

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395554	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/09/2025
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NAME OF PROVIDER OR SUPPLIER: FOREST CITY NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 915 DELAWARE STREET FOREST CITY, PA 18421
STATE LICENSE NUMBER: 061202	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on a Complaint Investigation completed on January 9, 2025, at Forest City Nursing and Rehabilitation, it was determined there were no federal deficiencies, related to the Health portion of the survey process, identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care as they relate to the Health portion of the survey process; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Pennsylvania Department of Health

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P 5520		P 5520		

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because it is by the provisions of federal and state law. The plan of correction represents the facility's credible allegation of compliance. The facility cannot retroactively correct the Nursing Assistant ratios. The facility focuses on retention of existing nursing assistants and recruitment of new nursing assistants through efforts of the staffing meetings and holding Nursing Assistant training courses in house. Bi-Weekly staffing meetings will be held to address good faith efforts towards meeting Nursing Assistant ratios. The HR/scheduler will make a good faith effort to recruit higher level staff to accommodate the ratios. Calculation of the daily nursing	Completion Date: 02/25/2025 Status: APPROVED Date: 01/21/2025

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P 5520	Continued from page 2	P 5520	assistant ratios will be completed and reviewed for accuracy by the scheduler/designee. Daily ratios will be audited weekly x4 then monthly x2. The audits will be reviewed x 2 months at monthly QAPI.		

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P 5520	Continued from page 3 Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for 6 shifts out of 21 reviewed. Findings include: A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum nurse aide staff of 1:10 on the day shift, 1:11 on the evening shift, and 1:15 on the night shift based on the facility's census. January 7, 2025 - 7.3 nurse aides on the evening shift, versus the required 8 for a census of 88. January 7, 2024 - 5.17 nurse aides on the night shift, versus the required 5.87 for a census of 88. January 8, 2024 - 5.37 nurse aides on the evening shift, versus the required 8.09 for a census of 89. January 8, 2024 - 5.67 nurse aides on the night shift, versus the required 5.87 for a census of 88.	P 5520		

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P 5520	Continued from page 4 January 9, 2024 - 8.3 nurse aides on the day shift, versus the required 8.8 for a census of 88. January 9, 2024 - 6.73 nurse aides on the evening shift, versus the required 8 for a census of 88. On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency. An interview with the Nursing Home Administrator on January 9, 2025, at approximately 6:00 PM, confirmed the facility had not met the required nurse aide to resident ratios on the above dates.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 5 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	The facility cannot retroactively correct the LPN ratios. The facility focuses on retention of existing LPNs and recruitment of new LPNs through the efforts of the retention events and staffing meetings. Bi-Weekly staffing meetings will be held to address good faith efforts towards meeting LPN ratios. The HR/scheduler will make a good faith effort to recruit higher level staff to accommodate the ratios. Calculation of the daily LPN ratios will be completed and reviewed for accuracy by the scheduler/designee. Daily ratios will be audited weekly x4 then monthly x2. The audits will be reviewed x 2 months at monthly QAPI.	Completion Date: 02/25/2025 Status: APPROVED Date: 01/21/2025

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P 5530	<p>Continued from page 6</p> <p>Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum licensed practical nurse staff to resident ratio was provided on each shift for 3 shifts out of 21 reviewed.</p> <p>Findings include:</p> <p>A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum licensed practical nurse (LPN) staff of 1:25 on the day shift, 1:30 on the evening shift, and 1:40 on the night shift based on the facility's census.</p> <p>January 7, 2025 - 1.87 LPNs on the evening shift, versus the required 2.93 for a census of 88.</p> <p>January 8, 2025 - 0.87 LPNs on the night</p>	P 5530		

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P 5530	Continued from page 7 shift, versus the required 2.2 for a census of 88. January 9, 2025 - 1.03 LPNs on the night shift, versus the required 2.2 for a census of 88. On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency. An interview with the Nursing Home Administrator on January 9, 2025, approximately 6:00 PM, confirmed the facility had not met the required LPN to resident ratios on the above dates.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 8 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	The facility cannot retroactively correct the nursing hours. Calculation of daily PPD will be completed and reviewed for accuracy by the scheduler/designee. The NHA/designee and Human Resources/designee will continue recruitment efforts including but not limited to job postings, working with facility recruiter, sending needs out to agencies, and continuing to be a clinical site for nursing assistant classes. The facility focuses on retention of existing clinical staff and recruitment of new clinical staff through the efforts of the retention events and staffing meetings. Bi-Weekly staffing meetings will be held to address good faith efforts towards meeting nursing hours. Daily PPD will be audited weekly x4, then monthly x2. The audits will be presented to monthly QAPI x 2 months.	Completion Date: 02/25/2025 Status: APPROVED Date: 01/21/2025

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P 5640	<p>Continued from page 9</p> <p>Based on a review of nurse staffing and resident census and staff interview, it was determined the facility failed to consistently provide minimum general nursing care hours to each resident daily.</p> <p>Findings include:</p> <p>A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 3.2 hours of general nursing care to each resident:</p> <p>January 7, 2024, 2024 - 2.75 direct care nursing hours per resident. January 8, 2024, 2024 - 2.82 direct care nursing hours per resident. January 9, 2024, 2024 - 2.87 direct care nursing hours per resident.</p> <p>The facility's general nursing hours were below minimum required levels on the dates noted above.</p> <p>An interview with the Nursing Home Administrator</p>	P 5640		

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P 5640	Continued from page 10 on January 9, 2025, at approximately 6:00 PM confirmed the facility failed to consistently provide minimum general nursing care hours to each resident daily.	P 5640			



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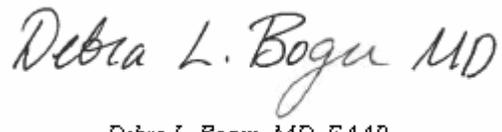
FOREST CITY NURSING AND REHAB CENTER

STATE LICENSE NUMBER: 061202

SURVEY EXIT DATE: 01/09/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY