Printed: 12/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Astoria Place of Cincinnati For information on the nursing home's		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 3627 Harvey Avenue Cincinnati, OH 45229 ontact 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)		on)
F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on record review, interviews funds on the weekends. This affect resident funds accounts handled by Findings include: Review of the medical record for th schizophrenia, chronic obstructive acute kidney failure, and heart failure, and heart failure review of the Admission Minimum intact cognition as evidenced by a assessed to require supervision with Review of the quarterly statement for resident access. Interview on 04/06/23 at 12:41 P.M. weekends because there was no resident access. Interview on 04/06/23 at 12:17 P.M. Receptionist #350 explained she we those days. Receptionist #350 state. Interview on 04/06/23 at 3:10 P.M. available when the receptionist was residents did not have access to the access to funds like regular bankin. Review of a facility provided list of	HAVE BEEN EDITED TO PROTECT Cost, and policy review, the facility failed to teed one (Resident #55) and had the post of the facility. The census was 64. The Resident #55 revealed an admitted [pulmonary disease, major depressive of the facility. The Data Set (MDS) assessment dated [D. Brief Interview for Mental Status (BIMS) the transfers, dressing, eating, toileting, for Resident #55 revealed funds were resident #55 revealed he was used to the facility working in the building. It with Receptionist #350 revealed she worked Monday through Friday, and funded resident did not have access to their with Business Office Manager (BOM) is at the facility Monday through Friday, eir funds on the weekends. BOM #465	DATE]. Diagnoses included disorder, type two diabetes mellitus, ATE] revealed Resident #55 had so score of 15. This resident was and bathing. not available on the weekends for mable to get money on the provided money to the residents on r funds on the weekends. #465 revealed resident funds were BOM #465 stated as of right now, is verified residents should have

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 366150

If continuation sheet Page 1 of 15

			10.0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLII Astoria Place of Cincinnati	ER	STREET ADDRESS, CITY, STATE, Z 3627 Harvey Avenue Cincinnati, OH 45229	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)
F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the right to manage his or her finar basis and be able to arrange for ac	Resident Trust Policy, dated 04/01/22 recial affairs. Residents shall have accesses to larger funds. Inpliance investigated under Complaint	ss to petty cash on an ongoing

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLIF Astoria Place of Cincinnati	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 3627 Harvey Avenue Cincinnati, OH 45229	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable 42731 Based on observation, staff intervie outside communication via the tele facility's women's locked unit (400-Findings include: Interview on 04/03/23 at 12:38 P.M facility phones. The Administrator stated station (passing medications, doing Administrator stated, outside of the main number and go through the p when she calls, she is able to get the option for Administration and le members complaining of not being Interview on 04/03/23 at 1:36 P.M. Resident #70 tore up the nurses' st #310 stated on the 400-hall, the rereported at night, when the receptic did not think all callers knew how to Interview on 04/03/23 at 2:30 P.M. working correctly. LPN #355 stated worked right since. LPN #355 stated and calls her cell phone to give her Interview on 04/04/23 at 9:31 A.M. LPN #300 stated Resident #70 tore for at least three months. LPN #300 Interview on 04/04/23 at 9:56 A.M. incoming calls. Receptionist #350 reception area. Receptionist #350 esti #350 stated when she needs to get a ho a message. Receptionist #350 esti #350 stated she informed the Main Receptionist #350 stated maintenal Interview on 04/03/23 at 4:53 P.M.	ew, and policy review, the facility failed phone. This had the potential to affect hall). The facility census was 64. I., the Administrator denied knowledge stated the receptionist works Monday the the nurses did not carry cordless phore treatments, for example), they will not be receptionist's normal hours, families a rompts to reach the desired unit or dephrough. The Administrator further state have her a voicemail. The Administrator able to get through on the phones. I Licensed Practical Nurse (LPN) #310 thation on the 400 hall and the phone was ceptionist calls the nurse's cell phone to point it is gone, the phones ring to the nurse the system. I LPN #355 stated the phone in the nursed she can make outgoing calls, howey	to ensure residents had access to all 21 residents residing on the of any current problems with the arough Friday from 8:00 A.M. to nes, so if they are not in the nurses' answer the phone. The re instructed to call the facility's nartment. The Administrator stated, d families are told they can select denied knowledge of any family stated about a month ago, as briefly not working then. LPN to give messages. LPN #310 rses station. LPN #310 stated she ses' station on the 400-hall was not e against the wall and it hadn't er the receptionist takes messages 00-hall had not worked in awhile. Without a properly functioning phone to make calls. on the 400-hall were not accepting mediately rings back to the utgoing calls. Receptionist #350 urse's cell phone and leaves them if or a month or two. Receptionist irector of Nursing (DON). urses could make outgoing calls.

