

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Fredonia Road Greenville, PA 16125	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17260</p> <p>Based on review of facility documentation and clinical records, and staff interview, it was determined that the facility failed to report an incident of serious bodily injury of unknown source for one of one residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>A facility policy entitled Abuse Reporting, dated 11/24, revealed that The Facility shall notify the Department of Health, Department of Aging, and Area Agency on Aging, Adult Protective Services, local law enforcement and licensing agencies depending on the circumstances of the allegation or actual event in compliance with Federal and State regulations, including Act 13.</p> <p>Title 42 Code of Federal Regulations (CFR) S483.12(c) states in response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>The clinical record for Resident R1 documented that the resident was admitted to the facility on [DATE], with diagnoses that included dementia (disorganized thinking and confusion) and age related disability.</p> <p>An x-ray report dated March 8, 2025, revealed that Resident R1 had an acute fracture of the left proximal femur bone, (a hip fracture).</p> <p>A facility investigation completed on March 8, 2025, identified that the cause of Resident R1's left hip fracture injury was of unknown origin.</p> <p>(continued on next page)</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of information submitted by the facility dated March 10, 2025, to the State Survey Agency disclosed that on March 7, 2025, at 6:20 a.m. Resident R1 complained of leg pain. The physician was notified, an x-ray was ordered and completed that revealed a left hip fracture and required surgical repair which was completed on March 9, 2025. The resident was to return to the facility on [DATE]. The report indicated that the resident had not experienced any recent falls at the facility.</p> <p>During interview on March 15, 2025, at approximately 11:15 a.m. the Director of Nursing confirmed that Resident R1's injury of unknown origin was not reported to the State Survey Agency until March 10, 2025.</p> <p>28 Pa. Code 201.14 (a)(c) Responsibility of licensee</p>		