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	02/19/2026

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

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and policy review, the facility failed to ensure a safe, functional and homelike environment for the residents. This affected three Residents (#10, #49 and #80) of four resident rooms reviewed for a safe, functional and homelike environment. The facility census was 84. 1) Review of the medical record of Resident #10 revealed an admission date of 12/28/25. Diagnoses included acute kidney failure with tubular necrosis, rhabdomyolysis, encephalopathy, abnormal levels of other serum enzymes, and cocaine abuse. Review of the admission Minimum Data Set (MDS) Quarterly assessment dated [DATE] revealed Resident #10 was cognitively intact. Observation of Resident #10's room on 02/17/26 at 12:39 P.M. revealed the door to the resident's bathroom did not close completely, thus not providing privacy for the resident while using the bathroom adjacent to his sleeping quarters. This was a semi-private room shared with Resident #80. Interview with Resident #10 at the same time expressed concerns that the door to the bathroom would not close completely and thus did not provide enough privacy for him or his roommate. During an interview on 02/17/26 at 3:20 P.M. with Human Resources (HR) #125 confirmed the bathroom door adjacent to Resident #10's sleeping quarters would not close completely. 2) Review of the medical record of Resident #80 revealed an admission date of 12/22/25. Diagnoses included radiculopathy, lumbar region, human immunodeficiency virus, post-traumatic stress disorder, major depressive disorder, chronic viral hepatitis C, and other psychoactive substance dependence. Review of the admission MDS assessment dated 12/28 /25 revealed Resident #80 was cognitively intact. Observation of Resident #80's room on 02/17/26 at 12:39 P.M. revealed the door to the resident's bathroom did not close completely, thus not providing privacy for the resident while using the bathroom. Interview with Resident #80 at the same time, expressed concerns that the door to the bathroom did not close completely, and thus did not provide privacy for he or his roommate when using the bathroom. During an interview on 02/17/26 at 3:20 P.M. Human Resources (HR) #125 verified the bathroom for Resident #80 and Resident #`10's door adjacent to Resident #80's sleeping quarters did not close completely thus providing privacy. Review of a facility document titled Resident Rights which contained no date or version number revealed the Federal and State laws guarantee certain basic rights to all residents of this facility (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	which included the rights to privacy. 3) Review of medical record of Resident #49 revealed an admission date of 12/20/24. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, type II diabetes mellitus without complications, anxiety disorder, polyneuropathy, muscle weakness, major depressive disorder, and alcohol use, unspecified with alcohol induced persisting dementia. Review of most recent annual MDS assessment dated [DATE] revealed Resident #49 had severe problems with thinking and memory. Observation oof Resident #49's room on 02/17/26 at 10:31 A.M. revealed an unmonitored space heater which was plugged in, running and was located on the floor in the resident's room with the resident's door standing open. During an interview on 02/17/26 at 11:03 A.M. Certified Nursing Assistant (CNA) #508 verified Resident #49's room had a space heater running. During an interview on 02/19/26 at 10:37 A.M. the Director of Nursing (DON) #300 stated the heat was not working properly in Resident #49's room and a space heater was being used in the resident's room. Review of a facility document titled Electrical Safety for Residents with a revised date of January 2011 stated, Portable space heaters are not permitted in the facility. Review of the policy titled, Quality of Life-Homelike Environment, dated 2001, revealed residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized homelike setting. These characteristics include a clean, sanitary and orderly environment. This deficiency represents non-compliance investigated under Complaint Number 2747574.

