

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44083</p> <p>Based on observation, medical record review, policy review and interview the facility failed to provide a safe, comfortable and clean environment for all residents. This affected 13 residents (#3, #5, #6, #8, #14, #30, #31, #34, #38, #44, #48, #52 and #56) of 19 residing on the women's secured unit. The facility census was 62 residents.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #38 revealed an admitted [DATE] with diagnoses including schizophrenia, right eye blindness, depression, and anxiety.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #38 dated 06/03/24 revealed the resident had intact cognition and required limited assist with transfer and was independent with ambulation.</p> <p>Observation on 08/05/24 at 2:22 P.M. revealed the wall adjacent to Resident #38's bed and the walls in the bathroom had handwritten statements with letters that were two to three inches high and covered a wall span of approximately six feet. The verbiage of the handwritten statements were vulgar in nature.</p> <p>Interview on 08/05/24 at 2:25 P.M. with Maintenance Assistant (MA) #34 confirmed the handwritten statements on Resident #38's wall next to the bed and in the bathroom covered a six-foot span and contained vulgar statements. MA #34 stated Resident #38 had not written on the walls; a previous resident had written on the walls. MA #34 verified Resident #38 had resided in the room for several months with the vulgar writing on the walls and the facility had not been removed the writing from the walls.</p> <p>Interview on 08/06/24 at 2:08 P.M. with Resident #38 revealed she did not like the vulgar writing on her walls. Resident #38 confirmed she did not write on her walls, and the vulgar writing had been there since she moved into the room several months ago.</p> <p>2. Review of the medical record for Resident #8 revealed an admitted [DATE] with diagnoses including asthma, schizoaffective disorder, hypertension, cancer of oropharynx, heart disease, nightmare disorder, insomnia, post-traumatic stress disorder and psychosis.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Minimum Data Set, (MDS) assessment for Resident #8 dated 05/23/24 revealed the resident had intact cognition and required supervision assistance for transfers, mobility and toileting.</p> <p>Observation on 08/05/24 at 2:22 P.M with Maintenance Assistant (MA) #34 revealed Resident #8's room was 83 degrees Fahrenheit (F). Resident #8 was in the room with a floor fan which was not running, window blinds open and no air-cooling equipment operating.</p> <p>Interview on 08/05/24 at 2:22 P.M. with Resident #8 revealed her room was too hot and she could not sleep at night. She stated she had to leave her room door open to have some cooler air from the hallway, but she did not like the other wandering residents being able to enter her room. She also stated she did run the floor fan because all it did was circulate the hot air in her room. Resident #8 confirmed the facility had not offered her a different room or any air-cooling device.</p> <p>Interview on 08/05/24 at 2:25 P.M. with MA #34 confirmed Resident #8's room temperature was above the temperature range (of 71-81 degrees Fahrenheit) and the room did not have any air-cooling equipment operating. MA #34 verified the room felt hot, and there had been no documentation of air temperature monitoring for Resident #8 and no alternative accommodations for cooling of the room.</p> <p>3. Review of the medical record for Resident #52 revealed an admitted [DATE] with diagnoses including schizoaffective disorder diabetes, anxiety disorder, behavior disorder, cerebral infarction, hypertension, reduced mobility, and encephalopathy.</p> <p>Review of the MDS assessment for Resident #52 dated 06/18/24 revealed the resident had severely impaired cognition and required extensive assistance for bed mobility, toileting, and limited assistance for transfers.</p> <p>Observation on 08/05/24 at 2:22 P.M with Maintenance Assistant (MA) #34 revealed Resident #52's room revealed the room air was measured at 81 degrees F, and there was no air-cooling equipment operating</p> <p>Interview on 08/05/24 at 2:25 P.M. with MA #34 revealed Resident #52's room temperature was at the top of the temperature range and did not have air-cooling equipment operating. MA #34 verified the room felt hot, and there had been no documentation of air temperature monitoring for Resident #52 and no alternative accommodations for cooling of the room.</p> <p>Interview on 08/07/24 at 8:32 A.M with Resident #52 revealed she was moved out of her previous room in the afternoon of 08/05/24 because it was too hot, and she did not have an air conditioner. The resident stated she had not been offered an air conditioner or a different room until 08/05/24 in the afternoon after MA #34 took the room temperature.</p> <p>4. Review of the medical record for Resident #48 revealed an admitted [DATE] with diagnoses including Huntington's disease, asthma, hypertension, encephalopathy, and adult failure to thrive.</p> <p>Review of the MDS assessment for Resident #48 dated 06/04/24 revealed the resident had severely impaired cognition and required supervision for bed mobility, transferring, eating and extensive assistance with toileting</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/05/24 at 2:22 P.M with Maintenance Assistant (MA) #34 revealed Resident #48's room revealed the room air was measured at 81 degrees F, and there was no air-cooling equipment operating.