

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 08/08/2024
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28701</p> <p>Based on medical record review and staff interview, the facility failed to ensure resident Preadmission Screening and Resident Review was resubmitted following a new mental health diagnosis added for a resident. This affected one resident (#2) of one resident reviewed for Preadmission Screening and Resident Review. The facility census was 31.</p> <p>Findings include:</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses that included dementia, cerebrovascular accident and bipolar disorder. A Preadmission Screening and Resident Review (PASARR) was completed on 04/30/18.</p> <p>Further review of the medical diagnoses for Resident #2 revealed a new diagnosis of anxiety added on 08/06/21. No evidence of a resubmission of PASARR for a new mental health diagnosis was found.</p> <p>On 08/07/24 at 10:50 A.M., interview with Licensed Practical Nurse (LPN) #11 revealed she would contact the local area agency on aging to determine if a PASARR is required to be resubmitted for a new diagnosis of anxiety for Resident #2.</p> <p>On 08/07/24 at 11:10 A.M., follow up interview with LPN #11 verified a new PASARR should have been resubmitted for Resident #2 for the new diagnosis of anxiety.</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
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32801</p> <p>Based on record review, observation, and interviews the facility failed to ensure therapy recommendation were implemented. This affected one resident (#5) of one resident reviewed for restorative services.</p> <p>Findings included:</p> <p>Record review revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including heart failure, diabetes, hip pain, heart disease, and chronic pain.</p> <p>Further review of Resident #5's paper medical record revealed there were Physical Therapy (PT) notes dated 09/26/23 to 11/20/23 that indicated the resident received therapy services. The PT discharge note dated 11/20/23 recommended the resident have a walker with a basket/bag and ambulation program established. The resident was currently able to walk to the dining room, balance was steady, and tier was functional with a Restorative Nursing Program. The resident will be able to walk in the corridor with two assists of two and balance will be steady, by performing the following restorative nursing intervention. Allow resident to take her time, use gait belt, use walker, and provide assistance of two, follow with wheelchair for safety. Resident #5's prognosis would be good with consistent staff follow-through.</p> <p>Review of Resident #5's quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident's cognition was intact and she used a walker and wheelchair for ambulation. The MDS indicated the resident was not receiving restorative or therapy services.</p> <p>Review of Resident #5's care conference note dated 12/28/23 revealed the resident was not receiving any therapy services.</p> <p>Review of Resident #5's altercation in mobility plan of care initiated 04/15/22 revealed the resident uses wheelchair and staff steady to transfer.</p> <p>On 08/06/24 the facility provided the surveyor a list of residents receiving restorative therapy that revealed no evidence Resident #5 was receiving a restorative program.</p> <p>Observation on 08/06/24 at 7:35 A.M., 08/07/24 at 8:45 A.M., and 08/08/24 at 8:47 A.M., revealed the resident was observed ambulating via wheelchair. There was no evidence the resident had a wheeled walker.</p> <p>Observation of Resident #5's room on 08/08/24 at 8:47 A.M., with Licensed Practical Nurse (LPN) #15 confirmed the resident did not have a wheeled walker and ambulated in the facility via a customized wheelchair.</p> <p>Interview on 08/05/24 at 10:07 A.M., with Resident #5 revealed she needed therapy again because she was unable to walk and was not in a restorative program or therapy.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 08/05/24 at 2:04 P.M. with the Therapy Director (TD) #100 confirmed on 11/20/23 the PT recommended Resident #5 have a wheeled walker and a restorative ambulation program.</p> <p>Interview on 08/07/24 at 2:09 P.M., with Registered Nurse (RN) #8, State tested Nurse's Aide (STNA) #21 and STNA #36 revealed there were unaware Resident #5 could ambulate with a walker and the resident currently uses a lift and a specialized wheelchair for transfers and ambulation.</p> <p>Interview on 08/08/24 at 7:13 A.M., with RN #1 confirmed she was the head of the restorative program, and she was not able to find evidence therapy had referred Resident #5 to a restorative program or recommended a walker except for the discharge note. RN #1 reported in the past therapy would write the recommendation and a paper form and given them to her to initiate. The RN confirmed the resident did not receive a walker or an ambulation program per PT recommendation on 11/20/23.</p> <p>Interview on 08/08/25 at 8:50 A.M., with Resident #5 confirmed she never received a walker. The resident reported while she was in therapy she was able to walk short distances with a walker and therapy staff would walk behind with a wheelchair, but after she was discharged from PT no one worked with her and now she can't walk at all. Residents #5 reported she would like to walk again, and therapy spoke to her yesterday and might start working with her again.</p> <p>Interview on 08/08/24 at 9:00 A.M., with Occupational Therapist (OT) #101 confirmed PT evaluated Resident #5 yesterday (08/07/24) and was going to pick her up for services and she was going to screen her today for OT services.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>32801</p> <p>Based on observation and interview the facility failed to ensure the facility was free of pest. This affected two residents (#7 and #9) of 16 residents observed.</p> <p>Findings included:</p> <p>Observation on 08/05/24 at 10:56 A.M. of Resident #9's room revealed there were three flies flying around the resident. The resident reported flies have been an issue for five years. The resident had a flyswatter lying on his bed.</p> <p>Observation on 08/05/24 at 11:08 A.M. of Resident #7's room revealed there was one fly sticky strip hanging behind a closet. There were two flies flying around the resident's face. The resident reported flies have been an issue and staff gave him a flyswatter to use and they just took down the fly strips because state was in the building, but they must have missed one.</p> <p>Observation on 08/06/24 at 1:12 P.M., of Resident #7 and #9's room with Licensed Practical Nurse (LPN) #15 confirmed there was flies and gnats flying on and around the residents.</p> <p>Observation on 08/06/24 at 2:00 P.M., of Resident #7's wound care with LPN #17 and #18 revealed flies and gnats were flying around and on the resident during wound care. Confirmed findings with the LPN's during the observation.</p> <p>Observation on 08/07/24 at 9:03 A.M., of Resident #7 and #9's room revealed there were two flies on Resident #9 and three flies and a gnat on Resident #7.</p> <p>Interview on 08/07/24 at 9:39 A.M., with the Director of Nursing (DON) revealed the facility was aware of the fly issue in Resident #7 and #9's room and the exterminator reported there was nothing he could do to treat the rooms and recommended staff use bleach in the rooms. The DON reported the facility may need to use the bleach more frequently.</p>