STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395524	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at New Castle	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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. Based on review of clinical records and staff interviews, it was determined that the facility failed to ensure that the physician signs and dates all orders during each of his/her visits for six of 20 residents reviewed (Residents R7, R11, R23, R59, R60, and R61). Findings include: Resident R7's clinical record revealed an admission date of 8/16/22, with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing), Dementia (loss of cognitive functioning affecting a persons memory and behaviors), and Diabetes (a health condition caused by the body's inability to produce enough insulin). Resident R7's clinical record revealed the last time his/her physician reviewed, signed, and dated his/her physician orders was on 10/21/24. Resident R11's clinical record revealed an admission date of 1/21/22, with diagnoses that included Diabetes, Epilepsy (a chronic brain disorder which a group of nerve cells or neurons will sometimes send wrong signals and cause a seizure which temporarily affects your consciousness, muscle control, and behavior) and Bipolar Disorder (a mental health condition where you experience extreme mood swings that include emotional highs and lows. It causes significant shifts in mood, energy, activity levels, and concentration, affecting a person's overall functioning). Resident R11's clinical record revealed the last time his/her physician reviewed, signed and dated his/her physician orders was on 11/20/24. Resident R23's clinical record revealed an admission date of 11/24/22, with diagnoses that included Cerebral Palsy (a brain disorder that appears in infancy or early childhood, permanently affecting body movement and muscle coordination. It is caused by changes in the developing brain that disrupts its ability to control movement and maintain posture and balance), Gastroesophageal reflux disease (GERD - happens when stomach acid flows back up into the esophagus and causes heartburn), and COPD. Resident R23's clinical record revealed the last time his/her physician reviewed, signed and dated his/her physician orders was 1/7/25. Resident R59's clinical record revealed an admission date of 3/31/22, with diagnoses that included COPD, Schizoaffective Disorder (a mental health condition that can be a mix of symptoms such as hallucinations [seeing things or hearing voices that other don't], delusions [believing things that are not real or true], and depression [persistent feeling of sadness loss of interest in activities once enjoyed]), and Colon Cancer. Resident R59's clinical record revealed the last time his/her physician reviewed, signed, and dated his/her physician orders was 1/23/24. Resident R60's clinical record revealed an admission date of 3/4/26, with diagnoses that included Paraplegia (the loss of the ability to move, and sometimes to feel anything in the legs or lower body, typically caused by a spinal injury or disease), COPD, and GERD. Resident R60's clinical record lacked evidence of the last time his/her physician reviewed, signed, and dated his/her physician orders. Resident R61's clinical record revealed an admission date of 2/7/25, with diagnoses that included COPD, High Blood Pressure, and GERD. Resident R61's clinical record lacked evidence of the last time his/her physician reviewed, signed, and dated his/her physician orders. During an interview on 5/7/2026, at 2:20 p.m. the above information was discussed and reviewed with Director of Nursing and that the physician is required to sign and date all orders during their visits and Residents R7, R11, R23, R59, R60, and R61's clinical records lacked evidence of this being completed as required. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.5(f)(i) Medical records

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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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. Based on review of facility policy, clinical records and staff interviews, it was determined that the facility failed to make certain that necessary resident information was communicated to the receiving healthcare provider upon transfer to the hospital for two of four residents reviewed for hospitalization (Residents R4 and R59) and that the facility failed to provide the resident and/or resident representative with a written notice of the facility bed-hold policy (explanation of how long a bed can be held during a leave of absence and the cost per day) upon or within twenty-four hours of transfer for one of four residents reviewed for hospitalization (Closed Record Resident CR64). Findings include: Facility policy entitled Transfer and Discharge dated 12/17/25, revealed This facility will provide notice to its residents of the facility's bed-hold policies and readmission policies prior to transfer of a resident for hospitalization or therapeutic leave. Facility policy entitled Transfer Form Instructions dated 12/17/25, revealed Should it become necessary to transfer a resident from the facility, a Transfer Form will be executed and forwarded with the resident. Resident R4's clinical record revealed an admission date of 3/6/26, with diagnoses that included Idiopathic peripheral autonomic neuropathy (nerve damage to the peripheral nervous system with no identifiable cause despite medical evaluation causing numbness, tingling, burning in the feet or hands), generalized muscle weakness, abnormalities of gait immobility, needing assistance with personal care. Resident R4's progress notes revealed notes dated 1/23/26 and 2/8/26, indicating a transfers to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. Resident R59's clinical record revealed an admission date of 3/31/22, with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing), Schizoaffective Disorder (a mental health condition that can be a mix of symptoms such as hallucinations [seeing things or hearing voices that other don't], delusions [believing things that are not real or true], and depression [persistent feeling of sadness loss of interest in activities once enjoyed]), and Colon Cancer. Resident R59's progress notes revealed a note dated 1/9/26, indicating a transfer to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. During an interview on 5/8/26, at 11:00 a.m. the Director of Nursing (DON) confirmed that Residents R4 and R59's clinical records lacked evidence that the necessary clinical information was provided to the receiving health care provider. Resident CR64's clinical record revealed an admission date of 3/13/26, with diagnoses that included pneumonia, muscle weakness, abnormalities of gait and mobility, and need for assistance with personal care. Resident CR64 was transferred to the hospital on 4/14/26. The clinical record lacked documentation indicating that Resident CR64 and/or their representative were provided with a copy of the facility bed-hold policy. During an interview on 5/08/26, at 11:10 a.m. the Admissions and Social Services Coordinator confirmed that Resident CR64 and/or their representative were not provided with a copy of the facility bed-hold policy when transferred to the hospital on 4/14/26, and should have been provided to further explain how long his/her bed could be held during a leave of absence and the cost per day. 28 Pa. Code 201.18(e)(1) Management

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and manufacturer's guidelines, observation, and staff interview, it was determined that the facility failed to appropriately date and store medications in one of two nursing medication rooms (West).Findings include: Facility policy entitled Labeling of Medications dated [DATE], revealed Multi-does vial medications must be dated when opened for determination of discard date based on manufacturer's instructions. And Multiple dose vials must be dated at the time they are opened for use. Medications are considered expired from open date based on manufacturer's instructions. Manufacturer's guidelines revealed that a vial of Tubersol (a skin testing agent for tuberculosis) which has been entered and in use for 30 days should be discarded. Observation on [DATE], at 12:27 p.m. of [NAME] Wing Med Room, revealed an open vial of Tubersol without an open date marked on the vial. During an interview at the time of observation, Licensed Practical Nurse (LPN) Employee E1 confirmed that the open vial of Tubersol was opened and not dated, therefore they were unable to determine if the vial was in use for 30 days. LPN Employee E1 also confirmed that the Tubersol vial should have been dated when it was opened. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services