

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Astoria Place of Barnesville		STREET ADDRESS, CITY, STATE, ZIP CODE  400 Carrie Avenue Barnesville, OH 43713	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33019</p> <p>Based on record review including review of facility payroll records and facility billing/financial information, review of the facility assessment, review of the employee handbook, review of the facility Resident [NAME] of Rights, review of the facility Abuse/Neglect policy and procedure and interviews, the facility neglected to meet financial obligations for the delivery of care and maintenance and to operate in a manner to ensure all bills were being paid timely to prevent the potential interruption in services and to meet the total care needs of all residents admitted to and/or retained in the facility and failed to have adequate and effective systems in place to ensure staff were compensated via payroll benefits based on their hired agreement and payroll schedule. This resulted in Immediate Jeopardy beginning on 06/07/24 when the identified lack of financial solvency placed all facility residents at risk for serious harm, injury, hospital, displacement due to potential interruption in staffing regarding non-payment of payroll benefits and continued due to non-payment of essential bills including payment to the facility contracted therapy supplier. This affected eight residents, Resident #7, #23, #26, #28, #34, #36, #40 and #41 who were currently receiving therapy (physical, occupational and/or speech therapy) services and had the potential to affect all 42 residents residing in the facility.</p> <p>On 06/13/24 at 5:03 P.M. the Administrator and the Director of Nursing (DON) were notified Immediate Jeopardy began on 06/07/24 when an onsite investigation determined the facility neglected to meet all financial obligations for the delivery of care and maintenance of the facility by not paying staff in a timely manner. This included but was not limited to insufficient funds to make payroll on 06/07/24, non-payment for therapy services (physical, occupational, and speech therapies) resulting in the therapy provider notifying the facility that services would be terminated by the end of the week, if a payment was not received and non-payment to a facility supply company.</p> <p>The Immediate Jeopardy was removed on 06/20/24 when the facility implemented the following corrective actions:</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 366261
		If continuation sheet Page 1 of 15

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 06/07/24 at 6:00 A.M. the Administrator identified her paycheck was not available in her checking account. At 8:00 A.M. staff began to identify their pay was unavailable. 39 staff members did not receive their paychecks as scheduled for the 06/07/24 pay day. The Administrator identified herself, the Director of Nursing (DON), Administrative Assistant #20, Registered Nurse (RN) #61, #65, and #82), Licensed Practical Nurse (LPN) (#4, #23, #25, #33, #34, #57, #71, #76), Activity Director #6, Activity Staff #37, Marketing Director #3, Dietary Manager #9, Dietary Staff (#28, #29, #31, #32, #38, #46, #53, #46, #53, and #56), Housekeeping Staff (#5, #26, #30, #51, #58, #73, and #75), Hospitality Aide #36, Business Office Manager #8, Beautician #22, and Maintenance Director #2 who were not paid.</p> <p>On 06/10/24 by 11:27 A.M., via in person interviews and phone communication with the employees, the Administrator verified payroll had been met as of this date at 100% for the 38 employees affected.</p> <p>Beginning 06/13/24 at 7:00 P.M. and concluding on 06/14/24, all 68 staff received education via in-person, telephone and hand-outs from the Administrator regarding the facility abuse/neglect policy.</p> <p>Beginning on 06/13/24 at 7:00PM and ending on 06/17/24 at 10:00 A.M. all 42 residents and/or resident representatives were interviewed by the interdisciplinary team (the Administrator, DON, SSD, BOM, Unit Manager) to ensure care needs were being met. A roster spreadsheet was developed by the Administrator to track completion of the interview questions. The interview questions included: Do you feel that your needs are being met? Do you have any concerns?</p> <p>Beginning on 06/13/24 to ensure medical supplies, food, medications and staff continue to be provided, the Administrator/designee would complete daily audits. The Interdisciplinary Team (IDT) would ask staff if they have any concerns regarding not having necessary supplies or staffing levels to meet the needs of the residents. If concerns are identified, the management company will be notified immediately, via email and/or phone call. The audits will continue daily for 12 weeks and will be documented on a spreadsheet.</p> <p>The facility implemented a plan for R&amp;R Management (court appointed receivership beginning 05/30/24) to fund payroll at the beginning of payroll week to ensure adequate time to correct any errors with payroll prior to pay day. Payroll ACHs would be deposited on 06/20/24 (Thursday), the day prior to payroll. An audit will be completed on 06/21/24 (Friday) of payroll by Administrator/designee to ensure that all funds have been received. Audits will be completed via spreadsheet with each employee asked if they have received their pay. If there is a delay in payment, wire transfers will be completed on 06/21/24 (Friday). Payroll will be funded early moving forward to ensure no issues arise on payday.