

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395506	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2025
NAME OF PROVIDER OR SUPPLIER  Kadima Rehabilitation & Nursing at Palmyra		STREET ADDRESS, CITY, STATE, ZIP CODE  341 North Railroad St Palmyra, PA 17078	
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>Based on clinical record review, staff interview, and review of hospital records, it was determined that the facility failed to readmit a resident after a transfer to the hospital for one of three sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 resided in the facility since October 29, 2024, and had diagnoses that included heart failure, kidney disease, diabetes, depression, and a history of suicidal behavior. On April 29, 2025, a nurse noted that the resident was found biting on the cord to her bed control and that she stated, I want to kill myself. The resident was transferred to the hospital for a psychiatric evaluation. According to the hospital records, the resident was evaluated in the hospital by the psychiatrist and was deemed safe to return to the facility on May 3, 2025. Hospital records further indicated that the facility informed them that they would not take the resident back.</p> <p>In an interview on May 30, 2025, at 9:50 a.m., the Regional Director of Operations for the facility confirmed that they failed to readmit the resident back to the facility.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</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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