

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2025
NAME OF PROVIDER OR SUPPLIER  Kadima Rehabilitation & Nursing at New Castle		STREET ADDRESS, CITY, STATE, ZIP CODE  715 Harbor Street New Castle, PA 16101	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on review of facility policy, observations and staff interview, it was determined that the facility failed to ensure that food was stored in accordance with standards for food safety for three of three kitchen refrigerators and four of four kitchen freezers and corresponding temperature logs reviewed. Findings include: A facility policy entitled, Equipment Temperature Logs dated 6/18/25, revealed, The Dining Services Manager will use the Refrigeration and Freezer Temperature Log to record the temperatures of all refrigerators and freezers on a daily basis. Review of the refrigeration and freezer temperature logs for the kitchen revealed two temperature log sheets, one for the main kitchen and one for the basement refrigeration. Review of the main kitchen log for the dates from August 1, 2025, through August 27, 2025, revealed that the main kitchen log had 216 opportunities (twice daily) to record temperatures for two refrigerators and two freezers and only had 104 refrigerator and freezer temperatures recorded, leaving 112 opportunities where temperatures were not recorded for monitoring. Review of the basement refrigeration temperature log for the dates of August 1, 2025, through August 27, 2025, revealed that there were two freezers and one refrigerator, and the temperature log from August 8, 2025, through August 27, 2025, had zero recorded temperatures for monitoring. During an interview on 8/28/25, at 10:00 a.m. the Dietary Manager confirmed that the refrigerator and freezer temperatures were not being recorded as required to monitor for morning and evening temperatures daily. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(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
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