| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395197 | A. Building<br>B. Wing | 01/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kadima Rehabilitation & Nursing at New Wilmington | 520 New Castle Street<br>New Wilmington, PA 16142 |

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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>Based on review of clinical records, facility policy, and staff interview, it was determined that the facility failed to have complete and accurate documentation regarding personal hygiene, oral hygiene, toileting, and dressing for three of three residents reviewed (Residents R1, R2, and R3).Findings include: Review of facility policy entitled Flow of Care dated 3/27/25, indicated The provision of targeted care needs shall be documented on Care Tracker/Point of Care/ADL [activities of daily living] Flow Records. Review of Resident R1's clinical record revealed an admission date of 12/12/25, with diagnoses that included fracture of neck of left femur (broken bone of the hip), chronic obstructive pulmonary disease (when your lungs do not have adequate air flow), and hypertension (high blood pressure). Review of resident R1's clinical record under tasks (area in the clinical record where nursing assistant's document) for the month of December 2025, revealed oral hygiene, personal hygiene, toileting hygiene, and upper and lower body dressing lacked evidence of documentation on 12/12/25, 12/13/25, 12/14/25, 12/15/25, 12/16/25, 12/18/25, and 12/19/25, that oral hygiene, personal hygiene, toileting hygiene, and upper and lower body dressing had been completed. Review of Resident R1's physician's orders revealed an order dated 12/14/25, to turn and reposition every two hours dated. Resident R1's clinical record lacked evidence that he/she was turned and repositioned every two hours per physician's orders. Review of Resident R2's clinical record revealed an admission date of 11/15/25, with diagnoses that included heart failure (a condition where the heart cannot supply the body with enough blood), hypertension, and need for assistance with personal care. Review of resident R2's clinical record under tasks for the month of December 2025, revealed oral hygiene, personal hygiene, toileting hygiene, and upper and lower body dressing lacked evidence of documentation on 12/1/25, 12/3/25, 12/4/25, 12/6/25, 12/7/25, 12/8/25, 12/9/25, 12/10/25, 12/11/25, 12/12/25, 12/13/25, 12/14/25, 12/15/25, 12/16/25, 12/22/25, 12/23/25, 12/24/25, 12/25/25, 12/26/25, 12/27/25, 12/28/25, 12/29/25, 12/30/25, and 12/31/25, that oral hygiene, personal hygiene, toileting hygiene, and upper and lower body dressing had been completed. Review of Resident R3's clinical record revealed an admission date of 11/26/25, with diagnoses that included anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), respiratory failure (a condition where your lungs don't exchange air properly), and hypertension. Review of resident R3's clinical record under tasks for the month of December 2025, revealed oral hygiene, personal hygiene, toileting hygiene, and upper and lower body dressing lacked evidence of documentation on 12/1/25, 12/6/25, 12/7/25, 12/8/25, 12/9/25, 12/10/25, 12/11/25, 12/12/25, 12/13/25, 12/15/25, 12/16/25, 12/27/25, 12/31/25, that oral hygiene, personal hygiene, toileting hygiene, and upper and lower body dressing had been completed. During an interview on 1/23/26, at 10:15 a.m. the Nursing Home Administrator and Director of Nursing confirmed that Residents R1, R2 and R3's clinical records did not have complete documentation regarding turning and repositioning, personal hygiene, oral hygiene, toileting, and dressing. They also confirmed that turning and repositioning,<br><br>(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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | personal hygiene, oral hygiene, toileting, and dressing should be documented in the clinical record after it is completed. 28 Pa. Code 211.5(f) Medical Records 28 Pa. Code 211.12(d)(1)(5) Nursing Services |