

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  01/29/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on review of facility and clinical records, observations, and staff interview, it was determined that the facility failed to ensure that residents with an indwelling catheter (a tube inserted into the bladder to facilitate urine drainage) receive essential care to help prevent infections for one of eight residents reviewed with an indwelling catheter (Resident R1) Findings include: Review of a current facility policy entitled Catheter Care dated 11/2024, revealed it is the policy of the facility to ensure that residents with an indwelling catheter received appropriate care and maintain their catheter drainage bags and ensure catheter is anchored using strap or other anchoring device and catheter bag is covered and positioned properly. Resident R1's clinical record revealed an admission date of 12/24/25 with diagnoses that included bronchitis (infection of the lungs), hypertension (high blood pressure) and diabetes (uncontrolled blood sugar levels). The clinical record also identified that Resident R1 was currently taking an antibiotic for seven days to treat for a urinary tract infection. Observation on 1/27/26, at 11:44 a.m. revealed Resident R1's urinary catheter bag was on the floor under the bed uncovered without a covering over the drainage bag. An interview with Licensed Practical Nurse (LPN) Employee E3 at 11:50 a.m. confirmed that Resident R1's urinary catheter bag was observed to be laying on the floor. LPN Employee E3 further confirmed the foley catheter bag should be covered and maintained off the floor for infection control measures to prevent infection. During an interview on 1/27/26, at 12:40 p.m. the Nursing Home Administrator confirmed that Resident R1's urinary catheter bag should be covered and be maintained off the floor and/or not touch an unclean surface due to the risk of infection. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing Services</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
---	-------	-----------