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NAME OF PROVIDER OR SUPPLIE Astoria Place of Cincinnati	ER	STREET ADDRESS, CITY, STATE, Z 3627 Harvey Avenue Cincinnati, OH 45229	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 04/03/23 at 9:54 P. greeting announcing the facility nar administration, or three for nursing nurses' station. There was immedia repeated at 9:55 P.M. with the sam Interview on 04/04/23 at 8:46 A.M., on 04/03/23 and denied knowledge Review of facility policy titled, Resignification of the communication with and acceptable of the second	M. revealed the main number to the fa ne. The caller was then prompted to p Caller pressed three for nursing. Calle ately a rapid busy signal and no further	cility was called. There was a ress one for marketing, two for er then pressed 4 for the 400 hall options. The same process was observations of the phone system he 400-hall. 21/11/21 revealed residents had the hid outside the facility.

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NAME OF PROVIDER OR SUPPLI	ED.	STREET ADDRESS CITY STATE 71	D CODE
	ER	STREET ADDRESS, CITY, STATE, ZI 3627 Harvey Avenue	PCODE
Astoria Place of Cincinnati		Cincinnati, OH 45229	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	G SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0677	Provide care and assistance to per	form activities of daily living for any res	ident who is unable.
Level of Harm - Immediate	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 42731
jeopardy to resident health or safety	Based on medical record review re	eview of hospital medical records, staff	interview, and facility policy and
Residents Affected - Few	Based on medical record review, review of hospital medical records, staff interview, and facility policy ar procedure review, the facility failed to ensure a dependent resident (Resident #57) received adequate no care. This resulted in Immediate Jeopardy on 03/08/23 when Resident #57 was found to have his finger grown into his palm, forming an abscess. Resident #57 was subsequently sent to the hospital and found be severely septic (severe infection) and diagnosed with tenosynovitis (inflammation of a tendon) of the middle finger and gas gangrene (highly lethal infection)/necrotizing fasciitis (a rare bacterial infection that spreads quickly in the body and can cause death) of the right middle finger. Resident #57 required emergency amputation of his right third finger and partial amputation of his right fifth finger. Additionally, facility failed to provide adequate nail care for dependent residents (#50 and #56) which did not rise to the level of Immediate Jeopardy. This affected three (#57, #50, and #56) of five residents reviewed for dependent residents receiving appropriate Activity of Daily Living (ADL) care. The facility reported all residents residing in the facility required some sort of assistance with nail care. The facility's census was On 04/06/23 at 4:28 P.M., the Administrator, Director of Nursing (DON) #301, Registered Nurse (RN) #5 Licensed Practical Nurse (LPN) #360, and LPN #550 were notified Immediate Jeopardy began on 03/08 when Resident #57 was discovered to have his fingernails growing into his palm, forming an abscess, d the lack of nail care. Resident #57 was subsequently sent to the hospital and found to be severely septic diagnosed with tenosynovitis of the right middle finger and gas gangrene/necrotizing fasciitis of the right middle finger. Resident #57 required emergency amputation of his right third finger and partial amputation his right fifth finger.		lent #57) received adequate nail 7 was found to have his fingernails sent to the hospital and found to flammation of a tendon) of the right is (a rare bacterial infection that er. Resident #57 required is right fifth finger. Additionally, the ind #56) which did not rise to the ere residents reviewed for are. The facility reported all
			liate Jeopardy began on 03/08/23 s palm, forming an abscess, due to and found to be severely septic and necrotizing fasciitis of the right
	The Immediate Jeopardy was remo	oved on 04/10/23 when the facility imple	emented the following corrective
		ssessed by the facility Nurse Practitione) for care. Resident #57 returned to the	
	On 03/10/23, the Administrator file #57.	ed a Self-Reported Incident (SRI) regard	ding the incident involving Resident
	on Resident #57's unit (100 unit) to	RN #700, and RN #705 assessed the fir b ensure proper length and hygiene. On s that needed trimmed, however both re had any skin issues noted.	03/10/23, two residents (#47 and
	on all units. On 03/28/23, LPN #55	t DON #301 and LPN #555 completed : 5 identified three additional residents w ce immediately on 03/28/23. On 04/07/2	ith pressure ulcers (#50, #41, and
	On 03/28/23 and 04/10/23, all resi LPN #555. There were no areas of	dents on all units were assessed for profurther concern noted.	oper nail care by DON #301 and
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIE	-D	STREET ADDRESS, CITY, STATE, ZI	P CODE
Astoria Place of Cincinnati		3627 Harvey Avenue Cincinnati, OH 45229	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0677 Level of Harm - Immediate jeopardy to resident health or safety	removed due to incorrect documen of wound rounds with the physician	rovider began providing services in the tation regarding Resident #57's skin as a and LPN #555 every Friday. The purp wounds. Residents identified by LPN ram will be ongoing.	ssessments. The program consists ose of the program is to identify
Residents Affected - Few	updated and correct. Any care plar	all resident care plans to ensure bathin as requiring corrections were corrected schedules were reviewed by DON #301	by 04/03/23.