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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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, record review and policy review, the facility failed to ensure meals delivered to the residents matched the residents ' meal tickets and the daily menu. This affected all residents in the facility as the facility identified all 84 residents received food from the kitchen. The facility census was 84.1) Review of medical record of Resident #37 revealed an admission date of 12/10/25. Diagnoses included chronic obstructive pulmonary disease (COPD), unspecified, personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits, left bundle-branch block, unspecified, unspecified mood disorder, acute kidney failure, unspecified, other toxic encephalopathy, and cocaine abuse. Review of admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #37's cognitive status was not assessed. The resident was independent for eating, oral hygiene, and ambulation, supervision assistance for toileting, bathing, dressing, personal hygiene, and transfers. Observation on 02/18/26 at 9:10 A.M. revealed Resident #37 had a breakfast tray delivered to her room which contained milk, grape juice, hot oatmeal, breakfast ham, and scrambled eggs. The breakfast ticket on Resident #37's tray indicated the tray should include cold or hot cereal, juice of choice, waffles, breakfast ham, milk, and coffee or hot tea. During an interview on 02/18/26 at 9:10 A.M. with Resident #37, she reported that tray tickets and menus often do not match the meal that is served. Resident #37 stated that the tray ticket and menu did not match the meal she was provided on 02/18/26. During an interview on 02/18/26 at 9:24 A.M., Certified Nursing Assistant (CNA) #526 confirmed Resident #37's meal tray included milk, grape juice, hot oatmeal, breakfast ham, and scrambled eggs. CNA#526 confirmed the tray ticket indicated the tray should include cold or hot cereal, juice of choice, waffles, breakfast ham, milk, and coffee or hot tea, which did not match the meal served. During an interview on 02/18/26 10:18 A.M., Dietary Manager (DM) #605 confirmed the document titled Maple Grove, Regular diet Week at a glance, included the following menu items for breakfast on 02/18/26 cold cereal or hot cereal, juice of choice, waffles, breakfast ham slice, milk of choice, coffee or hot tea. DM #605 stated the cook on staff for breakfast on 02/18/26 forgot to make and serve the waffles listed on the document Maple Grove, Regular diet Week at a glance on 02/18/26. Review of a document titled Maple Grove, Regular diet Week at a glance, which included breakfast meal items listed for date 02/18/26 listed the following items to be served for breakfast on 02/18/26 cold cereal or hot cereal, juice of choice, waffles, breakfast ham slice, milk of choice, coffee or hot tea. 2) Review of the lunch menu for 02/18/26 revealed the residents would be served lemon zest broccoli, chocolate cake with icing, chicken patty on bun, and rice. Observation of the lunch service on 02/18/26 at 11:57 A.M. with Dietary Manager (DM) #605 revealed the residents' trays included lettuce and tomatoes on their chicken patties. Continued observation of the lunch service on 02/18/26 at 12:28 P.M., revealed the kitchen ran out (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	of lettuce for the chicken sandwiches. Interview with DM #605 at the same time verified the facility did not have enough lettuce and tomatoes and 17 residents did not receive the two items on their chicken sandwich. Continued observation of the lunch service on 02/18/26 at 1:03 P.M. revealed all residents received chocolate pudding instead of chocolate cake. Interview with DM #605 at the same time verified the facility had chocolate cake; however, a cook followed the incorrect menu and served chocolate pudding instead. Review of the facility policy titled, Menus dated October 2017, revealed menus are developed and prepared in advance to meet needs of the residents. This deficiency represents non-compliance investigated under Complaint Number 2742960.

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and policy review the facility failed to ensure food served was palatable and at an appetizing temperature. This had the potential to affect all 84 residents as the facility identified all residents received food from the kitchen. The facility census was 84. Findings include:Review of the lunch menu for 02/18/26 revealed the residents would be served lemon zest broccoli, chocolate cake with icing, chicken patty on bun, and rice. Observations of puree diets being prepared on 02/18/26 at 11:21 A.M., revealed Dietary Manager (DM) #65 initially added chicken patties, lettuce, tomatoes, mayonnaise, and slices of bread to a blender. After blending, hot water was added to thin the consistency to the desired texture. During an interview on 02/18/26 at 11:28 A.M., DM #605 verified that the mixture was too thick, and he added hot water to create a pudding like consistency. DM #605 verified that the facility had recipe cards for all meals; however, he knows the consistency that he is looking for and does not use the recipe. Observation on 02/18/26 at 11:32 A.M., revealed DM #605 added oil to a pan that was heated on the stove. DM #605 added flour to the oil to create a roux and then mixed in hot water to thin the consistency. Interview with DM #605 verified that he was making gravy for the puree and mechanical soft diets. DM #605 verified that the only ingredients used for the gravy were oil, flour, and water. Observation on 02/18/26 at 11:47 A.M., revealed DM #605 add six scoops of rice and two glasses of hot