

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  02/04/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, it was determined that the facility failed to ensure that recommendations from a consultant physician were implemented for one of four sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included diabetes, history of sepsis, resistance to multiple antimicrobial drugs, dementia and chronic kidney disease. The Minimum Data Set assessment dated [DATE], indicated that he had memory impairment. On January 19, 2026, a physician ordered for an endocrinologist to evaluate and treat the resident. On January 21, 2026, a nurse practitioner endocrinologist conducted an evaluation. Review of the endocrinologist's note revealed that Resident 1 had diagnoses that included diabetes with hyperglycemia and neuropathy and Stage IV chronic kidney disease. At that time, the endocrinologist made recommendations for laboratory (lab) tests to be completed, including blood work to test his blood sugar levels and thyroid function. In addition, the endocrinologist recommended a consultation by a nephrologist (kidney specialist). There was no evidence that the lab tests had been ordered and/or completed as recommended by the endocrinologist. In addition, there was no evidence that a consultation by a kidney specialist was ordered as recommended by the endocrinologist. In an interview on February 4, 2026, at 12:27 p.m., the Administrator stated that the recommendations from the endocrinologist had not been acted upon nor addressed by the resident's attending physician. CFR 483.25 Quality of Care Previously cited 7/3/25.28 Pa. Code 211.12(d)(1)(3)(5) 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395506
		If continuation sheet Page 1 of 2

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  02/04/2026
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physician ordered medication was available from the pharmacy for one of four sampled residents. (Resident 2) Findings include: Clinical record review revealed that Resident 2 had diagnoses that included a traumatic brain injury, seizures, a stroke, and dysphagia (difficulty with swallowing). The Minimum Data Set assessment dated [DATE], indicated that he had memory impairment. A review of the care plan revealed a problem area of an altered neurological status due to head trauma and seizures. There was an intervention for staff to administer medications as ordered by the physician. On July 23, 2023, a physician ordered for staff to administer a scopolamine transdermal, non-invasive, patch every three days for increased secretions and to remove per the schedule. Review of the January 2026 Medication Administration Record (MAR) revealed that on January 3, 6, and 30, 2026, the scopolamine patch had not been applied, was coded hold, and to see the nursing notes on the MAR. Review of the nursing notes for January 3, 6, and 30, 2026, indicated that the scopolamine patch had not been applied because it was not available from the pharmacy. In an interview on February 4, 2026, at 1:00 p.m., the Director of Nursing confirmed that the scopolamine patch had not been applied as ordered by the physician on the dates listed above because it had not been available from the pharmacy. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(1)(3) Management. 28 Pa. Code 211.12(d)(3)(5) Nursing services.</p>		