	On 04/07/23, the Administrator reversity and the Administrator of the Administration of the Section 1 on the Floor. Beginning 04/10/23, DON #301 are assessments on five residents, twice and then one resident once a week monthly Quality Assurance and Pedetermine when 100% compliance. Although the Immediate Jeopardy of Severity Level 2 (no actual harm we as the facility was still in the process on-going compliance. Findings include: Review of the medical record for Review of the medical record fo	et and all residents were scheduled for riewed the facility's bathing policy, and cated all nursing staff on the bathing policy. #555 updated all residents' Treatment insure proper care is being provided. Shaduled, and the nurse must sign off once binders, containing the bathing policy, not are are for agency staff who pick up ship the included sign-off sheet in the front of the december of the facility of the sear of the facility of the faci	no changes were needed. DON blicy by 04/10/23. Administration Records (TAR) to lower/nail care days were added to enthey are completed. ail care policy, and skin fits at the facility. The agency staff of the binder before starting to work hail care, shower sheets, and skin ts, once a week for four weeks, addits will be reviewed in the lig and the QAPI committee will required. Teliant is not Immediate Jeopardy) on and monitoring to ensure

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AND PLAN OF CORRECTION	366150	A. Building	04/12/2023
	300130	B. Wing	04/12/2020
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Astoria Place of Cincinnati		3627 Harvey Avenue	
		Cincinnati, OH 45229	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0677 Level of Harm - Immediate jeopardy to resident health or safety	moderately impaired cognition. Res assessment period, including rejec	Pata Set (MDS) assessment dated [DA sident #57 was assessed as not exhibit tion of care. Resident #57 was depend g personal hygiene, and required limite on all extremities.	ing any behaviors during the ent on staff for bed mobility,
Residents Affected - Few	Review of Resident #57's current c care plan until 03/10/23.	are plans revealed refusals of skin care	e were not incorporated into the
	#57 worked with OT on tolerance of including application and wear. Resthe splints for approximately two houses.	DT) progress notes dated from 11/18/2: of Bilateral Upper Extremity (BUE) splin sident #57 was noted to be cooperative ours at a time upon discharge from them and doff (take off) the right-hand splin hand splints as tolerated.	ts for the resident's hands, with treatment and was tolerating capy. The resident required
	Review of physician orders revealed an order dated 12/15/22 and discontinued 01/16/23 to discontinue as maximum potential had been reached. Continue Wrist Hand Orthotics as tolerated to improve hand Range of Motion (ROM) and function and prevent further contractures. No documentation was required the order.		as tolerated to improve hand
	Review of the Skin Observation To	ol dated 03/01/23 revealed Resident #	57's skin was intact.
	Review of the ADL charting from 03 Resident #57 in the State Testing N	3/01/23 to 03/08/23 revealed no refusa Nurse Aide (STNA) charting.	ls of care were documented for
	Review of behavior charting from 0 refuse care.	3/05/23 to 04/03/23 revealed no behave	riors noted. Resident #57 did not
	ordered medications; however, the	/01/23 through 03/09/23 revealed Resi re was no documentation related to Re lled no refusal for nail care documented	sident #57's right hand, nor his
	Review of the progress note dated 03/08/23 at 6:56 P.M. revealed Resident #57 was noted with infection to the right third finger. The Nurse Practitioner was notified and ordered antibiotics and Resident #57 would be evaluated the following day.		