</p> <p>On 06/17/24, letters to notify vendors of new receiver were sent via US mail. Vendors that were notified included food service, oxygen supply company, therapy company, pharmacy, electric, medical supplies, trash, water, payroll, dietician, and the medical director. New contracts would be obtained by the administrator in collaboration with the new management company.</p> <p>A Broad River payment plan was initiated on 06/18/24 at 2:45 P.M. that included 25% of outstanding balances to be paid each month beginning on 07/01/24. Additionally, the rehabilitation company would be kept current with 45-day terms. A representative from Broad River Therapy confirmed via email on 06/18/24 at 5:38 P.M. that there would be no interruption of services to therapy (based on the payment plan initiated).</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 06/18/24 at 9:30 A.M., the Administrator verified staffing contracts via email with Interim Staffing at 9:35 A.M.; Premier Staffing at 9:35 A.M.; and with a third staffing representative at 9:57 A.M. Interview revealed two to three days' notice was best to fill shifts, but incentives would be offered to employees who pick up immediate/same day shifts.</p> <p>Managers were educated on shift pickup should the need arise via in-service. The Administrator provided education via handout on 06/13/24 to Activity Director, SSD, BOM, ADON, DON, Dietary Director, Two Unit Managers, Maintenance Director, and Housekeeping Supervisor.</p> <p>The facility implemented a plan for ancillary staffing (housekeeping, dietary, maintenance) should the need arise: The Administrator would delegate managers to shifts that were unfilled through shift pick up; State tested Nursing Assistant staff would be pulled into the ancillary shifts and their shifts would be back filled with agency staff. Staff would also be shared through the staff sharing agreement between other facilities managed by the company. The staffing agreement was established to provide supplemental staffing support to multiple nursing homes within the organization. Staff would be assigned to different facilities based on staffing needs, acuity levels, and skill sets. Shifts and assignments would be based on availability, skill level, and facility needs.</p> <p>The facility implemented a plan for the Administrator, in collaboration with the new management company, R&amp;R Management, to complete audits of financial obligations weekly to validate obligations continue to be met to ensure the delivery of care continues as required. Special focus would be placed on essential resident care services to ensure vendors were up to date and there was no interruption in services. Essential resident care services include food service, oxygen provider, therapy provider, pharmacy, electric, medical supplies, trash, water, payroll, dietician, and medical director. Concerns identified would be shared with the new management company for resolution. Results of these audits and interventions would be brought to the Quality Assessment Performance Improvement (QAPI) meeting monthly for three months and as needed for review and recommendations. The facility implemented a plan for audits to begin on 06/19/24 via email and phone communication with the new management company.</p> <p>Residents (#7, #41, #40, #23, #26, #34, #36) were interviewed by SSD #10 on 06/19/24 at 10:00 A.M.; Therapy Director confirmed no interruption of services for Resident #28, who was unable to answer, on 06/19/24 at 10:30 A.M. to ensure continuity of therapy services and no identified interruptions.</p> <p>Although the Immediate Jeopardy was removed on 06/20/24, the facility remains out of compliance at a Severity Level 2 (no actual harm with potential for more than minimal harm that is not Immediate Jeopardy) as the facility is in the process of implementing their corrective action plan and monitoring to ensure on-going compliance.</p> <p>Findings Include:</p> <p>On 06/13/24 at 10:05 A.M. an interview with the Administrator revealed on 06/07/24 there were staff members who did not receive their bi-weekly paychecks (due 06/07/24) via electronic bank deposit. The Administrator revealed the owner of the facility, Owner #1, would be able to provide further information and details and provided the owner's contact information.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 06/13/24 at 11:10 A.M. an interview with the Administrator regarding the facility finances and billing/payment process revealed the facility did not pay any of the vendors directly for services rendered at the facility, and she was unsure if Epic Healthcare Solutions was responsible for all payments. During the investigation and interview with the Administrator, it was determined the facility did not have a comprehensive and effective system in place to monitor the financial solvency of the facility, to ensure bills were being paid timely, vendors were paid the amount due and/or the facility was meeting all financial obligations.