STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395484	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Luzerne	463 North Hunter Hwy Drums, PA 18222

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276 Based on observations and resident and staff interviews, it was determined that the facility failed to provide housekeeping services to maintain a clean and orderly environment and ready availability of clean bath linens, to at least three of the five residents sampled (Residents 1, 2, and 22) and on two of the two nursing halls. Findings include: During an interview on June 18, 2024, at 8:50 AM, Resident 1 stated the facility has a good part-time housekeeper. He stated that the bathrooms and hallways are dirty when this housekeeper is not working. He said he is upset because he uses a shared bathroom, and often finds feces on the toilet and floor in this bathroom that he shares with another resident. During a facility tour on June 18, 2024, at 9:00 AM, an observation of the resident shower room [ROOM NUMBER] revealed a soiled brief, used wash towels, and clothing on the floor. A used wet wash towel was observed hanging from the metal grab bar in the shower. A stained clothing protector was observed in the wash tub. Pieces of black debris were observed on the shower tiles. A gray fabric was observed partially covering the drain. Debris was observed in the shower drain holes. The caulking around the shower floor and shower wall was discolored black, yellow, and tan. An observation on June 18, 2024, at 9:15 AM of the hallways in front of the nursing station and both resident room hallways revealed dirt, debris, and stains, including small white pieces of paper, brown food particles, gray and white discolorations, pieces of clear tape, white food crumbs, and an empty blue pill casing. An observation on June 28, 2024, at 9:20 AM in resident room [ROOM NUMBER] revealed yellow and brown food debris on the bedroom floor. A gray discoloration stain was observed on the floor near the bed and garbage can. The privacy curtains were observed to have tan and gray stains. The radiator cover near the resident window side bed was observed with tan liquid stains and gray scuff marks. A white piece of used tissue paper and small pieces of white paper were observed on the floor near the window-side garbage can. Dead insects and debris were observed under the cover of the overhead light fixture. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395484	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Luzerne	463 North Hunter Hwy Drums, PA 18222

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on June 28, 2024, at 9:25 AM, Resident 22 stated that the facility's housekeeper does a good job, but when she is off, the facility is a mess. She stated that the facility does not have enough housekeeping staff to keep everything clean. She stated that the wash cloths are stained and dirty, and often not enough are available when needed for personal care. Resident 22 stated that she purchased her own washcloths because the facility does not always have them available for her use. An observation on June 28, 2024, at 9:40 AM in the facility's clean linen rooms [ROOM NUMBERS] revealed no clean wash clothes were available. Employee 1, a Nurse Aide, confirmed that no clean wash clothes were available in the clean linen rooms. Employee 1, Nurse Aide, stated that if she needed a washcloth for resident care, then she would go down stairs to the laundry room to check there. An observation on June 28, 2024, at 9:45 AM in the facility laundry room revealed two clean washcloths. Employee 1, Nurse Aide, confirmed that there were only two clean washcloths available for all 36 residents to use at the facility. During an interview on June 28, 2024, at 11:05 AM, Resident 2 stated that the facility often runs out of washcloths and towels. She explained that she purchased her own towel and washcloth so she would always have them available. An observation on June 18, 2024, at 11:25 AM in the common resident bathroom [ROOM NUMBER] revealed a brown fecal like substance smear on the floor in front of the toilet, brown fecal like stains on the seat, and brown fecal like substance droplets on the floor around the toilet. A follow-up observation on June 18, 2024, at 12:30 PM revealed the same brown substance stains, smears, and droplets remained. During an interview on June 18, 2024, at approximately 1:00 PM, the Nursing Home Administrator (NHA) confirmed that the facility is required to provide housekeeping services to maintain a clean environment and adequate supplies of clean bath linens readily available to meet the needs of the residents. 28 Pa. Code 201.18 (e)(2.1) Management 28 Pa. Code 204.13 Linen

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395484	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Luzerne	463 North Hunter Hwy Drums, PA 18222

