

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Forest Park Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Walnut Bottom Road Carlisle, PA 17013	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>37116</p> <p>Based on clinical record review and resident and staff interviews, it was determined that the facility failed to maintain adequate personal hygiene and grooming of residents dependent on staff for assistance with these activities of daily living for two of three residents reviewed (Residents 1 and 3).</p> <p>Findings include:</p> <p>Review of Resident 1's clinical record revealed diagnoses that included muscle weakness and history of falling.</p> <p>Review of Resident 1's current care plan revealed that he had a self-care deficit related to weakness and impaired mobility, and that he required assistance with bathing.</p> <p>During an interview with Resident 1 on July 29, 2024, at 10:30 AM, he revealed that he was supposed to receive two showers per week, but he was lucky if he received one per week.</p> <p>Review of shower documentation revealed that it was not documented that Resident 1 received a shower on July 1, 15 and 22, 2024. No refusals were noted on these dates.</p> <p>Review of Resident 3's clinical record revealed diagnoses that included muscle weakness and hemiplegia and hemiparesis following cerebrovascular disease (inability to move, severe weakness, or rigid movement on either the right or left side of the body following stroke).</p> <p>Review of Resident 3's current care plan revealed that she had a self-care deficit related to physical limitations and hemiplegia, and that she required extensive assistance with bathing.</p> <p>During an interview with Resident 3 on July 29, 2024, at 10:15 AM, she revealed that she does not always receive two showers per week.</p> <p>Review of Resident 3's shower documentation revealed that it was not documented that Resident 3 received a shower on July 18, 2024.</p> <p>During an interview with the Nursing Home Administrator on July 29, 2024, at 12:27 PM, she revealed that the facility standard was for residents to receive two showers per week.</p> <p>(continued on next page)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing on July 30, 2024, at 1:05 PM, she confirmed that Resident 1's scheduled shower days were Mondays and Thursdays, and that Resident 3's scheduled shower days were Tuesdays and Thursdays. She also revealed that she had no additional information to provide regarding why Resident 1 and Resident 3 did not receive showers/baths on the aforementioned scheduled shower days.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		