		M. revealed Resident #57 was in the face with his right hand wrapped. Reside mumbled when asked questions.	, ,
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NAME OF PROVIDER OR SUPPLII	2027.11		P CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0677 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	#57's hand. LPN #310 stated she had noticed a foul odor in his room. LPI #57's blood sugar. LPN #310 report blood sugar levels without having to conduct a finger stick when she no resident was guarding it. LPN #310 the last time she saw the resident was infected. LPN #310 stated was infected. LPN #310 stated, once they got the hand open, LPN #310 stated she thought the paralloused and described it as looking done anything with his fingernails a diabetic, she wouldn't have touched interview on 04/04/23 at 3:09 P.M., hand to protect his palm prior to the linterview on 04/05/23 at 10:45 A.M. splint or put something in his hand #440 stated, if the resident refused interview on 04/06/23 at 9:32 A.M., above the ankle and denied ever continuous the angular of the amputation area was there and did not recall so interview on 04/06/23 at 12:52 P.M. prior to him going out for the amputation area was there and did not recall so interview on 04/06/23 at 12:52 P.M. prior to him going out for the amputation area was there and did not recall so interview on 04/06/23 at 12:52 P.M. prior to him going out for the amputation area was there and did not recall so interview on 04/06/23 at 12:52 P.M. prior to him going out for the amputation area was there exident's hand. L. close to him. LPN #520 stated, son sometimes he would allow her to prefusals in the medical record. LPN fingernails, however estimated it to and she recalled the resident was a litterview on 04/06/23 at 12:41 P.M. or splint in Resident #57's right har (PROM) services at any point for Resident was a solution and she recalled the resident was a litterview on 04/06/23 at any point for Resident was a litterview on 04/06/23 at any point for Resident was a litterview on 04/06/23 at any point for Resident was a litterview on 04/06/23 at any point for Resident was a litterview on 04/06/23 at any point for Resident was a litterview on 04/06/23 at any point for Resident was a litterview on 04/06/23 at any point for Resident was a litterview on 04/06/23 at any point for Resi	RN #430 stated he did not recall ever e abscessed area being identified. I., LPN #440 stated sometimes Reside to protect against pressure, however o, it should be charted in the progress n Podiatrist #505 stated, by law, he can	in a while and, on 03/08/23, she 23, she went to check Resident bestyle libre (device used to detect was not working, so she went to pped in the bed sheets and the alm protector and was unsure of did the resident's hand and found the two other aids to get the hand open his palm and formed an abscess. ed the nail as thick, overgrown, and hurses in the facility could not have sident #57, who was a brittle seeing anything in Resident #57's Int #57 would allow staff to apply a an occasion, he would refuse. LPN otes. Int #57 would allow staff to apply a sin occasion, he would refuse. LPN otes. Int #57 would allow staff to apply a sin occasion, he would refuse. LPN otes. Int #57 would allow staff to apply a sin occasion, he would refuse. LPN otes. Int #57 was #435 stated he did not know the eright palm prior to then. Introvided care to Resident #57 was nor was she aware of any at aggressive, so she didn't get too dent #57's hand and stated er would document the resident's she area in the palm being identified that in cutting his fingernails. Ithe last time she saw a washcloth m Passive Range of Motion ated she had probably tried to cut

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0677 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	#57's palm definitely did not form of 03/09/23, there was nothing in his right hand. NP #515 denied bei stated staff informed her of refusing anything specific relating to his fing. Review of the Emergency Departm #57 presented to the ED via EMS (tender, swollen right middle finger, #57's other fingernails were noted to which was noted to be curled arour distal phalanx (fingertip). There we sedated in the ED to cut the finger the ED. Resident #57 was determing the middle finger and gas gangrer. Review of the Orthopedic Surgery use of his right hand and maintaine his fingertips and his right middle fingen and seve condition and a life-threatening cor. Review of the Orthopedic Op-Note of entire third finger, full necrosis (or growing into the finger, flexor tenos the fifth flexor sheath, and palmar a usually caused by a bacterial infect the MCP joint (metacarpophalange middle joint of each of your fingers) flexor sheath of right fifth finger, I at Review of the facility policy titled, E Be sure nails are clean and notify the sure nails are clean and notify the comprehensive heart and chronic kild protein-calorie malnutrition, gastroadult failure to thrive, and chronic propersimpaired cognition. Resident #50 with main and protein-calorie malnutrition, Resident #50 with protein-calorie malnutrition.	