

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 07/01/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>44412</p> <p>Based on review of the facility menu, observation, resident interview, staff interview, and review of the facility policy, the facility failed to provide palatable food to meet resident nutritional needs. This had the potential to affect all residents residing in the facility. The facility census was 55 residents.</p> <p>Findings include:</p> <p>Review of the menu for lunch dated 06/27/24 revealed the menu items included the following: creamy Maryland chicken with mushroom sauce, egg noodles, yellow squash, chilled peach, choice of cold beverage.</p> <p>Observation on 06/27/24 at 11:44 A.M. of the test tray revealed the meal included creamy Maryland chicken with mushroom sauce, penne noodles, yellow squash, and peaches. The squash was sliced and green in color and was mushy to the touch with no taste or flavoring. The creamy Maryland chicken had pieces of cut up chicken breast in a crem sauce over noodles. There was a hard substance which appeared to be a chicken bone mixed in with the sauce and pieces of chicken. The chicken dish was bland and had no flavor.</p> <p>Observations on 06/27/24 from 11:50 A.M. through 12:24 P.M. of the lunch meal revealed residents consumed very little of the lunch meal.</p> <p>Interviews on 06/27/24 from 11:50 A.M. through 12:24 P.M. with Resident #36, #37, #44, #45, #48, and #52 confirmed the vegetables were soggy and distasteful. Further resident interviews confirmed the entree did not look appealing and they ordered substitute items.</p> <p>Interview on 06/27/24 at 11:55 A.M. with Dietary Manager (DM) #50 confirmed the squash and zucchini were mushy, and this happened frequently when they cooked it. DM #50 confirmed he wanted to remove this item from the menu and give the residents a better option.</p> <p>Review of a policy titled Food Preparation and Service undated revealed food and nutrition services employees prepared and serve food in a manner that complied with safe food handling practices.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00155100.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44412</p> <p>Based on medical record review, staff interview, and review of the facility policy, the facility failed to accurately and timely document resident wound treatments. This affected one (Resident #48) resident of three residents reviewed for treatments. The facility census was 55 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #48 revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD), cellulitis, lymphedema, and type two diabetes mellitus.</p> <p>Review of the care plan for Resident #48 dated 02/15/24 revealed the resident had actual impairment to skin integrity. Interventions included staff were to perform wound treatments with documentation to include measurements, type of tissue, and any exudate noted.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #48 dated 05/17/24 revealed the resident had intact cognition and required supervision with bathing.</p> <p>Review of the physician's orders for Resident #48 revealed an order dated 06/04/24 to cleanse the bilateral lower extremities (BLE) with normal saline, apply Eucerin ointment to BLE, wrap with kerlix and ACE wraps in the morning.</p> <p>Review of the Treatment Administration Record (TAR) for Resident #48 dated June 2024 revealed the treatment was not documented as completed on the following dates: 06/07/24, 06/08/24, 06/09/24, 06/10/24, 06/11/24, 06/12/24, 06/13/24, 06/14/24, 06/16/24, 06/19/24, 06/21/24, 06/25/24.</p> <p>Interview on 06/27/24 at 10:23 A.M. with the Director of Nursing (DON) confirmed Resident #48's treatment to her legs was not signed off as completed in the TAR on multiple dates in June 2024: 06/07/24, 06/08/24, 06/09/24, 06/10/24, 06/11/24, 06/12/24, 06/13/24, 06/14/24, 06/16/24, 06/19/24, 06/21/24, 06/25/24. The DON further confirmed nurses were required to document completion of treatments in the TAR.</p> <p>Interview on 06/27/24 at 11:31 A.M. with Licensed Practical Nurse (LPN) #25 confirmed she completed the treatments for Resident #48 as ordered but did not document completion in the resident's TAR on the following dates: 06/07/24, 06/08/24, 06/09/24, 06/12/24, 06/13/24, 06/14/24.</p> <p>Interview on 06/27/24 at 11:36 A.M. with Registered Nurse (RN) #32 confirmed completed the treatments for Resident #48 as ordered but did not document completion in the resident's TAR on the following dates: 06/10/24, 06/11/24, 06/19/24.</p> <p>Interview on 06/27/24 at 11:40 A.M. with RN #33 confirmed completed the treatments for Resident #48 as ordered but did not document completion in the resident's TAR on the following dates: 06/21/24, 06/24/24.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled Charting and Documentation dated 04/01/22 revealed all services provided to the resident, or any changes in the resident's medical or mental condition, should be documented in the resident's medical record. Observations, medications administered, services performed, etc., would be documented in the resident's clinical records.</p>		