| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395506 | A. Building<br>B. Wing | 06/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kadima Rehabilitation & Nursing at Palmyra | 341 North Railroad St<br>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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>Based on clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that physician prescribed medications were administered as ordered to three of six sampled residents. (Residents 1, 2, 6)Findings include:Clinical record review revealed that Resident 1 had diagnoses that included heart failure and anemia. Review of a physician consult sheet dated April 16, 2026, revealed the resident was to have his Entresto (a medication used to treat heart failure) increased to 49/51 milligrams (mg) twice daily. Review of Resident 1's Medication Administration Record (MAR) for April 2026 revealed that the medication was not increased until April 29, 2026, 12 days after the initial order to increase.Clinical record review revealed that Resident 2 had diagnoses that included anxiety, convulsions, and aphasia (difficulty speaking). Review of Resident 2's MAR for May 2026, revealed that staff was to administer Ativan (antianxiety medication) twice a day for anxiety. Review of the nurse's notes dated May 29, 30 and 31, 2026, revealed the Ativan was not administered for five doses because it was unavailable. Clinical record review revealed Resident 6 had diagnoses that included shortness of breath and respiratory failure. Review of Resident 6's MAR for May 2026, revealed staff were to administer Flonase nasal spray twice a day. Review of the nurse's notes dated May 26 and 28, 2026, revealed the Flonase was not administered for two doses because it was unavailable.Observations of the house stock and emergency medication supply on June 1, 2026, at 10:35 a.m., revealed Ativan and Flonase were available.In an interview on June 1, 2026, at 11:06 a.m., the Regional Clinical Director confirmed that Resident 1's medication change was not addressed in a timely manner and that staff should have used the available Ativan and Flonase to administer the physician ordered medications to Residents 2 and 6.28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services. |

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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