

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 12/31/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33879</p> <p>Based on policy review, facility document review, observations, and staff interviews, it was determined that the facility failed to implement infection control policies and procedures to help prevent the development and spread of a communicable disease for four of four units observed (Laurel Lane, Evergreen, Stepping Stone, and Dementia units).</p> <p>Findings include:</p> <p>Review of facility policy, titled Isolation - Categories of Transmission-Based Precautions, with a revision date of October 2018, revealed the policy statement was, Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents.</p> <p>Review of the Policy Interpretation and Implementation subsection revealed it stated, .2. Transmission-based precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet and airborne .5. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution .</p> <p>Review of subsection titled Contact Precautions of the aforementioned policy revealed it stated, 1. Contact precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment .4. Staff and visitors will wear gloves (clean, non-sterile) when entering the room .5. Staff will wear a disposable gown upon entering the room and remove before leaving the room when providing direct resident care and avoid touching potentially contaminated surfaces with clothing after gown is removed .</p> <p>Observations on December 30, 2024, between 9:30 AM and 1:00 PM, revealed 10 rooms on Laurel Lane unit, two rooms on Evergreen unit, nine rooms on Stepping Stone unit, and seven rooms on the Dementia unit had signs posted on the room doors identifying that the room was on Special Droplet/Contact Precautions.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the signs posted on the room doors revealed it stated, Everyone Must: including visitors, doctors & staff .Clean hands when entering and leaving room .Wear face mask .Wear eye protection (face shield or goggles) .Gown and glove at door.</p> <p>During a staff interview on December 30, 2024, at approximately 10:00 AM, Director of Nursing revealed the facility had experienced an outbreak of residents experiencing gastro-intestinal symptoms in the days leading up to December 30, 2024. This increase in gastro-intestinal symptoms prompted the facility to place residents on contact precautions to limit the spread of a possible pathogen.</p> <p>Observations during the aforementioned date and time revealed the following:</p> <p>At approximately 10:15 AM, Employee 3 was observed entering the room of Resident 17 to provide ice. Resident 17's room door had a sign on the door for Special Droplet/Contact Precautions. Employee 3 did not perform hand hygiene, don gloves or a gown prior to entering Resident 17's room. Upon exiting the room Employee 3 did not perform hand hygiene. Employee 3 was observed accessing a cooler of ice and the ice scoop for multiple other residents on the unit without performing hand hygiene.</p> <p>At approximately 10:40 AM, Employee 1 was observed entering Resident 3's room that had a sign displayed on the door for Special Droplet/Contact Precautions. Employee 1 was providing ice water for Resident 3. Prior to and while in Resident 3's room, Employee 1 did not don gown, gloves or eye protection. After exiting the room, Employee 1 was observed to handle the scoop for the ice prior to performing hand hygiene.</p> <p>Observations at approximately 11:25 AM, revealed Employee 2 entering Resident 1's room which had a sign on the door for Special Droplet/Contact Precautions. Employee 2 did not don gloves, gown, eye protection, nor perform hand hygiene prior to or after exiting Resident 1's room. Employee 2 was observed removing a meal tray from Resident 2's room and placing it on a meal cart. Employee 2 was then observed entering multiple other rooms, which were not under droplet/contact precautions, to retrieve meal trays.</p> <p>At approximately 11:29 AM, Employee 4 was observed in the room of Resident 4. Resident 4's room door had a sign for Special Droplet/Contact Precautions. Employee 4 did not have a gown or gloves on while in Resident 4's room.</p> <p>At approximately 11:40 AM, Employee 3 and Employee 5 were observed in Resident 5's room, adjusting Resident 5's position in bed. Observation of Resident 5's room door revealed a sign for Special Droplet/Contact Precautions. Neither Employee 3 or Employee 5 were observed wearing gown, gloves or eye protection.</p> <p>During the observations, multiple other staff were observed entering and exiting rooms with the Special Droplet/Contact Precautions hung on the door, without performing hand hygiene prior to or after exiting, nor donning gown, gloves, and eye protection; including facility staff providing medications, social services conducting interviews, rehabilitation staff performing therapy with residents, and staff providing and retrieving meal trays.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a staff interview on December 31, 2024, at approximately 10:30 AM, Nursing Home Administrator revealed it was the facility's expectation that staff don personal protective equipment prior to entering the rooms marked for contact precautions and perform hand hygiene upon leaving exiting the room.</p> <p>28 Pa code 201.18(b)(1) Management</p> <p>28 Pa code 211.12(d)(1)(3)(5) Nursing services</p>		