tent (ED) Physician note dated 03/09/2 emergency medical services) from a lowhich Resident #57 refused to allow sto be cut. Resident #57 stated he did not the end of his fingertip and pierced the reports the NP at the nursing home lower hail. Resident #57's [NAME] Blood Cell med to be severely septic and was diagone/necrotizing fasciitis of the right midd. Consultation dated 03/09/23 at 6:29 P. and it in a clenched fashion. As a result, anger had become severely infected. On the infection. Resident #57 was noted to addition. Indicated 03/09/23 at 8:41 P.M. revealed and the distance of the third flexor shabscess (a hand abscess is an accumulation). The procedure included amputation allowing in the procedure included amputation of the right fifth find. Incision and Drainage (I and D) of fleind D of palmar abscess, and I and D of sathing Policy, dated 03/01/21 revealed the nurse if the nails are challenging. Resident #50 revealed an admitted [Deney disease with heart failure, chronic desophageal reflux disease, history of contents and the procedure includes and procedure	Resident #57 during the morning e did not recall seeing anything in titing the resident's fingernails. She all care, however they did not say 3 at 3:13 P.M. revealed Resident call nursing home with reports of a taff to cut his fingernail on. Resident of twant his fingernail touched, the skin over the volar aspect of the had hoped Resident #57 could be Count (WBC) was 19.38 (high) in nosed with tenosynovitis of the lef finger. M. revealed Resident #57 had little his fingernails had grown back into thopedics was consulted for to be seen for a limb threatening a post-op diagnosis of osteomyelitis it as a result of the fingernail leath, mild flexor tenosynovitis of elation of pus affecting the hand, on of the right third finger through ger through the PIP joint (the xor sheath right finger, I and D of f volar distal forearm. I care of fingers is part of the bath. ATE]. Diagnoses included obstructive pulmonary disease, mild ovid-19, type II diabetes mellitus,

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Facility ID: 366150

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0677 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the plan of care dated 07 Interventions included to check naichanges to the nurse. Review of task documentation date personal hygiene/grooming, Observation on 04/10/23 at 9:56 A. were observed to extend approxim was observed beneath all fingernaich Interview on 04/10/23 at 9:57 A.M., substance underneath. 3. Review of the medical record of hemiplegia and hemiparesis following disorder, schizoaffective disorder. Review of the quarterly MDS assess resident did not exhibit behaviors of personal hygiene. Review of the plan of care dated 08 related to hemiplegia and hemipare included to check nail length and transe. Review of task documentation date hygiene/grooming. Review of progress notes from 03/40. Observation and interview on 04/10 (contracted) hand extended approximate was observed beneath some of the his fingernails. Interview on 04/10/23 at 10:01 A.M. had an unidentified brown substance.	7/28/20 revealed Resident #50 had an all length and trim and clean on bath day and 03/13/23 through 04/10/23 revealed and 03/13/23 through 04/10/23 revealed and of the fingertip and alls. LPN #555 verified Resident #50's fing Resident #56 revealed an admitted [DA fing cerebral infarction affecting left dominant of the fingertip and assessment period. The residuality of the fingertip and assessment period. The residuality of the fingertip and as necessary of the fingertip and as necessary of the fingertip and clean on bath day and as necessary of the fingertip and assessment period. The residuality of the fingertip and clean on the fingertip and assessment period. The residuality of the fingertip and clean on the fingertip and assessment period. The residuality of the fingertip and the fingernality of the fingertip and the fingernality of the fingertip and the fingernality. Resident #56 stated it had the fingernality of the fingerna	ADL self-care performance deficit. ADL self-care performance deficit. ADL self-care performance deficit. ADL self-care performance deficit. ATE]. Diagnoses included defining the side, major depressive. ATE]. Diagnoses included defining the side, major depressive. ADL self-care performance deficit definit was dependent on staff for definition. The self-care performance deficit definitions definitions definitions. The self-care performance deficit definitions definitions definitions definitions. The definition of refusals of the definition of refusals of his left definition of refusals of his left definition and unidentified brown substance definition definitions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (04/12/2023) NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each 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) Ensure that a nursing home area is free from accident hazards and provides adequate supervision accidents. **NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 