</p> <p>The following financial solvency concerns were identified, including but not limited to the following as a result of the complaint investigation:</p> <p>a. On 06/13/24 at 1:05 P.M. an interview with Licensed Practical Nurse (LPN) #34 revealed she was to be paid bi-weekly via electronic bank deposit, and on 06/07/24 she was not paid. LPN #34 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/13/24 at 1:09 P.M. an interview with Licensed Practical Nurse (LPN) #4 revealed she was to be paid bi-weekly via electronic bank deposit, and on 06/07/24 she was not paid. LPN #4 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/13/24 at 1:30 P.M. an interview with Social Services Director (SSD) #10 revealed she was to be paid bi-weekly via electronic bank deposit, and on 06/07/24 she was not paid. Social Services Director (SSD) #10 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/13/24 at 1:36 P.M. an interview with Housekeeping Staff #75 revealed she was to be paid bi-weekly via electronic bank deposit and on 06/07/24, she was not paid. Housekeeping Staff #75 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/13/24 at 2:10 P.M. an interview with Administrative Assistant #20 revealed she was to be paid bi-weekly via electronic bank deposit, and on 06/07/24 she was not paid. Administrative Assistant #20 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/13/24 at 1:46 P.M. an interview with Laundry Staff #26 revealed she was to be paid bi-weekly via electronic bank deposit, and on 06/07/24 she was not paid. Laundry Staff #26 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/13/24 at 1:55 P.M. an interview with Licensed Practical Nurse (LPN) #33 revealed she was to be paid bi-weekly via electronic bank deposit, and on 06/07/24 she was not paid. LPN #33 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/13/24 at 2:20 P.M. an interview with Dietary Manager #9 revealed she was to be paid bi-weekly via electronic bank deposit, and on 06/07/24 she was not paid. Dietary Manager #9 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/13/24 at 2:28 P.M. an interview with Dietary Staff #38 revealed she was to be paid bi-weekly via electronic bank deposit, and on 06/07/24 she was not paid. Dietary Staff #38 revealed she was not paid until three days later, on 06/10/24.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 06/13/24 at 2:32 P.M. an interview with Dietary Staff #31 revealed she was to be paid bi- weekly via electronic bank deposit, and on 06/07/24 she was not paid. Dietary Staff #31 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/17/24 at 3:41 P.M. an interview with Licensed Practical Nurse (LPN) #71 revealed she was to be paid bi-weekly via electronic bank deposit, and on 06/07/24 she was not paid. LPN #71 revealed she was not paid until three days later, on 06/10/24.</p> <p>On 06/13/24 at 4:40 P.M. an interview with Facility Owner #1 revealed last week when he input data and ACH approval into his bank account at the Bank of Oklahoma there were sufficient funds. On Friday, 06/07/24, he was notified by the facility that a couple of staff didn't get paid. Facility Owner #1 stated he contacted his bank and worked with a nice lady throughout the day Friday on the issue of some of the checks not being released. The owner stated that all of the checks were released by 6:00 P.M. on Friday but didn't make it to the employee's bank accounts in time. The owner stated that he personally spoke with some of the staff over the weekend and offered \$200.00 bonuses to help compensate for the delay in staff receiving their paychecks. During the interview, the owner further stated he had been making payments to the therapy provider according to a previous plan and indicated he was not aware of any concerns with payments to the therapy provider (Broad River Rehabilitation).</p> <p>On 06/14/24 at 8:20 A.M. the Administrator provided documentation of a court order for receivership for the facility effective 05/30/24.</p> <p>On 06/17/24 at 3:49 P.M. a follow-up interview with the Administrator revealed on 06/07/24 there were 39 staff members who did not receive their paychecks as scheduled. The Administrator identified herself, the Director of Nursing (DON), Administrative Assistant #20, Registered Nurse (RN) #61, #65, and #82), Licensed Practical Nurse (LPN) (#4, #23, #25, #33, #34, #57, #71, #76), Activity Director #6, Activity Staff #37, Marketing Director #3, Dietary Manager #9, Dietary Staff (#28, #29, #31, #32, #38, #46, #53, #46, #53, and #56), Housekeeping</p> <p>Staff (#5, #26, #30, #51, #58, #73, and #75), Hospitality Aide #36, Business Office Manager #8, Beautician #22, and Maintenance Director #2 who were not paid.</p> <p>Interview on 06/20/24 at 3:52 P.M. with Bank of Oklahoma Treasury Client Services Representative #104 revealed due to the facility's credit history all funding must be in the bank account before any funds can be processed for release. Client Services Representative #104 revealed the facility's payroll was not met on 06/07/24 due to insufficient funds per the bank's policy. He stated funds were sent to the Bank of Oklahoma via a check which required a one- day, intraday hold. The check was received on the same day the payroll was submitted on</p> <p>06/07/24 and the payroll could not be processed as the funds were not available.</p> <p>Review of the undated facility Employee Handbook revealed employees would receive their pay reimbursement for hours worked either through Pay Card or Direct Deposit. During orientation, the human resources representative would assist with signing up for either direct deposit or a Pay Card.</p> <p>b. During the onsite investigation, the facility identified eight residents, Resident #7, #23, #26, #28, #34, #36, #40 and #41 who were currently receiving therapy (physical, occupational and/or speech therapy) services.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the statement issued by Broad River Rehabilitation, dated 01/02/24, revealed an invoice balance of \$18,095.42 for service dates of 12/01/23 through 12/31/23.