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276 Based on a review of clinical records and resident and staff interviews, it was determined that the facility failed to develop and implement individualized plans to manage residents' dementia-related behavioral symptoms to promote resident safety and the residents' highest practicable physical and mental well-being for one resident out of five sampled (Resident 26). Findings include: Clinical record review revealed hospital documentation, prior to the resident's admission to this current long term care facility, dated April 18, 2024, noting that Resident 26 was discharged from another long-term care facility and not permitted to return. The documentation indicated that Resident 26 needs a locked dementia unit, requires one to one level of supervision (1:1), is an elopement risk, and was redirectable until recently. Resident 26 was admitted to this current long term facility on April 22, 2024, with diagnoses that included dementia (a condition characterized by the loss of cognitive functioning such as thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities). A review of an admission comprehensive Minimum Data Set assessment (MDS - a federally mandated standardized assessment process conducted periodically to plan resident care) dated April 29, 2024 revealed that Resident 26 is severely cognitively impaired with a BIMS score of 03 (Brief Interview for Mental Status- a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 01-07 indicates severe cognitive impairment). The resident's care plan noted that the resident was an elopement risk due to cognitive impairment related to dementia initiated on April 22, 2024. Interventions planned were offering pleasant diversion (preferences not identified), structured activities (preferred type of activities not identified), food (preferences not identified), conversation (topic not identified), television (preferred programming not identifed), and books (subject matter not identified); identifying a pattern of wandering, intervening as appropriate; and orienting the resident to his surroundings. Resident 26's care plan also noted that the resident had problematic behavior characterized by verbal and physical abuse and rejection of care dated April 29, 2024. Interventions planned include allowing time to respond to directions, providing psychiatric consultation as needed, removing to a quiet area, providing reassurance, staying with the resident when he is angry, and approaching the resident with a different staff member. The plan of care also noted that Resident 26 has a chronic decline in intellectual functioning characterized by deficits in memory, judgment, decision-making, and thought processes related to dementia initiated on April 19, 2024. Interventions planned indicated that staff were to provide cueing and prompting with simple directions and establishing a routing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395484	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Luzerne	463 North Hunter Hwy Drums, PA 18222

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Progress note documentation from May 1, 2024, through June 18, 2024, revealed that Resident 26 wandered in other residents' rooms and has displayed verbal and physical aggression with staff. A progress note dated May 17, 2024, at 3:09 AM indicated Resident 26 was frequently out of his room, wandering, and often enters other residents' rooms, causing sleeping residents to startle awake and yell out or call for staff assistance. The entry noted that redirection is mildly effective and the resident threatens female staff with harm. Do you want to get punched in the face? Get away from me, bitch. I'll kill you. A progress note dated May 17, 2024, at 1:26 PM indicated that a stop sign was maintained across Resident 22's doorway because Resident 22 was concerned about a male resident coming into her room at night and standing over her and her roommate while they slept. The note indicated that the male resident was redirected multiple times. A progress note dated May 18, 2024, at 12:11 PM indicated that Resident 26 was wandering into other resident rooms, and frequent redirection was needed. A progress note dated May 20, 2024, at 2:53 PM indicated Resident 26 was put on 15-minute safety checks for wandering and standing near the facility exit. A progress note dated May 23, 2024, at 2:14 PM indicated Resident 26 was wandering into other resident rooms, and frequent redirection is needed. A progress note dated June 2, 2024, at 5:38 AM indicated that Resident 26 required redirection several times due to wandering into other residents' rooms. A progress note dated June 4, 2024, at 11:12 PM indicated that Resident 26 was following staff into other residents' rooms and making inappropriate comments about residents. The entry noted that Resident 26 was redirectable at times. A progress note dated June 8, 2024, at 7:02 AM indicated that Resident 26 was wandering throughout the facility. At times, he was in other resident rooms, looking through trash bags. The resident became agitated and pushed a wheelchair into staff when redirected. A progress note dated June 9, 2024, at 6:28 AM indicated that Resident 26 was following female staff through the facility, lingering outside female residents' rooms. The resident grabbed a nurse's aide around the waist and neck in a sexual manner. The resident called the nurse a f*cking bitch. Clinical record review revealed a quarterly MDS assessment dated [DATE], indicating Resident 22 is cognitively intact with a BIMS score of 15. A score of 12-15 indicates cognition in intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395484	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Luzerne	463 North Hunter Hwy Drums, PA 18222

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview and observation on June 18, 2024, at 9:15 AM, Resident 22 stated that Resident 26 wanders into her bedroom uninvited, and it makes her very uncomfortable. She explained that there were a few occasions when she woke up and saw Resident 26 standing over her and her roommate. Resident 22 stated that until a week ago there was a stop sign that was hung across her bedroom doorway that helped prevent Resident 26 from entering. Resident 22 stated that she did not know what happened to the stop sign. An observation at the time of the interview revealed no stop sign was present or readily available to hang on Resident 22's doorway. Resident 22 explained that Resident 26 continues to wander into her bedroom uninvited. Clinical record review revealed a quarterly MDS assessment dated [DATE], indicating Resident 2 is cognitively intact with a BIMS score of 15. A score of 12-15 indicates cognition in intact. During an interview on June 18, 2024, at 11:05 AM, Resident 2 stated that Resident 26 wanders into her bedroom uninvited and sometimes follows her into her bedroom. She stated that last week Resident 26 followed her into her bedroom. She explained that she had seen him get physically aggressive in the past, so she didn't say anything to him in fear of Resident 26 becoming physical with her. Resident 2 stated that she didn't want him in her room but didn't want Resident 26 to attack her, so she remained quiet, and eventually he wandered out of her bedroom. During an interview on June 18, 2024, at approximately 12:00 PM, the Director of Nursing (DON) was unable to locate the stop sign that was supposed to hang across Resident 22's bedroom doorway to prevent Resident 26 from entering. The DON confirmed that the stop sign was not being used because it required repairs. The DON was unable to provide evidence that alternative interventions were implemented in place of the stop sign to prevent Resident 26's intrusive wandering into Resident 22's room. During an interview on June 18, 2024, at approximately 1:30 PM, the Director of Nursing (DON) and Nursing Home Administrator (NHA) confirmed that the facility failed to develop and implement an individualized plan to manage Resident 26's dementia-related behavioral symptoms to promote resident safety and the residents' highest practicable physical and mental well-being. The NHA and DON confirmed that Resident 26 continues to wander into other residents' rooms and becomes verbally and physically aggressive upon redirection. The NHA and DON confirmed that prior to the resident's admission to the facility, the hospital indicated that Resident 26 required one to one supervision for safety. The DON and NHA were unable to provide evidence that Resident 26 was assessed to determine the level of supervision Resident 26 required to promote his safety and the safety of other residents while managing the resident's dementia related behavioral symptoms. 28 Pa. Code 211.12 (d)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395484	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Luzerne	463 North Hunter Hwy Drums, PA 18222

