

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 04/08/2025
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42731</p> <p>Based on record review, family interview, staff interview, and policy review, the facility failed to provide evidence of a refund being issued within thirty days of discharge. This affected one (110) of the two residents reviewed for personal accounts. The facility census was 59.</p> <p>Findings include:</p> <p>Review of the medical record of Resident #110 revealed an admitted [DATE]. The resident passed away in the facility on 08/12/24. Diagnoses included lung cancer and depression.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #110 had moderately impaired cognition. The resident required partial/moderate assistance with activities of daily living (ADLs).</p> <p>Interview on 04/07/25 at 3:54 P.M., Resident #110's daughter stated she had not received a refund from the funds paid in advance for August 2024. Resident #110's daughter stated she had reached out to the facility multiple times and had not received any answers as to why she had not been refunded approximately \$3900.00 Resident #110's daughter stated she had set-up mail to be forwarded from the resident's former address to her current address in December and, prior to December, she was still receiving mail at the resident's former address.</p> <p>Review of a billing statement dated 04/07/25 revealed on 08/01/24, a payment of \$7595.00 was posted to Resident #110's account. On 08/01/24, the resident was billed \$2585.00 for room and board for 08/01/24 - 08/11/24. On 09/30/24, a payment of \$4145.00 was issued and the account had a zero balance.</p> <p>Interview on 04/08/25 at 1:57 P.M., Business Office Manager (BOM) #320 stated Resident #110's daughter contacted her in October 2024 and she forwarded the request to the corporate office. BOM #320 stated Resident #110's daughter contacted her several more times and, when she was unable to get it resolved, she notified the Administrator of the concern. BOM #320 stated she was not aware Resident #110's daughter had not been paid yet as she had not called her in over a month.</p> <p>Interview on 04/07/25 at 2:32 P.M., the Administrator stated she was alerted to the concern and forwarded the information to the corporate level. The Administrator stated she was still waiting for a resolution at the corporate level.</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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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/07/25 at 2:49 P.M., Director of Operations (DO) #315 stated a new company had recently taken over to manage their billing and stated the refund must have fallen between the cracks. DO #315 stated there was no documented evidence of a payment being issued to Resident #110's daughter and, now that he was aware, he would make sure the payment was issued.</p> <p>Review of the facility policy titled, Refunds, dated 04/2017, revealed, within thirty days of a resident's discharge or death, the facility would refund the resident's funds and provide a final accounting of those funds to the resident or representative. If the resident passes away, the facility would refund to the resident or representative any charges already paid, less the facility's per diem rate, for the days the resident actually resided in the facility.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163787.</p>		