Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365740	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Clyde, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Helen Street Clyde, OH 43410	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528 Based on medical record review, staff interviews, resident interviews, and facility policy, the facility failed to provide showers to residents dependent upon staff for assistance. This affected three (#33, #58, and #22) of three residents reviewed for activities of daily living. The facility census was 48. Findings include: 1. Review of the medical record revealed Resident #33 was initially admitted on [DATE] with re-admission on 02/05/21. Diagnoses included other secondary parkinsonism, peripheral vascular disease, chronic obstructive pulmonary disease, bipolar disorder, major depressive disorder, cognitive communication deficit, other idiopathic peripheral autonomic neuropathy. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was moderately cognitively impaired and required substantial/maximal assistance with showers/bathing. Review of the most recent care plan revealed Resident #33 requires substantial/max assistance with one staff with showering and to offer a sponge bath when a full bath or shower cannot be tolerated. Review of the shower sheets for the last thirty days revealed on 06/13/24 Resident #33 had a shower. There were no other showers listed. Review of the shower task documentation completed the last thirty days revealed 06/24/24 was the only day Resident #33 had a shower. There was no documentation Resident #33 refused. Interview on 06/26/24 at 11:46 A.M. with Resident #33 initially reported zero recent showers recently. STNA #113 reminded the resident she had a shower a couple of days ago and Resident #33 reported before that she went two weeks without a shower. 2. Review of the medical record review revealed Resident #58 was initially admitted on [DATE] with re-entry on 07/22/23. Diagnoses included pneumonia, chronic obstructive pulmonary disease, systemic lupus, type two diabetes mellitus, rheumatoid arthritis, chronic respiratory failure, Crohn's disease, dorsalgia, hyperlipidemia, peripheral vascular disease, major depressive disorder, and schizoaffective disorder. (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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the MDS assessment dated [DATE] revealed the resident was cognitively intact. Resident #58 required partial/moderate assistance with showering/bathing. Review of the census history revealed Resident #58 was hospitalized from 06/14/24 to 06/16/24. Review of the most recent care plan revealed Resident #58 preferred showers on night shift and during bathing check nail length and trim and clean on bath day and as necessary. Review of the shower sheets for the last thirty days revealed on 06/20/24 Resident #58 had a shower. No other showers were documented. Review of the shower task documentation completed the last thirty days revealed Resident #58 had not had a shower. Interview on 06/26/24 at 11:50 A.M. with Resident #58 revealed he has always been a clean person and would like to shower every day if it were possible. Resident #58 reports the staff do not have time to provide a shower and he rarely receives one. Resident #58 reported the only time he refused a shower was the day after he returned from the hospital (returned on 06/16/24) because he was so tired. Interview on 06/26/24 at 12:00 P.M. with Corporate Registered Nurse #200 and the Director of Nursing verified Resident #33 and #58 did not receive showers as scheduled. 3. Review of the medical record review revealed the Resident #22 was admitted on [DATE]. Diagnoses included other speech and language deficits following other cerebrovascular disease, vascular dementia, hypertensive chronic kidney disease, essential hypertension, atherosclerotic heart disease of native coronary artery without angina pectoris, major depressive disorder recurrent severe with psychotic symptoms. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was rarely understood and was dependent for showers. Review of the most recent care plan revealed Resident #22 was dependent on staff for bathing, complete showers per schedule and as needed. Resident #22 often refused and staff should offer a sponge bath when a full bath or shower cannot be tolerated or refused. Review of the shower sheets for the last thirty days revealed 06/10/24 Resident #22 had a shower. here were no other showers documented. Review of the shower task documentation completed the last thirty days revealed 06/24/24 was the only day Resident #22 had a shower. Interview on 06/26/24 at 12:00 P.M. with Corporate Registered Nurse #200 and the Director of Nursing verified Resident #22 did not receive showers as scheduled but believed she had more showers than were documented. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the policy Activities of Daily Living (ADL), revised January 2022, verified resident bathing/shower and other ADL will be factored into daily activities as much as possible for each resident. This deficiency represents non-compliance investigated under Complaint Number OH00154290.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528 Based on medical record review, staff interview, resident interview, and facility policy, the facility failed to have adequate staffing to meet the needs of residents. This affected three (#22, #33, and #58) of three residents reviewed for staffing and activities of daily living. The facility census was 48. Findings include: 1. Review of the medical record review revealed the Resident #22 was admitted on [DATE]. Diagnoses included other speech and language deficits following other cerebrovascular disease, vascular dementia, hypertensive chronic kidney disease, essential hypertension, atherosclerotic heart disease of native coronary artery without angina pectoris, major depressive disorder recurrent severe with psychotic symptoms. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was rarely understood and was dependent for showers. Review of the most recent care plan revealed Resident #22 was dependent on staff for bathing, complete showers per schedule and as needed. Resident #22 often refused and staff should offer a sponge bath when a full bath or shower cannot be tolerated or refused. Review of the shower sheets for the last thirty days revealed 06/10/24 Resident #22 had a shower. Review of the shower task documentation completed the last thirty days revealed 06/24/24 was the only day Resident #22 had a shower. There was no documentation Resident #22 refused. 2. Review of the medical record review revealed Resident #33 was initially admitted on [DATE] with re-admission on 02/05/21. Diagnoses included other secondary parkinsonism, peripheral vascular disease, chronic obstructive pulmonary disease, bipolar disorder, major depressive disorder, cognitive communication deficit, other idiopathic peripheral autonomic neuropathy. Review of the MDS assessment dated [DATE] revealed the resident was moderately cognitively impaired and required substantial/maximal assistance with showers/bathing. Review of the most recent care plan revealed Resident #33 requires substantial/max assistance with one staff with showering and to offer a sponge bath when a full bath or shower cannot be tolerated. Review of the shower sheets for the last thirty days revealed 06/13/24 Resident #33 had a shower. Review of the shower task documentation completed the last thirty days revealed 06/24/24 was the only day Resident #33 had a shower. There was no documentation Resident #33 refused. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/26/24 at 11:46 A.M. with Resident #33 initially reported zero recent showers recently. STNA #113 reminded the resident she had a shower a couple of days ago and Resident #33 reported before that she went two weeks without a shower. 3. Review of the medical record review revealed Resident #58 was initially admitted on [DATE] with re-entry on 07/22/23. Diagnoses included pneumonia, chronic obstructive pulmonary disease, systemic lupus, type two diabetes mellitus, rheumatoid arthritis, chronic respiratory failure, Crohn's disease, dorsalgia, hyperlipidemia, peripheral vascular disease, major depressive disorder, and schizoaffective disorder. Review of the MDS assessment dated [DATE] revealed the resident was cognitively intact. Resident # required partial/moderate assistance with showering/bathing. Review of the census history revealed Resident #58 was hospitalized from 06/14/24 to 06/16/24. Review of the most recent care plan revealed Resident #58 preferred showers on night shift, during bathing check nail length and trim and clean on bath day and as necessary. Review of the shower sheets for the last thirty days revealed 06/20/24 Resident #58 had a shower. Review of the shower task documentation completed the last thirty days revealed Resident #58 had not had a shower. Interview on 06/25/24 at 10:45 A.M. with Resident #57 revealed there are not enough staff, many days with no showers. Interview on 06/25/24 at 11:07 A.M. with Resident #51 revealed the staff are very overworked and the resident is concerned about good staff leaving. Interview on 06/25/24 at 12:39 P.M. with Resident #38 revealed there are not enough staff to help everyone and showers are not completed for everyone. Interview on 06/25/24 at 3:06 P.M. with State tested Nursing Assistant (STNA) #163 revealed there are often call offs and no one wants to come in. Interview on 06/25/24 at 3:39 P.M. with Licensed Practical Nurse (LPN) #151 reports at times there are not enough staff and residents do not get their showers. Interview on 06/25/25 at 5:32 P.M. with Registered Nurse (RN) #172 reports there are days staffing is so bad that resident care is delayed and residents do not receive their showers. Interview on 06/26/24 at 8:29 A.M. with Receptionist/Scheduler #105 revealed there has not been enough staff to fill the schedule and not everyone will pick-up extra shifts. Licensed and state tested Administrative staff will often work direct care. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/26/24 at 11:50 A.M. with Resident #58 revealed he has always been a clean person and would like to shower every day if possible. Resident #58 reports the staff do not have time to provide a shower and rarely receives one. Resident #58 reported the only time he refused a shower was the day after he returned from the hospital (returned on 06/16/24) because he was so tired. Review of staffing schedules for multiple days in June 2023 revealed one to two calls off per shift with no replacements. This deficiency represents non-compliance investigated under Master Complaint Number OH00154702 and Complaint Number OH00154290.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 41528 Based on staff interviews, review of the staffing schedule, and review of Benefits Improvement and Protection Act (BIPA) documentation, the facility failed to ensure required Registered Nurse (RN) coverage. This had the potential to affect all 48 residents. Findings include: Review of the staff schedules dated 05/05/24, 05/18/24, 05/19/24, and 05/25/24, revealed there was not a RN working in the facility. Review of the BIPA staffing forms dated 05/05/24, 05/18/24, 05/19/24, and 05/25/24, revealed there was not a RN working in the facility. Interview on 06/26/24 at 7:45 A.M. with the Director of Nursing (DON) verified there was no RN working on 05/05/24, 05/18/24, 05/19/24, and 05/25/24. The DON reported there is typically no RN coverage every other weekend. This deficiency represents non-compliance investigated under Master Complaint Number OH00154702 and Complaint Number OH00154290.