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276 Based on a review of clinical records and staff and resident interviews, it was determined that the facility failed to provide medically related social services for one resident out of the five sampled (Resident 22). Findings include: A clinical record review revealed that Resident 22 was admitted to the facility on [DATE], with diagnoses that included hemiparesis (a weakness or inability to move one side of the body) and chronic obstructive pulmonary disease (COPD is a condition caused by damage to the airways or other parts of the lung that blocks airflow and makes it hard to breathe). A review of a quarterly Minimum Data Set assessment (MDS - a federally mandated standardized assessment process conducted periodically to plan resident care) dated March 19, 2024, revealed that Resident 22 is cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status- a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13-15 indicates cognition is intact). Resident 22's care plan, last revised April 4, 2024, noted that the resident would like to find housing in the community. Interventions planned to meet this discharge goal included making referrals to appropriate resources, discussing progress, status, and needs, assisting the resident with coordination, and obtaining housing applications. A social services progress note dated December 19, 2023, at 2:47 PM indicated that social services was looking into completing referrals to other facilities in order for Resident 22 to be closer to her family. A social services progress note dated January 15, 2024, at 11:32 AM indicated that the resident expressed concerns regarding the need to be closer to home. The entry noted that Resident 22 believed she was accepted at another nursing facility and would like to transfer to be closer to home. A social services progress note dated January 24, 2024, at 8:56 AM indicated that social services contacted the nursing facility to which Resident 22 wished to transfer but the facility declined to accept the resident. A social services progress note dated January 30, 2024, at 12:26 PM indicated that Resident 22 was interested in transferring to a facility closer to her family. The note indicated that referrals were being made to various facilities. A social services progress note dated February 5, 2024, at 3:47 PM indicated that social services met with the resident and assured her referrals were in progress, but it takes time for facilities to review information and find openings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395484	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Luzerne	463 North Hunter Hwy Drums, PA 18222

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A social services progress note dated February 23, 2024, at 10:57 AM indicated that the resident was waiting on documents to complete the Medicaid application for long-term care coverage in order to transfer to a facility closer to home. A social services progress note dated April 4, 2024, at 1:25 PM indicated that social services met with the resident, at the resident's request, to assist with the completion of a county housing application, including copying requested documents. The entry noted that a copy was given to Resident 22, and the original was to be mailed to the housing authority. A review of the resident's clinical record conducted during the survey ending June 18, 2024, revealed no further documented evidence of discharge planning, including referrals, applications, or status updates for the resident's desired transfers made on behalf of Resident 22 after the social service progress note dated April 4, 2024. A social services progress note dated June 12, 2024, indicated that Resident 22 is in long-term care at the facility but is interested in finding housing. The note indicated that social services had previously assisted the resident with an application for county housing. During an interview on June 18, 2024, at 9:15 AM, Resident 22 stated that she wants to be discharged to live independently or live in a facility closer to her family. She explained that she has been trying to discuss this concern with the social services staff for a while, but no one will come to talk with her. Resident 22 stated that she asked the nurse to tell social services that she would like to discuss her discharge plans about a week ago, but to date, social services staff have not met with her to discuss her discharge. During an interview on June 18, 2024, at approximately 10:30 AM, the Director of Social Services was unable to provide evidence of discharge planning documentation, including referrals, applications, or status updates made with, or on behalf of Resident 22, from April 4, 2024, through the date of the survey on June 18, 2024. During an interview on June 18, 2024, at approximately 1:30 PM, the Director of Nursing (DON) and Nursing Home Administrator (NHA) confirmed that it is the facility's responsibility to provide medical-related social services including transitions of care, referrals, and discharge planning. The DON and NHA were unable to provide documented evidence of discharge planning, including referrals, applications, or status updates made with or on behalf of Resident 22 from April 4, 2024, through the date of the survey on June 18, 2024. 28 Pa. Code 201.29 (a) Resident rights 28 Pa. Code 211.16 (a)(1) Social services.