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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366273 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2025 |
| NAME OF PROVIDER OR SUPPLIER Astoria Place of Cambridge | | STREET ADDRESS, CITY, STATE, ZIP CODE 8420 Georgetown Road Cambridge, OH 43725 | |

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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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to preserve resident dignity while dining by allowing full urinals to remain beside food on the resident's tray table. This affected one (#12) of one resident reviewed for dignity. The facility census was 35. Findings include: Review of the resident's medical record revealed Resident #12 was admitted on [DATE]. Diagnoses included acute respiratory failure with hypoxia, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side; hyperkalemia; type two diabetes mellitus; muscle weakness and muscle wasting. Review of the Minimum Data Set (MDS) version 3.0, dated 12/12/25, revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 11 on a 0-15 scale. A BIMS score of 11 would indicate the resident had moderate problems with thinking and memory. Functionally, the resident used a walker and required partial to moderate assistance for mobility, with one sided impairment of the lower extremity. He is occasionally incontinent of urine, and frequently incontinent of bowel. He was receiving scheduled pain medication, and denied having any pain. Review of a care plan report for Resident #12, updated 12/15/25, revealed a focus of care for altered health maintenance. Interventions included assisting with ADLs (activities of daily living) as needed, as well as assisting with incontinence care as needed. Review of a care plan report for Resident #12, updated 12/15/25, revealed a focus of care for risk of infection or cross contamination due to resident kept his urinal of bedside table with drinking water and other items. Interventions included education of cross contamination and encouraging to keep urinal off bedside table if possible. On 12/15/25 at 12:15 P.M., an observation revealed Resident #12 was eating lunch in his recliner. There was a urinal half full of urine on the table beside him. On 12/15/25 at 1:22 P.M., an observation of Resident #12's room revealed there were now two urinals on the bedside table, each half full. On 12/16/25 at 8:46 A.M., an observation revealed Resident #12 had two half full urinals on his table, beside which was a bowl of eggs and a bottle of Mountain Dew. This was confirmed by Registered Nurse (RN) #355. On 12/16/25 at 8:50 A.M., an interview with RN #355 confirmed two urinals containing urine were on Resident #12's bedside table beside his eggs. She agreed the urinals should not be located beside the resident's food. On 12/17/25 at 8:15 A.M., an interview with the Assistant Director of Nursing revealed she was aware Resident #12's urinals were an issue. She agreed more frequent emptying or assisting with urinals was needed if resident insisted on keeping urinals on over bed table.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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