4273 Based on medical record review, staff interview, review of punch details and review of the facility census was 64. Findings include: Review of the medical record of Resident #70 revealed an admitted (DATE), Resident #70 transfer hospital on 03/28/23, readmitted to the facility census was 64. Findings include: Review of the quarerty Minimum Data Set (MDS) assessment dated (DATE) revealed Resident #70 revealed Assessment period #70 revealed Assessment period #70 required supervision for bed mobility, transfers, dressing, eating, tolleting, and personal hygier interact cognition. Resident #70 revealed Resident #70 revealed Resident #70 revealed Teach and monitor/document/report PRN any signs or symptoms of depression, intentionally hammed or tries self, sense of hopelessness or heplicesness, inspaired judgement or safety awareness and monitor/document/report PRN any signs or symptoms of depression, intentionally hammed or tries self, sense of hopelessness or heplicesness, inspaired judgement or safety awareness and monitor/document/report PRN any signs or symptoms of depression, intentionally hammed or tries self, sense of hopelessness or replacesness, arxival and did not know why Resident #70 was tearful and did not know why. One-on-one, redirective the number of the hopelial. Review of a progress note dated 03/10/23 at 4:38 P.M		
Astoria Place of Cincinnati 3627 Harvey Avenue Cincinnati, OH 45229 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) Ensure that a nursing home area is free from accident hazards and provides adequate supervision accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 4273 Based on medical record review, staff interview, review of punch details and review of the staffing the facility failed to provide adequate supervision to prevent accidents. This affected one (#70) of the residents reviewed for accidents. The facility census was 64. Findings include: Review of the medical record of Resident #70 revealed an admitted [DATE]. Resident #70 transfer hospital on 03/28/23. Iregandancid schizophrenia, schizoraffective disorder, bipolar type, delugically disorders, generalized anxiety disorder, major depressive disorder, insomnia, bipolar disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #70 required supervision for bed mobility, transfers, dressing, eating, tolicting, and personal hygier needed) any risk for harm to self; suicidal plan, past attempt a taxicide, intentionally harmed or tries self, sense of hopelessness or helplessness, impaired judgement or safety awareness and monitor/document/report PRN any signs or symptoms of depression, including hopelessness, anxis adness, insomnia, anorexia, verbalizing negative statements, repetitive anxious or health-related complaints, tearfulness. Review of a progress note dated 03/10/23 at 8:50 A.M. revealed Resident #70 was tearful and said warned to go to the hospital. Review of a progress note dated 03/10/23 at 4:38 P.M. revealed Resident #70 was tearful, sitting or warned to go to the hospital.		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Esidents Affected - Few Esidents Affected - Few Ensure that a nursing home area is free from accident hazards and provides adequate supervision accidents. ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 4273 Based on medical record review, staff interview, review of punch details and review of the facility failed to provide adequate supervision to prevent accidents. This affected one (#70) of the residents reviewed for accidents. The facility census was 64. Findings include: Review of the medical record of Resident #70 revealed an admitted [DATE]. Resident #70 transfer hospital on 03/28/23, readmitted to the facility on [DATE], and transferred out to a mental health fat 03/29/23. Diagnoses included paranoid schizophrenia, schizoaffective disorder, bipolar type, dust disorders, generalized anxiety disorder, major depressive disorder, insomnia, bipolar disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #7 intact cognition. Resident #70 exhibited hallucinations and delusions during the assessment period #70 required supervision for bed mobility, transfers, dressing, eating, toileting, and personal hygier Review of the plan of care dated 01/07/20 revealed Resident #70 was at risk for development or as depression related to major depressive disorder. Interventions included to monitor/document/repor needed) any risk for harm to self: suicidal plan, past attempt at suicide, intentionally harmed or tries self, sense of hopelessness or helplessness, impaired judgent or safety awareness and monitor/document/report PRN any signs or symptoms of depression, including hopelessness, asxis sadness, insomnia, anorexia, verbalizing negative statements, repetitive anxious or health-related complaints, tearfulness. Review of a progress note dated 03/05/23 revealed Resident #70 was tearful and said wanted to go to the hospital. Review of a progress note dated 0	3627 Harvey Avenue	
Ensure that a nursing home area is free from accident hazards and provides adequate supervision accidents. Level of Harm - Minimal harm or potential for actual harm		
