

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/13/2025
NAME OF PROVIDER OR SUPPLIER  Forest Hills Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Evergreen Avenue Weatherly, PA 18255	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>48276</p> <p>Based on observation and staff interviews it was determined the facility failed to provide a sanitary environment for residents, staff, and the public in one of out of three buildings sampled (Garage 1).</p> <p>Findings include:</p> <p>An observation on January 13, 2025, at 8:54 AM, revealed Garage 1 with approximately 50 filled clear plastic garbage bags stored on the ground in the building. The building had an unpleasant and foul odor. The garbage bags were observed to contain a variety of refuse including blue latex gloves, used resident briefs, bed protective barriers, human and food waste. Cardboard boxes and loose latex gloves were also observed on the garage floor not in plastic bags. The bags were piled approximately 4 feet high and extended 20 feet across the garage floor. The bags were blocking the egress to enter the building further than 8 ft.</p> <p>During an interview on January 13, 2025, at 9:00 AM, Employee 1, Director of Maintenance, indicated the trash compactor was filled on January 1, 2025, and the excess facility garbage was stored in the garage until an additional pick-up could be scheduled. He explained the waste could be moved to the facility's compactor, but the compactor would fill up again before the next scheduled pickup. Employee 1, Director of Maintenance, indicated the facility needed an additional pick-up to get caught up on the facility's waste removal.</p> <p>During an interview on January 13, 2025, at approximately 12:30 PM, the Nursing Home Administrator (NHA) confirmed there were approximately 50 bags of garbage stored in the facility's garage 1. He explained it was the refuse the facility produces in one day including resident personal garbage, dietary waste, and used products from direct resident care such as briefs and gloves. The NHA confirmed the garage building is used by facility staff. He confirmed the 50 bags of garbage were stored in the garage since January 1, 2025. The NHA confirmed it is the facility's responsibility to provide a sanitary environment for residents, staff, and the public.</p> <p>28 Pa. Code 201.14 (b) Responsibility of licensee.</p> <p>28 Pa. Code 201.18 (b)(3)(e)(2.1) Management.</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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