on their bedside table and removed a white pill from it and showed the pill to the surveyor. Resident #55 stated they were waiting to eat breakfast before they took their medications. The medication cup was observed to have one light green colored capsule and one light green colored tablet, one red pill, one red and white circular pill, two white circular pills one larger than the other, and the pill the resident identified as the pain pill. Resident #55 stated they were going to go ahead and take their pain pill, removed a white pill from the cup, and took the medication by mouth. On 12/18/23 at 9:29 a.m., CMA #2 stated they were to sit with residents until they took their medications. CMA #2 was asked to explain the cup of medications the surveyor observed at the bedside of Resident #55. They stated the resident was going to the bathroom and complaining about the night shift. They stated there wasn't a reason the medications were left at the bedside. They stated the resident usually took them, but must have decided to go to the bathroom. CMA #2 stated they were the staff member who took Resident #55 the above medications. 48344 2. Resident #27 had diagnoses which included hypertension. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A Physician Order, dated 05/16/23, documented give one 50 mg tablet of Metoprolol Tartrate by mouth two times a day related to hypertension and hold if systolic blood pressure was less than 100. Resident #27's November 2023 MAR documented on 11/19/23 the resident's blood pressure was 96/65. It documented the resident was administered their Metoprolol Tartrate. On 12/20/23 at 12:06 p.m., the DON stated the medication was given when it should not have been according to the physician ordered parameters. 3. Resident #54 had diagnoses which included end stage renal disease and hypotension. A physician's order, dated 06/29/23, documented midodrine HCl tablet 10 mg give one tablet by mouth one time a day every Monday, Wednesday, and Friday related to hypotension, hold for systolic blood pressure greater than 110, or diastolic blood pressure greater than 70. The October 2023 MAR documented midodrine was administered on the following dates; a. 10/02/23 blood pressure was 127/76, b. 10/04/23 blood pressure was 127/91, c. 10/06/23 blood pressure was 148/93, d. 10/09/23 blood pressure was 135/69, e. 10/11/23 blood pressure was 165/72, f. 10/13/23 blood pressure was 128/65, g. 10/18/23 blood pressure was 140/66, h. 10/27/23 blood pressure was 128/61, and i. 10/30/23 blood pressure was 124/76. The November 2023 MAR documented midodrine was administered on the following dates; a. 11/01/23 blood pressure was 127/76, b. 11/08/23 blood pressure was 128/60, c. 11/10/23 blood pressure was 138/72, d. 11/15/23 blood pressure was 125/70, e. 11/20/23 blood pressure was 149/87, f. 11/22/23 blood pressure was 125/70, (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	g. 11/24/23 blood pressure was 132/84, and h. 11/27/23 blood pressure was 115/80. The December 2023 MAR documented midodrine was administered on the following dates; a. 12/01/23 blood pressure was 125/80, b. 12/04/23 blood pressure was 135/70, c. 12/06/23 blood pressure was 125/67, d. 12/08/23 blood pressure was 156/84, e. 12/11/23 blood pressure was 140/80, f. 12/13/23 blood pressure was 130/60, g. 12/15/23 blood pressure was 117/67, h. 12/18/23 blood pressure was 145/90, and i. 12/20/23 blood pressure was 145/70. On 12/21/23 at 9:23 a.m., the ADON reviewed Resident #54's 10/23 MAR. They stated midodrine should have been held for the nine days the systolic blood pressure was greater than 110. On 12/21/23 at 9:25 a.m., the ADON reviewed Resident #54's 11/23 MAR. They stated midodrine should have been held for the eight days the systolic blood pressure was greater than 110. On 12/21/23 at 9:27 a.m., the ADON reviewed Resident #54's 12/23 MAR. They stated midodrine should have been held for the nine days the systolic blood pressure was greater than 110. 49701

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49701 Based on observation, record review, and interview, the facility failed to ensure food items were dated and labeled appropriately for one of one kitchen observation. The Dietary Manager identified 69 residents who received meals from the kitchen. Findings: A Food Receiving and Storage policy, revised 11/22, read in part, .all foods stored in the refrigerator or freezer are covered, labeled and dated (use by date) .other opened containers are dated and sealed or covered during storage . On 12/18/23 at 8:35 a.m., cherry fountain syrup was observed in the dry storage room with no open date with one third of it used. On 12/18/23 at 8:44 a.m., tartar sauce was observed in the refrigerator with no open date and two thirds used. Chocolate cupcakes were observed in the refrigerator with no label or date. On 12/18/23 at 8:46 a.m., garlic spread was observed in the refrigerator with no open date and half used. On 12/18/23 at 9:13 a.m., the Dietary Manager stated they could not identify when the tartar sauce or garlic sauce was opened. They stated there would be no way to identify when the cupcakes were made. On 12/18/23 at 9:15 a.m., the Dietary Manager stated they did not know when the cherry fountain syrup was opened.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49701 Based on observation, record review, and interview, the facility failed to ensure staff donned personal protective equipment in transmission based precautions room for one (#77) of eight residents observed receiving their meal trays. The Daily Census, dated 12/17/23, identified two residents on isolation precautions for COVID-19. Findings: A Personal Protective Equipment policy, revised 10/18, read in part, .personnel who perform tasks that may involve exposure to blood/body fluids .employees who fail to use personal protective equipment when indicated may be disciplined . A Respiratory Surveillance Line List documented Resident #77 had tested positive for COVID-19 on 12/12/23. On 12/18/23 at 12:34 p.m., CNA #1 was observed passing a tray to Resident #77 on hall 400. The CNA did not use any personal protective equipment to enter the room and set up the tray for Resident #77. There was a PPE sign and equipment observed right outside of the resident's room. On 12/18/23 at 12:36 p.m., CNA #1 stated they forgot the resident had a sign on the door and paid no attention honestly.