STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395158	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Greenville	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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on review of facility documents, policy and clinical records, and staff interview, it was determined that the facility failed to maintain complete and accurate records relating to dialysis (a medical procedure that filters blood when the kidneys are not functioning properly) communication and failed to ensure medications were administered according to physician's orders for residents receiving dialysis for one of one residents reviewed for dialysis (Resident R18) Findings include: Review of a Memorandum of Agreement signed 2/22/21, between the facility and Dialysis Clinic, Inc. (DCI) revealed the facility shall provide all relevant information to DCI regarding the condition and needs of each resident during his/her dialysis treatment and that DCI shall provide to the facility relevant information regarding each treatment, which may require follow-up care or observation by the facility staff. A facility policy dated 6/2/25, entitled Dialysis Care revealed residents ordered dialysis therapy will be monitored and documentation will be maintained in the medical record and should such information not be received from the Dialysis Provider upon the residents return, the facility shall contact the Dialysis Provider to obtain such medical information. The policy further stated that medication administration times are adjusted to accommodate the schedule for dialysis as well as to achieve maximum therapeutic effect. Resident R18's clinical record revealed an admission date of 5/16/25, with diagnoses that included diabetes (a health condition caused by the body's inability to produce enough insulin), End Stage Renal Disease (ESRD - when the kidneys have permanently lost their ability to function effectively. A person typically requires regular dialysis or a kidney transplant to survive), and respiratory failure (a condition where you don't get enough oxygen, or you get too much carbon dioxide in your body). Resident R18's clinical record revealed a physician's order dated 5/16/15, for Dialysis every Monday, Wednesday, and Friday. Resident R18's clinical record lacked evidence of Nursing Facility Dialysis Clinic Communication form being completed for scheduled dialysis treatments completed on 5/21/25, 5/30/25, 6/2/25, and 6/4/25. (continued on next page)

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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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/5/25, at 12:39 p.m. the Nursing Home Administrator (NHA) confirmed that Resident R18's clinical record lacked evidence of dialysis communication for 5/21/25, 5/30/25, 6/2/25, and 6/4/25, and that the facility should have evidence of dialysis communication for each dialysis treatment rendered. Resident R18's clinical record revealed a care plan for dialysis with an intervention to Assure residents medication times does not conflict with dialysis schedule. Review of physician's orders dated 5/16/15, indicated that Resident R18 was to have Amlodipine Besylate (medication for high blood pressure) 10 milligrams (mg) daily, Lidocaine External Patch (medication for pain) 4% to lower back applied every morning and removed every evening, Clonidine HCL (medication for high blood pressure) 0.2 mg twice daily, Coreg (medication for high blood pressure) 25 mg twice daily, Pregabalin (medication for nerve pain) 75 mg twice daily, Protonix (medication for acid reflux) 40 mg twice daily, Sevelamer Carbonate Oral Packet (medication used to lower blood phosphate levels) 0.8 grams three times a day with meals, Novolog FlexPen (medication for diabetes) inject 5 units four times a day, and Novolog FlexPen sliding scale (used to determine how much insulin to administer based on your blood glucose levels) four times a day. Further review revealed Physician orders dated 5/20/25, for Creon Delayed Release (medication to treat pancreatitis) 14000-76000 unit three times a day before meals Review of the May and June 2025 Medication Administration Records (MARs) for 5/17/25, through 6/5/25, revealed that Resident R18 did not receive the following medications as ordered with reason give as Leave of Absence (LOA). Amlodipine Besylate 9:00 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/30/25, 6/2/25, and 6/4/25. Lidocaine External applied at 9:00 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/30/25, 6/2/25, and 6/4/25. Clonidine HCL 8:00 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/30/25, 6/2/25, and 6/4/25. Coreg 8:00 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/30/25, 6/2/25, and 6/4/25. Pregabalin 9:00 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/30/25, and 6/2/25. Protonix 9:00 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/30/25, and 6/2/25. Sevelamer Carbonate Oral Packet 9:00 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/30/25, 6/2/25, and 6/4/25, and 1:00 p.m. dose on 5/24/25, and 6/4/25. Novolog FlexPen routinely 8:00 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/29/25, 5/30/25, 6/2/25, and 6/4/25, and 12:00 p.m. dose on 5/24/25, 5/26/25, and 6/4/25. Novolog FlexPen based on sliding scale 8:00 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/29/25, 5/30/25, 6/2/25, and 6/4/25, and 12:00 p.m. dose on 5/24/25, 5/28/25, and 6/4/25. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Creon Delayed Release 10:00 a.m. dose on 5/21/25, 7:30 a.m. dose on 5/21/25, 5/23/25, 5/26/25, 5/28/25, 5/30/25, 6/2/25, and 6/4/25, and 11:30 a.m. dose on 5/24/25, and 6/4/25. There was no documentation that the physician was notified of a need to hold or alter the time of administration for the above listed medications for Resident R18 on dialysis days. During an interview on 6/5/25, at 2:14 p.m. the Assistant Director of Nursing confirmed that the above medications for Resident R18 were not administered on dialysis days as ordered by the physician and the clinical record lacked any evidence of physician notification that medications were not administered as ordered. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18 (b)(1)(e)(1) Management 28 Pa. Code 211.5(f)(viii) Medical records 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to label one multi-dose vial medication with the resident name, date it was opened, and date it should be used by in one of two medication storage rooms observed (Unit One medication room). Findings include: Review of facility policy entitled Storage of Medications, with a policy review date of 6/2/25, revealed that Medications are stored in a safe, secure, and orderly manner in accordance with federal and state regulations and facility policies. No discontinued, outdated, or deteriorated medications are available for use in the facility. All such medications are destroyed. Drug containers having soiled, illegible, worn, makeshift, incomplete, damaged, or missing labels are relabeled before storing. Observations of the Unit One medication storage room on 6/6/25, at approximately 11:45 a.m. revealed that one multi-dose vial of Tirzepatide (a prescription medication used to manage type two diabetes and for weight loss in adults) was opened and was currently in use, but not labeled with the any resident name, opened date or the use by date. At the time of the observation, Registered Nurse Employee R1 confirmed that the one undated multi-dose vial of Tirzepatide was opened, in use, and should have been labeled with the resident's name, date opened, and use by date. During an interview on 6/6/25, at approximately 12:00 p.m. on 6/6/25, the Director of Nursing and Assistant Director of Nursing confirmed that the vial was unlabeled and undated and should have that information identified on the vial. 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(d)(1)(3) Nursing services

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of facility policy, observation, and staff interviews, it was determined that the facility failed to monitor resident's personal refrigerators for temperatures for one of one residents reviewed with personal refrigerators (Resident R12). Findings include: A facility policy dated 6/2/25, entitled Personal Refrigerators revealed personal refrigerators are permitted after thorough inspection and will be subject to the same monitoring as other facility refrigerators. The policy further stated that the refrigerator must include a thermometer and will be monitored regularly for temperature compliance. Observation on 6/4/25, at 11:30 a.m. revealed Resident R12 had a personal refrigerator in their room. There was no evidence in the room of a temperature log sheet being present. Observation of the inside of the refrigerator revealed that there was no thermometer to monitor the temperature of the refrigerator. During an interview on 6/4/25, at 11:45 a.m. the Assistant Director of Nursing stated that temperatures for resident's personal refrigerators are documented on each resident's electronic medication administration record (EMAR). During an interview on 6/5/25, at 12:30 p.m. Licensed Practical Nurse Employee E2 stated that any resident with a personal refrigerator was to have a thermometer in it and the nurse was to check and document the temperature on the EMAR every shift. Review of Resident R12's EMAR lacked evidence of any temperatures being monitored and recorded for their personal refrigerator. During an interview on 6/5/25, at 12:40 p.m. the Nursing Home Administrator confirmed that Resident R12's personal refrigerator did not contain a thermometer and the facility lacked evidence that the facility was monitoring their refrigerator temperature. 28 Pa. Code 201.14 (a) Responsibility of Licensee