

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 11/21/2025
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>Based on review of facility policies, resident and staff interviews, it was determined that the facility failed to ensure that mail was delivered unopened to one of nine residents interviewed (Resident R3). Findings include: Review of facility policy entitled, Mail dated 6/2/25, revealed, The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened. Review of a facility policy entitled, Resident Rights dated 6/2/25, revealed, This facility will promote the exercise of rights for each resident, including any who face barriers (such as communication problems, hearing problems and cognition limits) in the exercise of these rights. A resident, even though determined to be incompetent, will be able to assert these rights based on his or her degree of capability. This facility will protect and promote the rights of each resident, including each of the following rights: Exercise his or her rights as a citizen. Privacy and confidentiality. Privacy in sending and receiving mail. During an interview with Resident R3 on 9/30/25, at approximately 1:15 p.m. Resident R3 reported, The facility is opening his/her mail prior to delivery, and he/she feels this is an invasion of his/her privacy. Resident R3's Brief Interview for Mental Status (BIMS-15-point cognitive screening measure that evaluates memory and orientation and includes free and cued recall items) was 13 (cognitively intact). During an interview on 9/30/25, at approximately 1:30 p.m. the Nursing Home Administrator indicated he/she opens some of Resident R3's mail prior to delivering it to Resident R3. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.29(j) Resident rights</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
---	-------	-----------

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 11/21/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review of facility policies, clinical records, and staff interview it was determined that the facility failed to clarify physician's orders related to a surgical dressing for one of 13 residents reviewed (Resident R1) and failed to follow physician's orders related to obtaining a Urinalysis and Culture & Sensitivity (UA C&S- a test used to indicate whether or not there is an infection in the urine and what treatment the infection is sensitive to) timely for one of 13 residents reviewed (Resident R2). Findings include: Facility policy entitled Transcribing Physician Orders dated 6/2/25 states, Physician orders will be transcribed when they are received. Questionable treatment orders will be called to the physician for clarification. Resident R1's clinical record revealed an initial admission date of 9/7/25, with diagnoses that included subsequent encounter for fracture with routine healing, encounter for other orthopedic aftercare, and history of falling. Review of Resident R1's clinical record revealed a transfer/admission physician's order regarding the surgical dressing wound/incision care and dressing change instructions that the Aquacel dressing (a sterile dressing that is highly absorbent and conforms to the wound) was to be removed on 9/4/25, then leave the incision open to air. Resident R1's progress notes indicated he/she arrived to the facility on 9/7/25, and the Aquacel dressing was intact on his/her left side. Resident R2's clinical record revealed an admission date of 3/10/25, with diagnoses that included pneumonia, history of falling, and chronic obstructive pulmonary disease with acute exacerbation (progressive lung disease with a sudden worsening of symptoms). Review of Resident R2's clinical record revealed a physician's order dated 9/4/25, for a UA C&S for dysuria (painful urination)/frequency one time only for five days. Resident R2's progress notes revealed the urine was not collected until 9/12/25. During an interview on 10/9/25, at 12:25 p.m., the Director of Nursing confirmed that the conflicting orders for Resident R1's Aquacel dressing should have been clarified with the physician and that Resident R2's clinical record lacked evidence that the UA C&S was collected timely after receiving the physician's order. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(1)(5) Nursing services 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.5(f) Clinical records</p>		