water to a blender. The consistency of the mixture was thick and sticky. Observation of the test tray on 02/18/26 at 1:03 P.M. with DM #605, revealed the chicken sandwich was 106 degrees Fahrenheit (F), broccoli was 139 degrees F, rice was 120 degrees F and the chocolate pudding was 58 degrees F. The surveyor tasted the items and the broccoli tasted bland and the chicken sandwich was cold. Interview with DM #605 at the same verified the chicken sandwich was cold and that lemon seasoning was supposed to be added to the broccoli. Review of the spreadsheet for lunch on 02/18/26 revealed the cream of rice should have been substituted for rice for the residents with a puree diet. During an interview on 02/19/26 at 1:04 P.M., Registered Dietician (RD) #600 stated the kitchen staff should be following recipe cards and spreadsheets. RD #600 also verified that gravy made with only oil, water, and flour would not taste very good and he would expect something like a chicken or beef base to be used for flavoring. Review of the recipe card Chicken Patty on Bun revealed the meat, mayonnaise and bread should be pureed together. The gravy should be added a little at a time to achieve smooth consistency. Review of the recipe card Gravy revealed that gravy should be made with flour, fat (meat drippings), black pepper, chicken or beef base, and water. Review of the facility policy titled, Food and Nutrition Services dated October 2017 revealed each resident is provided a nourishing, palatable well-balanced diet that meets his or her daily nutritional and special dietary needs. This deficiency represents non-compliance investigated under Complaint Number 2742960.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and review of the facility policy, the facility failed to store and prepare food in a sanitary manner to prevent foodborne illness. This had the potential to affect all residents residing in the facility. The facility census was 84 residents.Findings include: 1.Observation of the kitchen on 02/17/26 at 9:27 A.M. revealed the soda gun nozzle was dirty and had a build-up of a red substance. Interview on 02/17/26 at 9:27 A.M. with Dietary Manager (DM) #605 confirmed the soda gun nozzle was dirty. Review of the facility policy titled Sanitization dated October 2008 revealed all kitchen equipment should be kept clean. 2.Observation on 02/17/26 at 9:29 A.M. revealed that the white cutting block attached to the front of the steam table was dirty with black residue on the top surface. Interview on 02/17/26 at 9:29 A.M. with DM #605 confirmed the white cutting block attached to the front of the steam table was dirty. Review of the facility policy titled Sanitization dated October 2008 revealed all counters and utensils should be kept clean. 3. Observation of the walk-in cooler on 02/17/26 at 9:33 A.M. revealed it contained the following undated items: vanilla pudding, white American cheese, Swiss cheese, provolone cheese, bologna. A container of unpasteurized raw eggs were stored on the top shelf above potatoes. Interview on 02/17/26 at 9:33 A.M. with DM #605 verified that the foods items should have been dated when they were prepared or opened and raw eggs should be stored on the bottom shelf. Review of the facility policy titled Food Receiving and Storage dated October 2017 revealed food will be dated. 4. Observation of the walk-in freezer on 02/17/26 at 9:40 A.M. revealed the temperature was 25 degrees Fahrenheit (F) food was soft to the touch. Interview on 02/17/26 at 9:40 A.M. with DM #605 confirmed the freezer was put into defrost mode the day prior and verified that the food should have been frozen solid. Review of the facility policy titled Food Receiving and Storage dated October 2017 revealed frozen food should be frozen to a solid state. 5.Observation of the dry storage room on 02/17/26 at 9:42 A.M. revealed it contained the following opened and undated items: a bag of spaghetti noodles, three bags of egg noodles. Interview on 02/17/26 at 9:42 A.M with DM #605 verified opened bags of pasta were undated. Review of the facility policy titled Food Receiving and Storage dated October 2017 revealed food (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	will be dated. 6. Observation in the food prep area on 02/17/26 at 9:50 A.M. revealed there were five dirty knives stored in the clean knife storage case. Interview on 02/17/26 at 9:50 A.M with DM #605 verified the five knives stored in the clean knife case were dirty. Review of the facility policy titled Sanitization dated October 2008 revealed all counters and utensils should be kept clean. 7.Observation of the walk-in freezer on 02/18/26 at 10:20 A.M. revealed there was an icicle coming from the condenser and there was an open box of peas stored underneath it. Interview on 02/18/26 at 10:20 A.M. with DM #605 verified the peas were open and should not be stored under the leaking condenser. 8.Observation on 02/18/26 at 12:20 P.M. revealed the ice machine in the kitchen was leaking. Interview on 02/18/26 at 12:20 P.M with DM #605 confirmed the ice machine did not stop making ice once it was full. The ice machine would then be overfilled with water and would leak down the side. 9.Observation of the lunch service on 02/18/26 at 12:35 P.M. revealed the broccoli on the steam table was being held at 123 degrees F. Interview on 02/18/26 at 12:35 P.M. with DM #605 confirmed half of the steam table was not working, and all hot food should be held above 135 degrees F. Review of the facility policy titled Food Preparation and Service dated October 2017 revealed hot food should be stored above 135 degrees F. This deficiency represents noncompliance investigated under Complaint Number 2727645.