

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 01/08/2026
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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and staff interview, it was determined that the facility failed to send copies of notice of discharge to the representative of the Office of State Long-Term Care (LTC) Ombudsman for one of one residents reviewed (Resident R1). Findings include: Resident R1's clinical record revealed an admission date of 6/22/24, with diagnoses that included Type 2 Diabetes with a foot ulcer (A chronic condition in which the body either does not produce enough insulin or does not use insulin effectively with an open area caused by nerve damage and poor circulation), Human Immunodeficiency Virus (HIV, a virus that attacks the body's immune system), history of harm to self and post traumatic stress disorder (PTSD, a mental health condition triggered by experiencing or witnessing a traumatic event). Departmental notes indicated that Resident R1 was transferred to the hospital on [DATE], and given a letter of eviction on 10/22/25. There was no evidence that the Office of the State LTC Ombudsman was notified. During an interview on 1/8/25, at approximately 3:25 p.m. the Nursing Home Administrator confirmed that the facility failed to notify the Office of the State LTC Ombudsman of Resident R1's transfer and discharge from the facility. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.29(a) Resident rights		

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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