</p> <p>Interview on 08/05/24 at 2:25 P.M. with MA #34 confirmed Resident #48's room temperature was at the top of the temperature range and did not have air-cooling equipment operating. MA #34 verified the room felt hot, and there had been no documentation of air temperature monitoring for Resident #48 and no alternative accommodations for cooling of the room. MA #34 verified Resident #48 had only a circulating fan and was unable to verbally communicate.</p> <p>5. Review of Resident Smoker List revealed Residents #3, #5, #6, #8, #14, #30, #31, #34, #44 and #56 were assessed to be supervised smokers and smoked in the interior smoke room located on the secured women's unit.</p> <p>Observation on 08/07/24 at 9:27 A.M. revealed Residents #3, #5, #14, #20, #31, #44, and #56 were smoking in the interior smoke room on the women's secured unit, and State tested Nurse Aide (STNA) #50 was monitoring the residents. There was a red cigarette end container containing trash and cigarette ends. There were two ash trays in disrepair with no tops. The ashtrays were divided between the seven residents such that the distance was not in reach for all residents resulting in cigarette ashes noted on the floor. There was an incoming air fan which was not operating and was covered with a film of dark fuzzy material, and the air was thick with heavy smoke. The ceiling and walls had a dark brown discoloration with the appearance of nicotine build up. There was a piece of floor and wall molding separated away from the wall of a distance of 12 inches in the walking pathway.</p> <p>Interview on 08/07/24 at 9:40 A.M. with STNA #50 confirmed the walls of the room were discolored with nicotine and had not been cleaned or painted for a year. STNA #50 further confirmed the incoming fan was not operating and there was little fresh air circulating. STNA verified there were not enough ash trays to catch the ashes of all residents, so there were ashes on the floor, and trash should not be discarded in the container used to extinguish cigarette ends.</p> <p>Interview on 08/07/24 at 10:00 A.M. with Residents #44 and #56 revealed the smoke room needed to be cleaned and there were not enough ashtrays to catch the cigarette ashes.</p> <p>Review of facility policy titled Storage Areas, Maintenance and Maintenance Services dated December 2009 revealed storage areas would be maintained in clean and safe manner. Maintenance services should be provided to all areas of the building, grounds and equipment, including maintaining cooling system in working order, the maintaining the building in good repair and free from hazards.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00155399.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50007</p> <p>Based on observation, medical record review and interview the facility failed to ensure Resident #23 received proper treatment and assistive devices to maintain vision. This affected one resident (#23) of six residents reviewed for vision services. The facility census was 62 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #23 revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD), schizoaffective disorder, dementia, and generalized anxiety disorder.</p> <p>Review of the optometry note for Resident #23 dated 11/15/23 revealed eyeglasses were recommended and ordered for the resident.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #23 dated 06/06/24 revealed the resident was cognitively intact.</p> <p>Interview on 8/06/24 at 9:32 A.M. with Licensed Practical Nurse (LPN) #73 revealed Resident #23 did not have eyeglasses to wear.</p> <p>Observation on 08/06/24 at 1:33 P.M. revealed Resident #23 was not wearing eyeglasses and was squinting to read a clock on the wall of the second-floor men's unit.</p> <p>Interview on 08/06/24 at 1:33 P.M. with Resident #23 confirmed he needed eyeglasses, and he was unable to read the time of the clock on the wall due to his poor vision.</p> <p>Interview on 08/07/24 at 8:44 A.M. with Social Worker Designee (SWD) #45 confirmed the optometrist examined Resident #23 on 11/15/23 and recommended the resident needed eyeglasses. SWD #45 further confirmed the optometrist was supposed to order the eyeglasses for Resident #23, but they had not done so, and the resident had not received his eyeglasses.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44083</p> <p>Based on observation, staff interview and review of the facility policy, the facility failed to store foods safely, and maintain a sanitary kitchen to ensure food service safety. This had the potential to affect 60 of 60 residents who received food from the kitchen. The facility identified two residents (#21, #49) who received nothing by mouth. The facility census was 62 residents.</p> <p>Findings include:</p> <p>Observation on [DATE] from 8:19 A.M. through 8:50 A.M. of the facility kitchen and refrigerators on the nursing units revealed the following concerns:</p> <p>There was a four-foot diameter floor fan with gray fuzzy debris blowing from the fan grill across the kitchen area onto the food preparation area, food service area, clean dish storage and food storage areas.