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Based on medical record review, staff interview, review of punch details and review of the staffing the facility failed to provide adequate supervision to prevent accidents. This affected one (#70) of the residents reviewed for accidents. The facility census was 64. Findings include: Review of the medical record of Resident #70 revealed an admitted [DATE]. Resident #70 transfer hospital on 03/28/23, readmitted to the facility on [DATE], and transferred out to a mental health facility on 3/28/23. Diagnoses included paranoid schizophrenia, schizoaffective disorder, bipolar type, delus disorders, generalized anxiety disorder, major depressive disorder, insomnia, bipolar disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #7 intact cognition. Resident #70 exhibited hallucinations and delusions during the assessment period #70 required supervision for bed mobility, transfers, dressing, eating, toileting, and personal hygier Review of the plan of care dated 01/07/20 revealed Resident #70 was at risk for development or at depression related to major depressive disorder. Interventions included to monitor/document/repor needed) any risk for harm to self: suicidal plan, past attempt at suicide, intentionally harmed or tries self, sense of hopelessness or helplessness, impaired judgement or safety awareness and monitor/document/report PRN any signs or symptoms of depression, including hopelessness, anxis adness, insomnia, anorexia, verbalizing negative statements, repetitive anxious or health-related complaints, tearfulness. Review of a progress note dated 03/05/23 revealed Resident #70 was tearful and did not know who Resident #70 was redirected and returned to her room without incident. Medications were given peand no distress was noted. Review of a progress note dated 03/10/23 at 8:50 A.M. revealed Resident #70 was tearful and said wanted to go to the hospital.		
offering of food/fluids was ineffective. PRN medication administered. Review of a progress note dated 03/21/23 at 2:52 P.M. revealed Resident #70 was tearful and anx One-on-one was effective. (continued on next page)	achedules, aree red to the cility on onal O had Resident e. Itual PRN (as I to harm ety, or order she utside of on, and	

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLII Astoria Place of Cincinnati	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 3627 Harvey Avenue Cincinnati, OH 45229	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse (APRN) #715 revealed Resitalking with other residents. Upon be somewhere private to talk. APRN # Resident #70 started crying and stashe felt depressed most of the time her wrists with her razor, but stated with staff. The decision was made staff were to monitor and report charevealed Resident #70 was current 03/22/23 at 2:00 P.M. Review of a progress note dated 03 refusing to leave the nurses' station one-on-one, counseling, and redired Review of a progress note dated 03 yelling, crying, and screaming, says the Resident #70's guardian/brothed Review of a progress note dated 03 times. Resident #70 stated she was watching her and the people seem and did not want to be here anymo indicate a plan. Resident #70's guardian/brothed Review of a progress note dated 03 of her wheelchair and laying on the wheelchair. Resident #70 was saying Review of a progress note dated 03 of her wheelchair and laying on the wheelchair. Resident #70 was saying Review of a progress note dated 03 the facility from the hospital ER. Resident #70 was assessed by Emergency I Review of progress notes dated 03 the facility from the hospital ER. Resident was applied. Resident #70 Review of a progress note dated 03 the facility from the hospital ER. Resident was applied. Resident #70 Review of a progress note dated 03 the facility from the hospital ER. Resident was applied. Resident #70 Review of a progress note dated 03 the facility from the hospital ER. Resident was applied. Resident #70 Review of a progress note dated 03 the facility from the hospital ER. Resident was applied. Resident #70 Review of a progress note dated 03 the facility from the hospital ER. Resident was applied. Resident #70 Review of a progress note dated 03 the facility from the hospital ER.	ote dated 03/22/23 revealed Psychiatric dent #70 was observed sitting in her with being approached by APRN #715, Resignation of the standard and needed to go to the and admitted to suicidal ideation's and a she would not do it. APRN #715 document to send Resident #70 to the hospital anges. The resident was agreeable with a danger to herself and to others. The side of the section, which was ineffective. PRN medically at 9:29 A.M. revealed Resident and she wanted to go to the hospital. Mer was in the facility providing one-on-one of the section, which was ineffective. PRN medically at 9:22 A.M. revealed Resident and she could be coming out. Resident #70 states and stated she wanted to die. Residered to be coming out. Resident #70 states and stated she wanted to die. Residered and she got the floor, then getting off the floor independent of the section of the section want to be alone. One-compassed and ace bandage to control the best and arrived on the unit within five middle and arrived and superficial cuts on her and arrived to had superficial cuts on her and the ER nurse stated the left wrist was the was awaiting transfer to a local mental himpanied by nursing, to a local mental himpanied by nursing.	