STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366150	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Place of Cincinnati	3627 Harvey Avenue Cincinnati, OH 45229

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on medical record review, staff interview, review of facility Self-Reported Incidents (SRIs), and review of the facility policy, the facility failed to report an allegation of sexual abuse to the Ohio Department of Health (ODH) in a timely manner. This affected one resident (Resident #45) of three residents reviewed for abuse. The facility census was 75 residents.Findings include: Review of the medical record for Resident #45 revealed an admission date of 01/09/20 with a diagnosis of paraplegia and a discharge date of 04/10/25. Review of the Minimum Data Set (MDS) assessment for Resident #45 dated 02/04/25 revealed the resident had intact cognition. Interview on 10/20/25 at 4:00 P.M with [NAME] #246 confirmed sometime in early April 2025 they reported to the previous Administrator that Housekeeping Supervisor (HS) #902 and Resident #45 were having a sexual relationship. Interview on 10/21/25 at 3:23 P.M with Social Worker (SW) #208 confirmed sometime in April 2025 she reported to the previous Administrator that she believed HS #902 and Resident #45 were having a sexual relationship. Interview on 10/22/25 at 10:30 A.M. with the Regional Director of Operations (RDO) confirmed the facility did not report an allegation of possible sexual abuse made in early April 2025 per HS #902 towards Resident #45 until 10/21/25. The RDO stated sometime in April 2025 when Resident #45 was still in the facility, he had heard HS #902 and Resident #45 had an inappropriate relationship, but no one including the previous Administrator had indicated to the RDO that there were allegations of sexual abuse. Review of the facility SRI for Resident #45 dated 10/21/25 revealed the facility investigated an allegation of sexual abuse per HS #902 towards Resident #45 which had allegedly occurred when the resident resided in the facility with a discharge date of 04/10/25. The facility did not substantiate abuse had occurred. Review of the facility policy titled Abuse and Neglect Protocol dated 06/13/21 revealed the facility would report allegations of suspected abuse which did not result in serious bodily injury to the state agency within 24 hours and would conduct and complete an investigation of the alleged abuse within five days.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366150	A. Building B. Wing	10/22/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and staff interview, the facility failed to ensure medications were properly stored. This had the potential to affect all 18 residents residing on the 200 unit (Residents #17, #25, #30, #101, #102, #103, #104, #105, #106, #107,#108, #109, #110, #112, #113, #114, #115, #116). The facility census was 75 residents. Findings include:Observation on 10/21/25 at 9:33 A.M. of the 200-unit medication cart revealed it contained 18 cups of loose pills labeled with the respective names of all of the residents residing on the unit. Interview on 10/21/25 at 9:40 A.M. with Licensed Practical Nurse (LPN) #505 confirmed she had prepulled all of the medications for the morning med pass for Residents #17, #25, #30, #101, #102, #103, #104, #105, #106, #107, #108, #109, #110, #112, #113, #114, #115, #116.Interview on 10/21/25 at 9:45 A.M with the Director of Nursing (DON) confirmed nurses and qualified medication assistants (QMAs) should not pull all the residents' medications at once. Each resident's medication should be prepared, administered, and signed off, before proceeding to the next resident. Review of the facility policy titled Medication Administration dated April 2019 revealed the individual administering the medications should initial the resident's Medication Administration Record (MAR) on the appropriate line after giving each resident's medication and before administering the next ones.