</p> <p>The exhaust louvers above the stove cooking surface had gray and blackened debris consistent with the appearance of heavy grease build up.</p> <p>The six ceiling fan louvers throughout the kitchen had a heavy buildup of gray fuzzy debris located over food preparation areas, food service areas and clean dish storage areas.</p> <p>There was a three-foot wide by three-foot-wide exhaust fan louver on the wall near the food service area with a heavy buildup of a black wet substance consistent with the appearance of grease.</p> <p>In the cooking area above the stove the ceiling had splatters of a brown substance, consistent with food splatters.</p> <p>There were missing, exposed, broken, falling and heavily soiled ceiling tiles above the food preparation table near the walk-in refrigerator.</p> <p>The flooring throughout the food preparation areas had heavy buildup of black debris in the floor corners and edges around food preparation equipment.</p> <p>The meal plate warmer equipment was heavily soiled on the exterior and top surfaces of which clean dishes were store.</p> <p>In the dishwashing area, there was caulking missing to the dish table. The dish table walls were blackened, consistent with the appearance of mold. The floors and walls around the dishwasher were blackened with heavy buildup of debris.</p> <p>The floor of the mopping storage and drain area had walls which were blackened, consistent with the appearance of mold and the floor surrounding the area had missing cove base, exposing the interior walls.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The stove had a heavy buildup of brown debris on the cooking surfaces, corners and shelf below.</p> <p>The food preparation table below the shelving had dried food debris.</p> <p>The ice machine had a pink wet substance consistent with the appearance of mold on the interior surface in contact with the ice.</p> <p>The shelving under the food service steam table, had dried food debris.</p> <p>There was no thermometer in the food storage freezer chest filled with food. There was no exterior temperature reading and there was no temperature log to indicate previous temperature monitoring.</p> <p>There was no temperature log for the milk cooler indicating previous temperature monitoring.</p> <p>The indirect sink drain had a heavily soiled blanket wrapped around the base of the drain.</p> <p>There were multiple foods unlabeled undated and expired in the resident designated refrigerators in the nursing stations. On the 100 unit there were two food containers with no dates. On the 300 unit, there was milk which was labeled as expired on [DATE]. On the 400 unit, there were five food containers unlabeled and undated. On the 200 unit there two staff identified containers of foods unlabeled and undated.</p> <p>Interview on [DATE] at 8:50 A.M. with the Dietary Manger (DM) #11 confirmed stored foods should be labeled and dated and refrigerator temperatures should be monitored daily and recorded on a temperature log. DM #11 confirmed the kitchen sanitation issues and verified the walls, ceilings, fans, louvers, ice machine, and stove needed to be cleaned. DM #11 confirmed the indirect sink drain needed to be repaired to prevent water from running into the kitchen floor.</p> <p>Review of the facility policy titled Sanitation dated [DATE] revealed the food service area should be maintained in a clean and sanitary manner including all kitchen areas, equipment, and shelves, and ice machines should be kept clean.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>40471</p> <p>Based on record review and staff interview, the facility failed to submit complete and accurate staffing information for the Payroll-Based Journal (PBJ) staffing report to the Centers for Medicare and Medicaid Services (CMS). This had the potential to affect all 62 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the PBJ staffing data report for the first quarter of 2024 revealed the facility triggered for no PBJ staffing data submitted.</p> <p>Interview on 08/06/24 at 4:08 P.M. with Regional Operations Manager (ROM) #200 and Administrator #201 confirmed the facility had not submitted data for the PBJ staffing report for the first quarter of 2024. The Administrator #201 revealed she submitted the first quarter 2024 information to the facility's corporate office in order for them to submit the data to CMS. ROM #200 revealed at the time that the PBJ was due to be submitted, the individual who was responsible for submitting the data to CMS was a contractor who had been given a 30 days' notice to terminate his contract. The contractor did not turn over the log in profile to the facility. The facility had to create a new profile to ensure future PBJ reports were submitted properly.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide bedrooms that don't allow residents to see each other when privacy is needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44083</p> <p>Based on observation, medical record review, facility policy review and interview, the facility failed to ensure resident bedrooms provided visual privacy for the residents. This affected eight residents (#3, #5, #6, #24, #30, #31, #52, and #56) of 19 women residing on the secured women's unit. The facility census was 62 residents.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #24 revealed an admitted [DATE] with diagnoses including diabetes, schizophrenia, and anxiety.