

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Astoria Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on medical record review, policy review, and interview, the facility failed to ensure dressing changes for a resident's peripherally inserted central catheter (PICC) line was changed on a routine ongoing basis. This affected one (Resident #6) of two residents reviewed for care of a PICC line. Findings include: Based on medical record review, policy review, and interview, the facility failed to ensure dressing changes for a resident's peripherally inserted central catheter (PICC) line was changed on a routine ongoing basis. This affected one (Resident #6) of two residents reviewed for care of a PICC line. Findings include: Review of Resident #6's medical record revealed diagnoses including methicillin resistant staphylococcus aureus infection (bacteria that is resistant to many antibiotics), bacteremia (bacteria in the blood), and infection following a procedure/deep incisional surgical site. Upon admission, Resident #6 had an order for cefazolin sodium (antibiotic) two grams intravenously three times a day. An admission note dated 07/09/25 indicated Resident #6 had a double lumen (has two separate tubings and two caps) peripherally inserted central catheter (PICC) line (a long, thin tube inserted through a vein in the arm and passed through to the larger veins near the heart). No orders could be located regarding the care of the PICC line upon admission. A nursing note dated 07/25/25 at 1:10 A.M. revealed Resident #6's PICC line was clogged. On 07/25/25, an order was written for PICC line replacement. On 07/28/25 orders were written for PICC line dressing change every week and as necessary and monitor the PICC line site to the right upper extremity every shift for signs/symptoms of complication. On 07/29/25 at 8:34 A.M., Resident #6 was interviewed regarding the frequency of PICC line dressing changes and responded it was done when the PICC line was changed on 07/25/25. On 07/30/25 at 9:39 A.M., Registered Nurse (RN) #100 verified she was unable to locate any documentation of a PICC dressing change until the PICC line was changed on 07/25/25. On 07/30/25 at 11:53 A.M., Resident #6 stated the PICC line dressing had been changed no more than twice since his admission. The dressing on at that time was dated 07/28/25. Review of the facility's Central Venous Catheter Dressing Changes policy (revised April 2016) revealed the purpose of the procedure was to prevent catheter-related infections that were associated with contaminated, loosened, soiled or wet dressings. Dressings must stay clean, dry and intact. Change transparent semi-permeable membrane dressings at least every five to seven days and as necessary. This deficiency represents non-compliance investigated under Master Complaint Number OH002573464 and Complaint Number OH002565024.</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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