

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 07/21/2025
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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, employee record reviews, and staff interview, it was determined that the facility failed to ensure that nursing staff possessed an active nurse aid certification for one of eight employee files reviewed (Employee 8). Findings include: Review of the employee file for Employee 8 revealed a signed position description for a certified nursing assistant (CNA) with a date of hire listed as [DATE]. Further review of Employee 8's file revealed a document from Pennsylvania Department of Health Nurse Aide registry verification website, indicating the facility verified Employee 8's nurse aid certification on [DATE]. Review of the aforementioned document revealed Employee 8's Nurse Aide certification had an expiration date of February 23, 2025. Additional review of Employee 8's filed failed to reveal an updated nurse aide registry verification. The Surveyor's review of the Pennsylvania Department of Health Nurse Aide registry verification website revealed Employee 8's Nurse Aide certification was renewed on [DATE]. Review of Employee 8's work schedule from February 24, 2025 to [DATE] revealed she worked 98 shifts with an expired Nurse Aide certification. An interview on [DATE] at approximately 3:15 PM, with the Nursing Home Administrator, revealed the facility recently discovered Employee 8's CNA certification had expired. She was suspended and an audit was completed of all licensed and certified staff. No other staff licenses or certifications were found to be expired. The NHA stated she would expect staff to have current license/certifications and for verifications to be completed. 28 Pa Code 201.18(e)(1)(2) Management 28 Pa. Code 211.12(d)(5) Nursing services</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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