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #24 dated 07/09/24 revealed the resident had intact cognition and was independent with mobility.</p> <p>Review of the medical record for Resident #56 revealed an admitted [DATE] with diagnoses including schizophrenia, diabetes, and anxiety.</p> <p>Review of the MDS assessment for dated 06/12/24 revealed the resident had intact cognition and was independent with mobility.</p> <p>Observation on 08/08/24 at 10:37 A.M. revealed Residents #24, #52, and #56 were residing in double occupied rooms. The privacy curtain did not completely encircle the bed for Residents #24 and #56. Resident #52 had no privacy curtain.</p> <p>Interview on 08/08/24 at 10:37 A.M. with State tested Nurse Aide (STNA) #66 and Licensed Practical Nurse (LPN) #72 confirmed the privacy curtains for Residents #24 and #56 did not encircle the beds, and Resident #52 had no privacy curtain. STNA #66 and LPN #72 confirmed residents should have privacy curtains which provide full visual privacy while in bed.</p> <p>Interview on 08/08/24 at 10:38 A.M. with Resident #24 and at 10:40 A.M. with Resident #56 confirmed their privacy curtains did not provide full visual privacy while in bed, and they wanted privacy from their roommates when care was provided.</p> <p>2. Review of the medical record for Resident #3 revealed the resident was admitted to the facility on [DATE] with diagnoses including hypertension, diabetes and schizophrenia.</p> <p>Review of the MDS assessment for Resident #3 dated 05/21/24 revealed the resident had intact cognition and was independent with mobility.</p> <p>Record of the medical record for Resident #30 revealed an admitted [DATE] with diagnoses including diabetes, hypertension, manic depression and anxiety.</p> <p>Review of the MDS assessment for Resident #30 dated 04/19/24 revealed the resident had intact cognition and was independent with mobility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/08/24 beginning at 10:37 A.M. revealed there were no window blinds in the resident rooms to provide visual privacy for Residents #3, #5, #6, #30, and #31.</p> <p>Interview on 08/08/24 at 10:37 A.M. with STNA #66 and LPN #72 confirmed there were no window blinds in the resident rooms to provide visual privacy for Residents #3, #5, #6, #30, and #31. STNA #66 and LPN #72 confirmed the residents needed window coverings when care was provided.</p> <p>Interviews on 08/08/24 at 10:40 A.M. Residents #3 and #30 confirmed they needed a window blind in their room for privacy.</p> <p>Review of facility policy titled Privacy dated September 2019 revealed the facility would provide privacy in all aspects of care.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00155399.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>44083</p> <p>Based on observation, facility policy review the facility failed to provide a safe, functional, sanitary and comfortable environment. This affected 19 residents (#3, #5, #6, #8, #9, #14, #20, #24, #28, #29, #30, #31, #34, #38, #40, #44, #48, #52 and #56) of 19 residing on the women's secured unit. The facility census was 62 residents.</p> <p>Findings Include:</p> <p>1. Observation on 08/05/24 at 2:32 P.M. revealed the women's secure unit shower room had a blackened substance, consistent with appearance of mold, at base of shower stall and adjacent walls. The shower exhaust fan did operate and had a gray fuzzy layer covering the surface. There was a shower privacy curtain which was torn three feet from the top and was not attached to the track and was hanging which prevented complete privacy around the shower area from the door entrance.</p> <p>Interview on 08/05/24 at 2:32 P.M. with MA #34 confirmed the main shower room had blackened areas around the base of the shower and on the walls and needed to be cleaned. MA #34 verified the exhaust fan did not operate and needed to be cleaned. MA #34 verified the shower curtain was torn and did not provide full privacy.</p> <p>Interview on 08/07/24 at 3:30 P.M. with Licensed Practical Nurse Supervisor (LPNS) #72 revealed all the residents, Resident #3, #5, #6, #8, #9, #14, #20, #24, #28, #29, #30, #31, #34, #38, #40, #44, #48, #52 and #56 who resided on the women's unit used the main shower room.</p> <p>2. Observation on 08/05/24 at 2:10 P.M. revealed on the women's secured unit there was a one foot by two-foot missing span of dry wall around the faucets in the chemical room which exposed the interior wall. Observation revealed a room labeled as whirlpool room was being used for storage and was full of files and paperwork. The room had a shower head dripping water onto the floor resulting in a substance consistent with mold on the floor area.</p> <p>Interview on 08/05/24 at 2:10 P.M. with Housekeeping Aide (HA) #16 confirmed the wall in the chemical room was in disrepair and had been that way for several months. HA #16 verified the shower head was leaking in the storage room.</p> <p>Review of facility policy titled Storage Areas, Maintenance and Maintenance Services dated December 2009 revealed storage areas would be maintained in clean and safe manner. Maintenance services should be provided to all areas of the building, grounds and equipment, including maintaining cooling system in working order, the maintaining the building in good repair and free from hazards.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00155399.</p>		