STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395907	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forestview	2301 Edinboro Road Erie, PA 16509

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of clinical records, observations, and staff and family interviews, it was determined that the facility failed to obtain a physician's order for the management of the use of a splint for one of 18 residents reviewed (Resident R64). Findings include: Upon request, no facility policy was provided. Resident's R64's clinical record revealed an admission date of 10/01/19, with diagnoses that included Alzheimer's dementia (a disease of the brain that affects mood and behaviors, safety awareness, and organized decision making), high blood pressure, hypothyroidism (a condition where the thyroid does not make enough thyroid hormone), and hemiplegia affecting left nondominant side (total or partial paralysis of one side of the body affecting arms, legs and face). Resident R64's clinical record revealed Nursing Assistant (NA) Documentation Task: RESTORATIVE - Splint/Brace Assistance Program #1 in AM: Left hand splint/brace APPLIED. At HS: splint/brace assistance, please REMOVE from left hand. Also, may remove for hygiene/skin checks. Written instruction for splint/brace provided to caregivers/nursing, picture or illustration of splint/brace application provided to caregivers/nursing. Skin checks to be performed every 8 hours to monitor for any redness or pressure areas. Notify CN of any redness or change in condition. NA Documentation further indicated on 8/26/25, at 3:17 a.m. as Resident Refused and 8/26/25, at 14:59 p.m. as 1, on 8/27/25, at 3:48 a.m. as Not Applicable for Follow Up Question 1 Amount of minutes spent providing splint or brace assistance. Review of the NA task documentation revealed insufficient documentation that the splint was placed on Resident R64's hand during the daytime hours and removed at HS (hour of sleep) on 8/26/25, and 8/27/25. There was no indication in the clinical progress notes to reflect that Resident R64 refused to wear the left hand splint on 8/26/25, or 8/27/25. During an interview with Resident R64's family member on 8/26/25, at 2:38 p.m. it was indicated the facility does not ensure Resident R64's left hand splint is on. The family member further indicated that if the splint is on, it typically is not on correctly, which increases the risk for the resident to be in pain and/or skin breakdown. Observations on 8/26/25, at 3:35 p.m. and 8/27/25, at 10:38 a.m. revealed Resident R64 without a splint maintained to his/her left hand. During an interview with Licensed Practical Nurse (LPN) Employee E1 on 8/27/25, at 11:20 a.m. he/she was unable to locate a physician's order in the electronic medical record (EMR) for Resident R64's splint and indicated that Resident R64 does not have a splint for his/her hands. During an interview on 8/27/25, at 12:44 p.m. the Director of Nursing (DON) confirmed that Resident R64 should have a splint maintained to his/her left hand during the daytime hours. The DON further revealed that the facility lacked a physician's order for the splint and management of splint for Resident R64's left hand. 28 Pa. Code 211.5(f)(i) Medical records 28 Pa. Code 211.12(d)(1)(5) Nursing services

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