

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Irwin		STREET ADDRESS, CITY, STATE, ZIP CODE 249 Maus Drive North Huntingdon, PA 15642	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43725</p> <p>Based on observations and interview, the facility failed to store medications in a safe and sanitary manner for one of three medication carts reviewed (A unit Long Hall, and B unit Short Hall).</p> <p>Findings:</p> <p>Review of facility policy Infection Control Plan, Program, and Committee reviewed 9/18/24, indicated the facility maintains a structured Infection Control Program focused on prevention and management of infections.</p> <p>During an observation on 1/28/25, at 9:10 a.m., A unit Short Hall medication cart contained six of six insulin pens in compartments unbagged, posing the risk of cross-contamination.</p> <p>During an interview at that time, Licensed Practical Nurse (LPN) Employee E3 confirmed the insulin pens were unbagged.</p> <p>During an interview on 1/28/25 at 10:00 a.m. the Director of Nursing confirmed the facility failed to prevent the risk of cross-contamination by storing insulin pens unbagged in the medication carts for A unit Long Hall medication carts.</p> <p>28 Pa code 201.14(a) Responsibility of licensee</p> <p>28 Pa code 211.12(d)(1) 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
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