

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/15/2026
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)		
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Have policies on smoking. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, observation, and review of the facility policy and procedure, the facility failed ensure the smoking policy included information regarding safe smoking areas for independent smokers. This affected two residents (#8 and #53) of three residents (#8, #45, and #53) reviewed for smoking but had the potential to affect seven residents (#4, #8, #22, #23, #25, #30, and #53) the facility identified as independent smokers. The facility census was 68. Findings Include: Review of the medical record for Resident #8 revealed an admission date of 03/26/26. Diagnoses included above the knee amputation of the right leg, chronic obstructive pulmonary disease, and mantle cell lymphoma. Review of the admission minimum data set (MDS) assessment dated [DATE] revealed Resident #8 had moderately impaired cognition, required setup/clean for eating, partial/moderate assistance for toileting hygiene and transfers and supervision/touch assistance with bed mobility. The assessment also indicated the resident used tobacco. Review of the medical record for Resident #53 revealed an initial admission date of 12/29/25. Diagnoses included chronic obstructive pulmonary disease, depression, and sciatica on the right side. Review of the quarterly MDS assessment dated [DATE] revealed Resident #53 had intact cognition, was independent with eating, required supervision/touch assistance with toileting hygiene, bed mobility and transfers. Review of the list of the list of independent smokers provided by the facility revealed seven residents (#4, #8, #22, #23, #25, #30, and #53) the facility identified as independent smokers. Observation on 07/14/26 at 9:55 A.M. of the area of the facility and across the road from the facility revealed there was no sidewalk on either side of the road, there was no crosswalk, and the road was slightly narrow for one lane of traffic in each direction. There was a building to the right and directly across from the facility was a lot that had cars and a trailer, and to the left was another building. There were no signs indicating no smoking in these areas. Interviews on 07/14/26 at 12:45 P.M. and at 12:49 P.M. with Resident #8 and Resident #53 revealed there was a designated area in the back of the facility with designated times for smoking. Both residents stated they were told they had to go off the facility property, across the street from the facility to smoke outside of the designated smoking times. Both residents stated they were not sure why and Resident #53 felt it was not safe. Interview on 07/14/26 at 1:12 P.M. with the Administrator revealed residents who were deemed safe to smoke independently were told to smoke off the property if outside designated times. The Administrator stated the residents were choosing to go across the street on their own. Interview on 07/14/26 at 2:32 P.M. with the Administrator, Director of Nursing (DON), and Regional Quality Assurance Nurse (RQAN) #510 verified both Resident #8 and #53 were able to go off the property to smoke and that it had always been in place to go off property via a leave of absence (LOA). The Administrator verified it was not in the smoking policy. Review of the facility policy titled Smoking Policy-Residents, revised August 2022 revealed smoking was only permitted in designated resident smoking areas which were located outside of the building. The policy (continued on next page)		

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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F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	did not indicate that independent smokers had to sign out for LOA to go off the property to smoke outside of the designated smoking times. This deficiency represents non-compliance investigated under Complaint Number 3074255.		