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 02/02/24, revealed an invoice balance of \$17,825.06 for service dates of 01/01/24 through 01/31/24.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 03/01/24, revealed an invoice balance of \$17,586.39 for service dates of 02/01/24 through 02/29/24.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 04/01/24, revealed an invoice balance of \$13,078.95 for service dates of 03/01/24 through 03/31/24.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 05/01/24, revealed an invoice balance of \$6,740.11 for service dates of 04/01/24 through 04/30/24.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 06/03/24, revealed an invoice balance of \$11,529.63 for service dates of 05/01/24 through 05/31/24.</p> <p>On 06/13/24 at 10:24 A.M. an interview with Chief Executive Officer (CEO) #11 (physical, speech, and occupational therapies provider) revealed the facility's outstanding balance was \$84,855.56 for services provided from December 2023 through May 2024. CEO #11 further stated a letter was sent out yesterday, on 06/12/24, notifying the facility management that services would stop by the end of the week, Saturday 06/15/24, if a large payment was not received. Chief Financial Officer (CFO) #12 who was present during the interview via conference call stated the therapy company has tried very hard to work with the facility for payments, but it has been unsuccessful.</p> <p>Review of an email communication from Broad River Rehabilitation CEO #11 to Facility Owner #1, dated 06/17/24 at 4:43 P.M., revealed We are not catching up in payment as we agree. I can't continue if I don't receive a large payment this week. The Department of Health is continuing to reach out to ask .I am sorry, but this is not negotiable at this time.</p> <p>Review of an email communication from Facility Owner #1 to Broad River Rehabilitation Chief Executive Officer #11, dated 06/17/24 at revealed, Understood. We are working with [J4] under receivership now and will be working officially now with them hand in hand to keep services going.</p> <p>On 06/17/24 at 10:15 A.M. an interview with Broad River Rehabilitation Staff Accountant #13 verified the facility's outstanding balance was \$84,855.56 for therapy services between December 2023 through May 2024. Staff Accountant #13 revealed it was her understanding that a letter was sent to the facility last week notifying them that if a substantial payment was not received, services would be terminated by the end of the week. Staff Accountant #13 stated she was unsure why services continued past the end of last week but assumed it was because a plan was still in progress for ending services.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>c. On 06/13/24 at 11:06 A.M. an interview with Account Representative #19 from Medline Medical Supplies revealed the facility's current total outstanding balance was \$23,298.14 and the facility current past due amount balance was \$3,117.38, which was 13 days past due. Account Representative #19 revealed he could not comment on when supplies would cease due to non-payment as it was determined on a case-by-case basis. No additional information was provided by the facility during the investigation to explain why the facility had a past due balance or evidence the facility was in good standing with this vendor/supplier.</p> <p>Review of the undated Ohio and Federal Nursing Home Residents' [NAME] of Rights booklet, provided to the resident upon admission, revealed upon admission and thereafter, the right to adequate and appropriate medical treatment and nursing care and to other ancillary services that comprise necessary and appropriate care consistent with the program for which the resident contracted.</p> <p>Review of the facility assessment dated [DATE] revealed the facility provided all care and services as required in the requirements of participation including, but not limited to assistance with activities of daily living, personal care services, medication administration, pain management, infection prevention and control, nutritional services, skin care, fall and injury prevention, pharmacy, and therapy services. Additionally, the facility provided medical director, attending physicians, physician assistants, nurse practitioners, dentist, podiatrist, ophthalmologist, and psychiatrist services, and pharmacist.</p> <p>Review of the facility policy titled, Abuse Prevention, Identification, Investigation and Reporting Policy, revision date of 08/15/22, revealed neglect was the failure of the facility, its employees or service providers to provide goods and services to a resident that were necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154712.</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33019</p> <p>Based on record review, facility policy review, facility assessment review, and interviews, the facility failed to establish an effective governing body, legally responsible to establish and implement policies regarding the management and operation of the facility, including but not limited to compliance with all financial obligations for the delivery of care. This had the potential to affect all 42 residents in the facility.