heelchair in the common area ident #70 stated she wanted to go end of a hallway by a window and he hospital. Resident #70 stated distated she thinks about cutting mented the information was shared al. Medications were ordered and he the plan. Current risk factors he Staff RN was notified on the staff RN was notified on the was exhibiting anxiety, it's. Resident #70 was provided with ications were administered. If #70 was at the nurses' station edications were not effective and he supervision. If #70 was tearful and yelling at do not rest and the television was ed she could not do this anymore ent #70 did not verbalize or notified. If #70 was yelling, crying, getting out indently and returning to her on-one was provided by staff. If #70's injuries were assessed. The deeding while applying pressure. In the staff in the staff in the hospital. If we wealed Resident #70 returned to left wrist left open to air. No is cleaned with saline and antibiotic all health facility.

			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 3627 Harvey Avenue Cincinnati, OH 45229		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few				
	(continued on next page)			

			NO. 0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 3627 Harvey Avenue Cincinnati, OH 45229		
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the nursing schedule dated 03/22/23 revealed LPN #310 was the nurse assigned to Resident #70's unit on the day APRN #715 visited the facility and documented on Resident #70. This deficiency represents non-compliance investigated under Complaint Number OH00141639. This deficiency represents ongoing non-compliance from the survey dated 03/07/23.			

			No. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER Astoria Place of Cincinnati		STREET ADDRESS, CITY, STATE, ZIP CODE 3627 Harvey Avenue Cincinnati, OH 45229		
For information on the nursing home's p	olan to correct this deficiency, please conf	tact 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection **NOTE- TERMS IN BRACKETS H Based on review of facility documer conduct ongoing surveillance of infer facility. Facility census was 64. Findings include: Review of the facility-provided document the facility with orders for antibiotic infection, abnormal findings of blood discontinued, from 01/10/23 to 04/0 through April 2023 on 04/03/23 at at 1. Interview on 04/03/23 at 4:54 P.M., facility and was unable to locate the Administrator stated the Infection P and the former IP (Registered Nursewere able to produce for an infection ongoing infection surveillance and the name and type of infection, date of regarding infections. Review of the facility policy titled, In Infection Prevention and Control Cotto minimize infections in the facility of infections. The IPC Coordinator or of completing all required data completereviewing the log and action plan in	Areded by full regulatory or LSC identifying information) Infection prevention and control program. INSETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42731 Infection prevention and review of the facility policy, the facility failed to be of infections. This had the potential to affect all 64 residents residing in the facility in the facility policy, the facility failed to be of infections. This had the potential to affect all 64 residents residing in the facility in the facility in the facility failed to be of infections. This had the potential to affect all 64 residents residents in the facility in the facility in the facility forms such as urinary tract infection (UTI), dental of blood chemistry, toe fungus, fungal infection, and infection both active and to 04/03/23. Surveyor requested infection log for the facility from January (23 at approximately 12:00 P.M. 4 P.M., the Director of Nursing (DON) stated she was new to her role in the cate the facility infection logs requested for January through April 2023. The ction Preventionist (IP) is responsible for maintaining an up-to-date infection log and Nurse [RN] #705 left the facility on [DATE] without notice and that was all they infection log. The DON and Administrator confirmed the facility should conduct and there should be a chronological line-listing of infections, list the residents' date of onset and treatment so the facility could watch for trends and concerns it. Infection Control-Surveillance of Infections, dated 02/04/21, revealed the ntrol Coordinator (IPC Coordinator) or designee will document review and work facility by detecting, documenting, and reviewing trends and possible outbreaks do collecting data necessary for making infection prevention and Control Log by complete a monthly analysis of the infection form, analyzing the data and		