

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 02/03/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on review of facility policy, clinical record review and staff interview, it was determined that the facility failed to complete a thorough investigation to identify the extent of potential abuse for 12 of 13 residents (Residents R2, R3, R4, R5, R6, R7, R8, R9, R10, R11 and R12) and failed to properly identify abuse for one of 13 residents (Resident R1). Findings include: Review of the facility policy Abuse Protection reviewed on 9/3/25, indicated all residents have a right to be free from abuse, corporal punishment, neglect, etc., Abuse is identified as the infliction of injury, unreasonable confinement, intimidation, or punishment which results in harm, pain, or mental anguish. Our facility is committed to protecting our residents from abuse by anyone. Review of the facility policy Abuse Reporting and Investigation, reviewed on 9/3/25, indicated that the facility will conduct a thorough investigation on all reports of abuse. Upon receipt of the information, the Administrator or designee will notify the Social Service Department for psycho-social support. The resident will be protected during the investigation. During an interview on 2/3/26, at approximately 9:00 a.m., the Nursing Home Administrator stated that the investigation had been conducted on the allegation of sexual abuse for Resident R1. Review of the facility investigation did not include interviews with any other residents to identify possible other victims of the abuse for the 12 other residents that Nurse Aide (NA) Employee E1 had cared for during the night of 1/19/26, to determine the extent of the abuse. The investigation indicated that Resident R1's allegations had been unfounded. NA Employee E1 resigned from the facility. During an interview on 2/3/26, at 10:19 a.m., Resident R1 stated that NA Employee E1 had come into her room to change her after she had an incontinent episode of urine. Resident R1 stated that NA Employee E1 removed the front of her diaper wiped the sides of her front, never cleaned her then turned her onto her side, pulled off the diaper then began pressing on Resident R1's hemorrhoid in and out several times, with no rag or wipe in her hand. Resident R1 stated I don't know what she thought would happen. Resident R1 stated she did not move her bowels, however, NA Employee E1 never cleaned her, she just put on a new diaper and left. Resident R1 stated she asked NE Employee E1 to ask the nurse to come in and Resident R1 stated she told the nurse she felt violated. NA Employee E1 came returned to Resident R1's room again. Residents R1 stated that she felt assaulted. Resident R1 stated that this has never happened before That she feels safe at the facility now if the Nurse Aide no longer works there. During an interview on 2/3/26, at 12:18 p.m., the Nursing Home Administrator (NHA) confirmed Resident R1's allegation was identified as unsubstantiated for Resident R1 and that the facility did not interview any of the other 12 residents related to the allegation to identify potential other victims of Nurse Aide Employee E1's alleged sexual assault. Confirmed that the incident was not thoroughly investigated, and resident statements were not obtained regarding their care received by staff during the night shift. 28 Pa. Code: 201.149(a) Responsibility of licensee. 28 Pa. Code: 201.18(e)(1) Management</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 395382	If continuation sheet Page 1 of 1