</p> <p>Findings include:</p> <p>Review of the facility survey history revealed on 12/18/23 a complaint survey was completed which resulted in concerns related to financial solvency. An issue identified at that time was related to employee payroll. An interview on 12/05/23 at 2:25 P.M. with the Administrator revealed, at that time, there were 14 employees who did not receive paychecks on 10/13/23 as their checks were returned due to insufficient funds. At the time of the survey, the Administrator did not provide any additional information as to why payroll was not met for these employees on this date. This payroll issue was in addition to the identification of other vendors/suppliers with past due balances, non-payment and shut off notices being issued to the facility. Following the 12/18/23 survey, the facility provided evidence of payments being made to various different supplies/vendors removing the likelihood of situations of neglect and the resolution of shut off notices for the facility.</p> <p>Further review of the survey history revealed on 03/11/24 a complaint survey was completed which also resulted in concerns with financial solvency. An issue identified at that time was related to employee payroll. On 03/04/24 at 9:50 A.M. an interview with the Director of Nursing revealed employee payroll checks were not clearing the bank. At the time of the survey the Administrator was unable to provide additional information as to why the facility was unable to meet the financial obligation of employee payroll on 02/16/24 and 03/01/24. In addition to the inability to meet the financial demands of payroll, it was identified the facility had vendors/suppliers with past due balances, non-payment and shut off notices being issued to the facility. Following the 03/11/24 survey, the facility provided evidence of payments being made to vendors/suppliers and the ability to meet payroll for the staff which removed the likelihood of situations of neglect and the resolution of shut off notices to the facility.</p> <p>However, at the time of this complaint survey, completed on 06/21/24, the facility failed to ensure their governing body was effective in establishing and implementing policies regarding the management and operation of the facility, which included ongoing compliance with all financial obligations for the delivery of care.</p> <p>a. On 06/13/24 at 10:05 A.M. an interview with the Administrator revealed on 06/07/24 there were staff members who did not receive their bi-weekly paychecks (due 06/07/24) via electronic bank deposit. The Administrator revealed the owner of the facility, Owner #1, would be able to provide further information and details and provided the owner's contact information.</p> <p>(continued on next page)</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/13/24 at 11:10 A.M. an interview with the Administrator regarding the facility finances and billing/payment process revealed the facility did not pay any of the vendors directly for services rendered at the facility, and she was unsure if Epic Healthcare Solutions was responsible for all payments. During the investigation and interview with the Administrator, it was determined the facility did not have a comprehensive and effective system in place to monitor the financial solvency of the facility, to ensure bills were being paid timely, vendors were paid the amount due and/or the facility was meeting all financial obligations.</p> <p>On 06/13/24 at 4:40 P.M. an interview with Facility Owner #1 revealed last week, when he input data and ACH approval into his bank account at the Bank of Oklahoma, there were sufficient funds. On Friday, 06/07/24, he was notified by the facility that a couple of staff didn't get paid. Facility Owner #1 stated he contacted his bank and worked with a nice lady throughout the day Friday on the issue of some of the checks not being released. The owner stated that all of the checks were released by 6:00 P.M. on Friday but didn't make it to the employee's bank accounts in time. The owner stated that he personally spoke with some of the staff over the weekend and offered \$200.00 bonuses to help compensate for the delay in staff receiving their paychecks. During the interview, the owner further stated he had been making payments to the therapy provider according to a previous plan and indicated he was not aware of any concerns with payments to the therapy provider (Broad River Rehabilitation).</p> <p>On 06/14/24 at 8:20 A.M. the Administrator provided documentation of a court order for receivership for the facility effective 05/30/24.</p> <p>On 06/17/24 at 3:49 P.M. a follow-up interview with the Administrator revealed on 06/07/24 there were 39 staff members who did not receive their paychecks as scheduled. The Administrator identified herself, the Director of Nursing (DON), Administrative Assistant #20, Registered Nurse (RN) (#61, #65, and #82), Licensed Practical Nurse (LPN) (#4, #23, #25, #33, #34, #57, #71, #76), Activity Director #6, Activity Staff #37, Marketing Director #3, Dietary Manager #9, Dietary Staff (#28, #29, #31, #32, #38, #46, #53, #46, #53, and #56), Housekeeping</p> <p>Staff (#5, #26, #30, #51, #58, #73, and #75), Hospitality Aide #36, Business Office Manager #8, Beautician #22, and Maintenance Director #2 who were not paid.</p> <p>Interview on 06/20/24 at 3:52 P.M. with Bank of Oklahoma Treasury Client Services Representative #104 revealed due to the facility's credit history all funding must be in the bank account before any funds can be processed for release. Client Services Representative #104 revealed the facility's payroll was not met on 06/07/24 due to insufficient funds per the bank's policy. He stated funds were sent to the Bank of Oklahoma via a check which required a one- day, intraday hold. The check was received on the same day the payroll was submitted on 06/07/24 and the payroll could not be processed as the funds were not available.