

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/12/2026
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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to monitor oxygen saturation (a measurement to determine the amount of hemoglobin carrying oxygen in the red blood cells) according to physician orders for one of eight residents reviewed (Resident R1). Findings include: Facility policy entitled Oxygen Administration dated 4/21/26, indicated oxygen therapy will be provided when a resident needs oxygen at a concentration greater than room air to administer oxygen to the resident when insufficient oxygen is being carried by the blood to the tissues. Resident R1's clinical record revealed an admission date of 1/28/26, with diagnoses that included congestive heart failure (heart does not pump blood efficiently leading to fluid retention), respiratory failure with hypoxia (respiratory system fails to adequately oxygenate the blood), and chronic obstructive pulmonary disease (a progressive group of lung diseases that cause damage and inflammation in the lungs making it difficult to breathe). Residents R1's clinical record revealed he/she had a physician's order dated 4/29/26, for supplemental oxygen via nasal canula every shift for shortness of breath, titrate (adjusting the amount of oxygen provided) to maintain saturation greater than or equal to 92 percent. Resident R1's clinical record lacked evidence after 5/9/26, that his/her oxygen saturation levels were being monitored. Therefore staff were unable to determine whether Resident R1's supplemental oxygen needed to be titrated to maintain a saturation greater than or equal to 92 percent per physician's orders. During an interview on 6/8/26, at 10:17 a.m. the Director of Nursing confirmed that Resident R1's clinical record lacked evidence that his/her oxygen saturation levels were being monitored after 5/9/26 and therefore staff were unable to determine whether Resident R1's oxygen needed to be titrated to maintain a saturation greater than or equal to 92 percent per physician's orders. 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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on review of facility policy, guidance from the Pennsylvania Department of Health (PADOH), clinical record review, and staff interview, it was determined that the facility failed to implement infection control practices by incorporating transmission-based precautions (infection control measures used in healthcare settings to prevent the spread of highly transmissible pathogens) for the required duration related to a positive Respiratory Syncytial Virus (RSV-a highly contagious respiratory virus that infects the lungs and breathing passages) test for one of eight residents reviewed (Resident R1). Findings include: Review of the facility policy entitled Infection Control Plan, Program, and Committee dated 4/21/26, indicated transmission-based precautions are the second tier of basic infection control and are used in addition to standard precautions (the minimum set of infection control practices used for all patient care in a healthcare setting) for patients who may be infected or colonized with certain infectious pathogens for which additional precautions are needed to prevent infection transmission. Review of the guidance provided by the PADOH, entitled, Respiratory Virus Outbreak Toolkit last updated 11/24/25, revealed that for positive RSV contact isolation precautions (a type of transmission-based precaution that requires certain personal protective equipment to be worn) should be in place until symptoms resolve or seven days, whichever is longer. Resident R1's clinical record revealed an admission date of 1/28/26, with diagnoses that included congestive heart failure (heart does not pump blood efficiently leading to fluid retention), respiratory failure with hypoxia (respiratory system fails to adequately oxygenate the blood), and chronic obstructive pulmonary disease (a progressive group of lung diseases that cause damage and inflammation in the lungs making it difficult to breath). Residents R1's clinical record revealed he/she tested positive at the hospital for RSV on 3/15/26. During an interview on 6/4/26, at 10:52 a.m. the Nursing Home Administrator (NHA) provided information that Resident R1 was positive for RSV at the hospital on 3/15/26, isolation was put in place on 3/15/26, when he/she returned from the hospital. On 3/18/26, the isolation was removed due to Resident R1 no longer having a fever and no longer having symptoms. During an interview on 6/5/26, at 3:25 p.m. the NHA confirmed that the facility did not isolate Resident R1 for the required duration related to his/her positive RSV test. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1)(5) Nursing services		