

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER Forest City Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 915 Delaware Street Forest City, PA 18421	
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)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, facility policy, documentation provided to residents regarding transfers from the facility, records obtained from the acute care hospital, facility census records, and staff interviews, it was determined the facility failed to ensure an appropriate discharge by failing to permit a resident to return to the facility following hospitalization in accordance with its policies for one of five residents reviewed (Resident 1). Findings include: A review of the facility policy titled Bed-Holds and Returns (no revision date identified) revealed the facility policy required that all residents and their representatives receive written information regarding the facility's bed-hold policy, which addresses the holding or reservation of a resident's bed during hospitalization or therapeutic leave (a temporary absence from the facility for therapeutic purposes). The policy required that residents, regardless of payer source (the source responsible for payment of a resident's care, such as Medicare, Medicaid, private insurance, or private pay), receive written notice of the facility's bed-hold and return policies and that all residents be permitted to return to the facility following hospitalization or therapeutic leave in accordance with applicable federal requirements. A review of Resident 1's clinical record revealed the resident was admitted to the facility on [DATE]. The clinical record revealed Resident 1 was transferred from the facility to an acute care hospital (a hospital that provides short-term medical or surgical treatment) on July 4, 2026, for evaluation and treatment of a displaced suprapubic catheter (SPC), a tube surgically inserted through the lower abdomen into the bladder to drain urine. A displaced suprapubic catheter occurs when the catheter becomes partially or completely dislodged from the bladder, which may result from a deflated or ruptured retention balloon, accidental traction on the catheter tubing, or inadequate securement of the catheter. A review of the acute care hospital case management notes revealed documentation that the hospital case manager contacted the facility to arrange Resident 1's return following hospitalization. Documentation dated July 9, 2026, at 3:26 PM, revealed the facility informed the hospital case manager that no bed was available for Resident 1's return to the facility. A review of the facility census dated July 9, 2026, revealed the facility had 30 available beds on the date it informed the hospital that no bed was available for Resident 1's return. During an interview conducted on July 29, 2026, at 10:50 AM, the Nursing Home Administrator stated the facility believed Resident 1 was dissatisfied with the care previously provided and indicated the resident's family had contacted the Area Agency on Aging (AAA), an organization that advocates for and provides services to older adults and individuals with disabilities, regarding concerns about the care provided by the facility. The Nursing Home Administrator stated the facility determined there was no appropriate bed available for Resident 1 to return despite the resident having been admitted to and cared for by the facility before the hospitalization. A review of the clinical record failed to identify documented evidence the facility (continued on next page)		

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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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	conducted an interdisciplinary evaluation to determine whether it could continue to meet Resident 1's care needs following hospitalization. There was no documented evidence that the facility assessed the resident's post-hospital condition, identified specific clinical needs the facility could no longer meet, or documented the basis for concluding the resident could not safely return. In addition, there was no documented evidence that the facility coordinated discharge planning with the hospital or took steps to facilitate the resident's return. During an interview on July 29, 2026, the Nursing Home Administrator and Director of Nursing both acknowledged Resident 1 had a complex medical history and stated the facility determined it could not meet the resident's needs because the resident was dissatisfied with the care previously provided. However, they were unable to provide documented evidence demonstrating the facility conducted a formal clinical assessment supporting that determination or explaining why the facility could no longer meet the resident's needs despite previously providing care to the resident and having 30 available beds at the time the hospital requested the resident's return. 28 Pa Code 201.18 (b)(1) Management 28 Pa Code 201.29 (b)Resident rights		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, resident interviews, staff interviews, facility documentation, and facility policy, it was determined the facility failed to ensure residents who were dependent on staff for assistance with activities of daily living consistently received the care and services necessary to maintain personal hygiene and dignity for one of 10 residents reviewed (Resident 1). Findings include: A review of the facility policy titled Activities of Daily Living, (ADL's routine daily self-care activities such as bathing, dressing, grooming, and oral hygiene) last reviewed by the facility on June 26, 2026, revealed residents who are unable to perform activities of daily living independently will receive the services necessary to maintain good grooming and personal and oral hygiene. A review of Resident 1's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses that included cerebral palsy (a group of permanent disorders affecting movement and posture caused by abnormal development of or injury to the developing brain, most commonly occurring before or during birth) and quadriplegia (partial or complete paralysis of all four limbs, most commonly caused by injury or disease affecting the cervical spinal cord). A review of Resident 1's admission Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated June 26, 2026, revealed that Resident 1 was moderately cognitively impaired with a BIMS score of 12 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 8 through 12 indicates moderate cognitive impairment). The MDS further revealed Resident 1 was completely dependent on staff to provide oral hygiene, showering and bathing, upper and lower body dressing, and personal hygiene, including combing hair and washing the resident's face and hands. Resident 1 was transferred to the hospital on July 4, 2026, before the survey. Therefore, the surveyor was unable to directly observe the resident's grooming or hygiene status. The determination was based on the resident's clinical record and the facility's documentation of care provided. A review of the facility's Documentation Survey Report Version 2 for June 2026 and July 2026 revealed oral hygiene was scheduled to be completed each shift. Review of the documentation revealed incomplete documentation for the following oral hygiene tasks: June 22, 2026: Night shift documentation was left blank. June 25, 2026: Evening shift documented as Not Applicable; night shift documentation was left blank. June 26, 2026: Evening shift documented as Not Applicable. June 27, 2026: Evening and night shift documentation was left blank. June 28, 2026: Evening shift documentation was left blank; night shift documented as Not Applicable. June 29, 2026: Evening shift documentation was left blank; night shift documented as Not Applicable. June 30, 2026: Night shift documentation was left blank. July 1, 2026: Day shift documentation was left blank; night shift documented as Not Applicable. July 2, 2026: Night shift documented as Not Applicable. July 3, 2026: Night shift documentation was left blank. Review of the Documentation Survey Report Version 2 further revealed incomplete documentation for personal hygiene on the following dates and shifts: June 22, 2026: Night shift documentation was left blank. June 25, 2026: Night shift documentation was left blank. June 27, 2026: Evening and night shift documentation was left blank. June 28, 2026: Evening shift documentation was left blank. June 29, 2026: Evening shift documentation was left blank. June 30, 2026: Evening shift documentation was left blank. July 1, 2026: Day shift documentation was left blank. July 2, 2026: Night shift documented as Not Applicable. July 3, 2026: Evening shift documentation was left blank. A review of the Documentation Survey Report Version 2 further Resident 1 was scheduled to receive a shower or bath (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	every Friday during the 3:00 PM to 11:00 PM shift. Review of the documentation revealed no documented evidence Resident 1 received a scheduled shower or bath during the resident's 12-day stay at the facility. Documentation for the scheduled shower on June 26, 2026, was recorded as Not Applicable. Documentation for the scheduled shower on July 3, 2026, was left blank. Resident 1 was completely dependent upon staff to provide oral hygiene, personal hygiene, and bathing. Despite the resident's identified need for total assistance and the facility's established schedule for providing these services, the facility failed to provide documented evidence that oral hygiene, personal hygiene, and scheduled bathing were consistently provided. As a result, the facility failed to ensure Resident 1 received the necessary services to maintain personal hygiene and dignity in accordance with the resident's assessed needs and the facility's policy. The findings were reviewed with the Nursing Home Administrator and Director of Nursing on July 28, 2026, at 1:00 PM. The facility was unable to provide documentation demonstrating that Resident 1 received the scheduled showers or other hygiene services as assigned. 28 Pa. Code: 201.18(e)(6) Management.28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.		