</p> <p>b. In addition to the facility's failure to ensure payroll obligations were met and continued to be met to ensure the ongoing effective day to day operation of the facility, the following vendors/suppliers were reviewed as part of the State agency investigation with concerns identified:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Astoria Place of Barnesville		STREET ADDRESS, CITY, STATE, ZIP CODE  400 Carrie Avenue Barnesville, OH 43713	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/13/24 at 10:24 A.M. an interview with Chief Executive Officer (CEO) #11 (physical, speech, and occupational therapies provider) revealed the facility's outstanding balance was \$84,855.56 for services provided from December 2023 through May 2024. CEO #11 further stated a letter was sent out yesterday, on 06/12/24, notifying the facility management that services would stop by the end of the week, Saturday 06/15/24, if a large payment was not received. Chief Financial Officer (CFO) #12, who was present during the interview via conference call, stated the therapy company has tried very hard to work with the facility for payments, but it has been unsuccessful.</p> <p>Review of an email communication from Broad River Rehabilitation CEO #11 to Facility Owner #1, dated 06/17/24 at 4:43 P.M., revealed We are not catching up in payment as we agreed. I can't continue if I don't receive a large payment this week. The Department of Health is continuing to reach out to ask .I am sorry, but this is not negotiable at this time.</p> <p>Review of an email communication from Facility Owner #1 to Broad River Rehabilitation Chief Executive Officer #11, dated 06/17/24 at revealed, Understood. We are working (with J4) under receivership now and will be working officially now with them hand in hand to keep services going.</p> <p>On 06/17/24 at 10:15 A.M. an interview with Broad River Rehabilitation Staff Accountant #13 verified the facility's outstanding balance was \$84,855.56 for therapy services between December 2023 through May 2024. Staff Accountant #13 revealed it was her understanding that a letter was sent to the facility last week notifying them that if a substantial payment was not received, services would be terminated by the end of the week. Staff Accountant #13 stated she was unsure why services continued past the end of last week but assumed it was because a plan was still in progress for ending services.</p> <p>On 06/13/24 at 11:06 A.M. an interview with Account Representative #19 from Medline Medical Supplies revealed the facility's current total outstanding balance was \$23,298.14 and the facility's current past due amount balance was \$3,117.38, which was 13 days past due. Account Representative #19 revealed he could not comment on when supplies would cease due to non-payment as it was determined on a case-by-case basis. No additional information was provided by the facility during the investigation to explain why the facility had a past due balance or evidence the facility was in good standing with this vendor/supplier.</p> <p>Review of the facility's undated Governing Body policy revealed the Governing Body had a fiduciary duty, duty of care, and duty of loyalty to act in the best interests of the Facility. The governing body should be comprised of the operator (s), c-suite level executives, and other individuals who were legally responsible for the establishment and implementation of policies regarding management and operations of the facility. The Governing Body members responsibilities included to be active, engaged, and involved in the affairs of the facility and to have direct access to the administrator and to the compliance and ethics officer by scheduling executive board sessions with the compliance and ethics officer that allows for a free flow of information without potential for conflict.</p> <p>(continued on next page)</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility assessment dated [DATE] revealed the facility provided all care and services as required in the requirements of participation including, but not limited to assistance with activities of daily living, personal care services, medication administration, pain management, infection prevention and control, nutritional services, skin care, fall and injury prevention, pharmacy, and therapy services. Additionally, the facility provided medical director, attending physicians, physician assistants, nurse practitioners, dentist, podiatrist, ophthalmologist, and psychiatrist services, and pharmacist.</p> <p>Review of the administrator job description revealed the administrator would operate the facility in accordance with the established policies and procedures of the facility. The job description indicated the administrator would supervise the recruitment, employment and discharge of staff. And work closely with the DON to assure there were adequate numbers of staff to meet the needs of each resident and to comply with the state of Ohio licensure law. The administrator would act as a liaison with the facility owners and the medical, nursing, and other supervisory staff through regular meetings.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154712.