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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366391	A. Building B. Wing	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Astoria Skilled Nursing and Rehabilitation	3537 12th Street, NW Canton, OH 44708

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297 Based on record review and interview, the facility failed to ensure Resident #54's medications were administered as ordered. This affected one (Resident #54) of four residents reviewed for medications. The facility census was 57. Findings include: Review of Resident #54's medical record revealed the resident was readmitted on [DATE] with diagnoses including pneumonia, depression and acute respiratory failure with hypoxia. Review of Resident #54's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Review of Resident #54's physician orders revealed an order dated 11/27/24 for hydrocodone/Tylenol (Percocet) 5-325 milligrams (mg) give one tablet by mouth every six hours as needed for up to five days (discontinued 10/01/24). Review of Resident #54's Controlled Drug Record form revealed the resident was ordered Percocet narcotic pain medication every six hours up to five days with a total Percocet on the narcotic card of 19. One entry was documented by Registered Nurse (RN) #369 on the form dated 12/08/24 at 11:45 P.M. which indicated one tablet of the 19 available Percocet narcotic pain medications was administered. Review of Resident #54's Medication Administration Records (MARS) from 11/01/24 to 12/09/24 did not reveal evidence the Percocet was administered on 12/08/24 at 11:45 P.M. Interview on 12/09/24. with RN #369 confirmed she accidentally administered a Percocet narcotic pain medication on 12/08/24 at 11:45 P.M. to Resident #54 and the medication was discontinued on 12/01/24. She stated she did not look in the computer first and looked in the narcotic drawer first and noticed the Percocet, so she administered the Percocet. She stated when she went to sign off the medication in the resident's medical record, she then realized the medication was discontinued. Review of the Administering Medications policy revised 04/19 revealed medications were administered in a safe and timely manner, and as prescribed. This deficiency represents non-compliance investigated under Complaint Number OH00159819.

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