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	365740	A. Building B. Wing	06/26/2024

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 41528 Based on observation, resident interviews, staff interviews, review of the menu, and facility policy, the facility failed to serve palatable meals. This affected 33 (#10, #12, #13, #18, #20, #21, #23, #27, #28, #29, #30, #31, #32, #33, #34, #35, #37, #38, #40, #41, #42, #43, #45, #47, #48, #49, #50, #51, #53, #54, #55, #56, #58) residents who received the dinner vegetable and one (#10) resident who received the chicken breast. The facility census was 48. Findings include: 1. Review of the dinner menu dated 06/25/24 revealed the meal included two beef tacos in a soft shell, cilantro lime rice, Mexican corn, and seedless watermelon wedge. Observation on 06/25/24 at 5:47 P.M. revealed the Mexican corn was not cooked well and felt tough while chewing. Interview on 06/25/24 at 5:49 P.M. with Corporate Dietary Manager #201 verified the corn was not to palatability standards. 2. Interview on 06/25/24 at 6:17 P.M. with Resident #10 revealed she was so upset because the kitchen provided her a large tough chicken breast for dinner that she could not even stick a fork into. Resident #10 reported she ate chocolate for dinner instead. Observation on 06/25/24 at 6:26 P.M. of Resident #10's discarded meal tray revealed the meal had not been consumed. Interview on 06/25/24 at 6:27 P.M. with Dietary Manager #162 verified the chicken breast served was very tough to cut with a fork and knife. Interview on 06/25/24 at 11:07 A.M. with Resident #51 revealed the meals are not edible and eats a peanut butter and jelly sandwich most meals. Interview on 06/25/24 at 11:45 A.M. with Resident #40 reports the food at the facility is bad stating the vegetables and pasta are either over or under cooked. Interview on 06/25/24 at 12:39 P.M. with Resident #38 revealed the food at the facility is bad and made a gagging motion. Review of policy Palatability and Nutritive Value, reviewed June 2023, verified food will be prepared, held, and served in a manner that preserves nutritive value and palatability. This was an incidental finding found over the course of the complaint investigation.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 41528 Based on observation, resident interviews, staff interviews, review of the food substitution list, and facility policy, the facility failed to ensure desired meal substitutions were available. This affected one (#12) of one residents reviewed for preferences. The facility census was 48. Findings include: Observation on 06/25/24 at 5:43 P.M. revealed State tested Nursing Assistant (STNA) #174 calling the kitchen for Resident #12 who had requested a burger instead of the dinner meal. The unknown kitchen staff on the phone was overheard stating there were no burgers but could offer a peanut butter sandwich. No other alternates were offered. Interview on 06/25/24 at 5:55 P.M. with Resident #12 revealed she does not like tacos and had requested a burger but was offered a peanut butter sandwich instead. Resident #12 stated she did not want a peanut butter sandwich and would skip dinner. Observation of the meal tray revealed Resident #12 did not eat any of the food. Interview on 06/25/24 at 6:30 P.M. with Dietary Manager #162 reported the facility was out of hamburger meat and no hamburgers were made. Additional interview on 06/25/24 at 12:39 P.M. with Resident #38 revealed meal substitutions are not always available. Review of the Always Available Menu revealed the following substitutions were always available: cheeseburger on a bun, deli sandwich, roasted chicken breast, side salad, chef salad, peanut butter and jelly sandwich, and grilled cheese sandwich. Review of the policy Menu Alternates, revised 05/31/21, revealed nutritionally comparable menu items shall be available to accommodate resident food preferences. By request or always available menu will be written and available in all resident service areas. This was an incidental finding found over the course of the complaint investigation.