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>33019</p> <p>Based on record review, staff interview and policy review, the facility failed to ensure continuous evaluations were in place to verify financial obligations were met as planned to prevent a potential disruption in resident care and services through the Quality Assurance Performance Improvement (QAPI) program committee. This had the potential to affect all facility residents. The facility census was 42.</p> <p>Findings include:</p> <p>Review of the facility survey history revealed on 12/18/23 a complaint survey was completed which resulted in concerns related to financial solvency. An issue identified at that time was related to employee payroll. An interview on 12/05/23 at 2:25 P.M. with the Administrator revealed there were 14 employees who did not receive paychecks on 10/13/23 as their checks were returned due to insufficient funds. At the time of the survey, the Administrator did not provide any additional information as to why payroll was not met for these employees on this date. This payroll issue was in addition to the identification of other vendors/suppliers with past due balances, non-payment and shut off notices being issued to the facility. Following the 12/18/23 survey, the facility provided evidence of payments being made to various different supplies/vendors removing the likelihood of situations of neglect and the resolution of shut off notices for the facility.</p> <p>Further review of the survey history revealed on 03/11/24 a complaint survey was completed which also resulted in concerns with financial solvency. An issue identified at that time was related to employee payroll. On 03/04/24 at 9:50 A.M. an interview with the Director of Nursing revealed employee payroll checks were not clearing the bank. At the time of the survey the Administrator was unable to provide additional information as to why the facility was unable to meet the financial obligation of employee payroll on 02/16/24 and 03/01/24. In addition to the inability to meet the financial demands of payroll, it was identified the facility had vendors/suppliers with past due balances, non-payment and shut off notices being issued to the facility. Following the 03/11/24 survey, the facility provided evidence of payments being made to vendors/suppliers and the ability to meet payroll for the staff which removed the likelihood of situations of neglect and the resolution of shut off notices to the facility.</p> <p>During the onsite investigation, completed on 06/21/24, continued concerns related to financial solvency and the lack of effective QAPI program were identified:</p> <p>a. On 06/13/24 at 10:05 A.M. an interview with the Administrator revealed on 06/07/24 there were staff members who did not receive their bi-weekly paychecks (due 06/07/24) via electronic bank deposit. The Administrator revealed the owner of the facility, Owner #1, would be able to provide further information and details and provided the owner's contact information.</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/13/24 at 11:10 A.M. an interview with the Administrator regarding the facility finances and billing/payment process revealed the facility did not pay any of the vendors directly for services rendered at the facility, and she was unsure if Epic Healthcare Solutions was responsible for all payments. During the investigation and interview with the Administrator, it was determined the facility did not have a comprehensive and effective system in place to monitor the financial solvency of the facility, to ensure bills were being paid timely, vendors were paid the amount due and/or the facility was meeting all financial obligations.</p> <p>On 06/13/24 at 4:40 P.M. an interview with Facility Owner #1 revealed last week, when he input data and ACH approval into his bank account at the Bank of Oklahoma, there were sufficient funds. On Friday, 06/07/24, he was notified by the facility that a couple of staff didn't get paid. Facility Owner #1 stated he contacted his bank and worked with a nice lady throughout the day Friday on the issue of some of the checks not being released. The owner stated that all of the checks were released by 6:00 P.M. on Friday but didn't make it to the employee's bank accounts in time. The owner stated that he personally spoke with some of the staff over the weekend and offered \$200.00 bonuses to help compensate for the delay in staff receiving their paychecks. During the interview, the owner further stated he had been making payments to the therapy provider according to a previous plan and indicated he was not aware of any concerns with payments to the therapy provider (Broad River Rehabilitation).</p> <p>On 06/14/24 at 8:20 A.M. the Administrator provided documentation of a court order for receivership for the facility effective 05/30/24.</p> <p>On 06/17/24 at 3:49 P.M. a follow-up interview with the Administrator revealed on 06/07/24 there were 39 staff members who did not receive their paychecks as scheduled. The Administrator identified herself, the Director of Nursing (DON), Administrative Assistant #20, Registered Nurse (RN) (#61, #65, and #82), Licensed Practical Nurse (LPN) (#4, #23, #25, #33, #34, #57, #71, #76), Activity Director #6, Activity Staff #37, Marketing Director #3, Dietary Manager #9, Dietary Staff (#28, #29, #31, #32, #38, #46, #53, #46, #53, and #56), Housekeeping</p> <p>Staff (#5, #26, #30, #51, #58, #73, and #75), Hospitality Aide #36, Business Office Manager #8, Beautician #22, and Maintenance Director #2 who were not paid.