

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Silverton		STREET ADDRESS, CITY, STATE, ZIP CODE 6922 Ohio Avenue Cincinnati, OH 45236	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on record review, observations, staff interviews and policy review, the facility staff failed to perform hand washing/hand hygiene after providing incontinence care and before applying barrier cream, repositioning, and clothing adjustments. This affected two (#4 and #26) of three residents review for incontinence care. The facility census was 52.</p> <p>Findings include:</p> <p>1. Review of Resident #26's medical record revealed an admitted [DATE]. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, excoriation (skin-picking) disorder, and functional urinary incontinence. Review of the Minimum Data Set (MDS) for Resident #26, dated 03/13/24, revealed the resident was cognitively intact, required partial assistance with toileting hygiene and personal hygiene. Review of the physician's orders for Resident #26 revealed an order dated 01/16/24 to apply barrier cream as needed.</p> <p>Observation of incontinence care on 04/29/24 at 10:00 A.M., on Resident #26, was provided by State tested Nursing Assistant (STNA) #256. Observation revealed STNA #256 washed her hands, donned gloves, prepare two trash bags, performed peri care on Resident #26 using a clean section of the washcloth for each labia and down the middle, threw the washcloth in one of the trash bags, rolled resident over and performed peri care to resident's bottom, which contained a large amount of stool, and threw the soiled wash clothes in the trash bag. STNA #256 then applied barrier cream, a new incontinence brief; repositioned the resident; and covered the resident up with a sheet. STNA #256 then proceeded to remove her gloves, washed her hands, picked up the bag of dirty linen, the trash and exited the room.</p> <p>Interview on 04/29/24 at 10:15 A.M. with STNA #256 confirmed she did not change her gloves after performing peri care on Resident #26. Interview also confirmed STNA #256 continued wearing her soiled gloves when she applied barrier cream, a clean incontinence brief, repositioning, and covered Resident #26 up with a sheet.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #4's medical record revealed an admitted [DATE]. Diagnoses included Parkinson's disease without dyskinesia, with fluctuations, need for assistance with personal care, irritant contact dermatitis due to friction or contact with body fluids, and other sites of candidiasis. Review of the MDS for Resident #4 dated 04/05/24, revealed the resident had moderate cognitive impairment, required partial assistance with personal hygiene and was dependent with toileting hygiene. Review of the physician orders for Resident #4 revealed an order for barrier cream after each incontinence episode dated 12/21/23.</p> <p>Observation of incontinence care on 04/29/24 at 11:32 A.M., on Resident #4 was provided by STNA #235 and STNA #248. Observation revealed STNA #235 and STNA #248 washed their hands and donned gloves. STNA #235 and STNA #248 removed the urine-soaked incontinence brief of Resident #4 and threw it in a trash bag. STNA #248 used a clean washcloth with soap and water and washed the Resident #4's posterior peri area and applied barrier cream. Resident #4 rolled to her back. STNA #235 used a clean washcloth with soap and water and cleansed the Resident #4's anterior peri area, using a clean section of the washcloth with each swipe down the Resident #4's labia. Peri area rinse, dried with washcloth and new incontinence brief applied. STNA #235 applied barrier cream to resident's abdominal folds, and to peri area. Both STNA #235 and #248 repositioned Resident #4, straightened her clothes, and covered the resident up with a bed sheet. Both STNA #235 and #248 then proceeded to remove their gloves, washed their hands, and took the resident's trash from the room.</p> <p>Interview on 04/29/24 at 11:38 A.M., with STNA #235 and STNA #248 confirmed they did not change their gloves after performing peri care on Resident #4. Interview confirmed STNA #235 and #248 continued using the soiled gloves on Resident #4 while applying clean incontinence brief, barrier cream, repositioning, straightening Resident #4's clothes, and covering Resident #4 up with her sheet.</p> <p>Review of the policy titled, Hand Hygiene/Handwashing, dated 05/17/22, revealed Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, or antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel). Examples of When to Perform Hand Hygiene (Either Alcohol Based Hand Sanitizer or Handwashing): Before and after having direct contact with a patient's intact skin (taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed); After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings; After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient; If hands will be moving from a contaminated-body site to a clean-body site during patient care; After glove removal; and After using a restroom (may use alcohol-based sanitizer if soap and water are not available or hands are not visibly soiled).</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152686.</p>		