</p> <p>Interview on 06/20/24 at 3:52 P.M. with Bank of Oklahoma Treasury Client Services Representative #104 revealed due to the facility's credit history all funding must be in the bank account before any funds can be processed for release. Client Services Representative #104 revealed the facility's payroll was not met on 06/07/24 due to insufficient funds per the bank's policy. He stated funds were sent to the Bank of Oklahoma via a check which required a one- day, intraday hold. The check was received on the same day the payroll was submitted on 06/07/24 and the payroll could not be processed as the funds were not available.</p> <p>In addition to the facility's failure to ensure payroll obligations were met and continued to be met to ensure the ongoing effective day to day operation of the facility, the following vendors/suppliers were reviewed as part of the State agency investigation with concerns identified:</p> <p>b. During the onsite investigation, the facility identified eight residents, Resident #7, #23, #26, #28, #34, #36, #40 and #41 who were currently receiving therapy (physical, occupational and/or speech therapy) services.</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the statement issued by Broad River Rehabilitation, dated 01/02/24, revealed an invoice balance of \$18,095.42 for service dates of 12/01/23 through 12/31/23.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 02/02/24, revealed an invoice balance of \$17,825.06 for service dates of 01/01/24 through 01/31/24.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 03/01/24, revealed an invoice balance of \$17,586.39 for service dates of 02/01/24 through 02/29/24.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 04/01/24, revealed an invoice balance of \$13,078.95 for service dates of 03/01/24 through 03/31/24.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 05/01/24, revealed an invoice balance of \$6,740.11 for service dates of 04/01/24 through 04/30/24.</p> <p>Review of the statement issued by Broad River Rehabilitation, dated 06/03/24, revealed an invoice balance of \$11,529.63 for service dates of 05/01/24 through 05/31/24.</p> <p>On 06/13/24 at 10:24 A.M. an interview with Chief Executive Officer (CEO) #11 (physical, speech, and occupational therapies provider) revealed the facility's outstanding balance was \$84,855.56 for services provided from December 2023 through May 2024. CEO #11 further stated a letter was sent out yesterday, on 06/12/24, notifying the facility management that services would stop by the end of the week, Saturday 06/15/24, if a large payment was not received. Chief Financial Officer (CFO) #12, who was present during the interview via conference call, stated the therapy company has tried very hard to work with the facility for payments, but it has been unsuccessful.</p> <p>Review of an email communication from Broad River Rehabilitation CEO #11 to Facility Owner #1, dated 06/17/24 at 4:43 P.M., revealed We are not catching up in payment as we agreed. I can't continue if I don't receive a large payment this week. The Department of Health is continuing to reach out to ask .I am sorry, but this is not negotiable at this time.</p> <p>Review of an email communication from Facility Owner #1 to Broad River Rehabilitation Chief Executive Officer #11, dated 06/17/24 at revealed, Understood. We are working (with J4) under receivership now and will be working officially now with them hand in hand to keep services going.</p> <p>On 06/17/24 at 10:15 A.M. an interview with Broad River Rehabilitation Staff Accountant #13 verified the facility's outstanding balance was \$84,855.56 for therapy services between December 2023 through May 2024. Staff Accountant #13 revealed it was her understanding that a letter was sent to the facility last week notifying them that if a substantial payment was not received, services would be terminated by the end of the week. Staff Accountant #13 stated she was unsure why services continued past the end of last week but assumed it was because a plan was still in progress for ending services.</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/13/24 at 11:06 A.M. an interview with Account Representative #19 from Medline Medical Supplies revealed the facility's current total outstanding balance was \$23,298.14 and the facility's current past due amount balance was \$3,117.38, which was 13 days past due. Account Representative #19 revealed he could not comment on when supplies would cease due to non-payment as it was determined on a case-by-case basis. No additional information was provided by the facility during the investigation to explain why the facility had a past due balance or evidence the facility was in good standing with this vendor/supplier.</p> <p>Review of the facility policy dated February 2020 titled, Quality Assurance and Performance Improvement (QAPI) Program revealed the facility shall develop, implement, and maintain an ongoing, facility-wide, data-driven QAPI program that is focused on indicators of the outcomes of care and quality of life for our residents. The QAPI plan describes the process for identifying and correcting quality deficiencies. Key components of this process include tracking and measuring performance; establishing goals and thresholds for performance measurement; identifying and prioritizing quality deficiencies; systematically analyzing underlying causes of systemic quality deficiencies; developing and implementing corrective action or performance improvement activities; and monitoring or evaluating the effectiveness of corrective action/performance improvement activities and revising as needed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154712.</p>		