STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395590	A. Building B. Wing	06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Lititz	125 South Broad Street Lititz, PA 17543

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 35913 Based upon review of the clinical record and facility documentation, it was determined the facility failed to follow physician orders for one of twelve residents reviewed (Resident 28). Findings include: Review of Resident 28's physician orders revealed an order dated February 29, 2024, for Dermal sleeves [worn to protect skin] to bilateral lower extremities for protection. Remove to assess skin. May remove for care/showers then reapply. Review of Resident 28's active plan of care revealed tubigrips [sleeves worn to protect skin] to bilateral legs at all times. Review of documentation dated March 1, 2024, revealed Resident acquired a skin tear to right lower leg measuring 9 cm [centimeters] x 4 cm with adipose tissue exposed. Sanguineous drainage was noted. Resident c/o [complained of] pain upon dressing change but denied pain after. The resident did not have tubigrips during transfers. Resident has an order for dermal sleeves to BLE [bilateral lower extremities] to be worn for protection. Review of [community wound specialist] wound evaluation dated March 6, 2024, revealed 9.4 cm x 3.9 cm x 0.1 cm right lower lateral leg skin tear. Interview with the Director of Nursing and Nursing Home Administrator on June 7, 2024, at 11:00 a.m. confirmed Resident 28 was not wearing tubigrips as ordered by the physician on the lower extremities during the transfer. 28 Pa. Code 211.12(d)(1)(3) Nursing Services Previously cited 8/31/2023

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22502 Based on clinical record review, and staff interview, it was determined that the facility failed to ensure that necessary services were provided for one of one residents with a pressure ulcer (Resident 20). Findings include: Review of Resident 20's clinical record revealed that the resident was admitted on [DATE], with diagnoses of but not limited to stage 4 pressure ulcer (full thickness skin loss exposing underlying muscle, tendon, cartilage, or bone) of the sacral region (portion of spine between the lower back and tailbone and an unstageable pressure ulcer (pressure ulcer not stageable due to coverage of wound bed due to slough [non-viable yellow, tan, gray, green or brown tissue] and/or eschar [dead or devitalized tissue that is hard or soft in texture]) of the right heel. Review of Resident 20's wound consult of May 15, 2024, revealed new recommendations for an x-ray of the right heel to rule out osteomyelitis (bone infection) and a wound culture of the right heel. A follow up wound consult of May 22, 2024, again recommended a wound culture of the right heel. Review of physician's order dated May 22, 2024, indicated to obtain a wound culture of the right heel. Review of the clinical record revealed no evidence that the wound culture was obtained. An additional physician's order of May 29, 2024, instructed staff to swab the right heel for a wound culture. Further review of the clinical record revealed no evidence that the wound culture was obtained. Interview with the Nursing Home Administrator on June 7, 2024, at 2:00 p.m. confirmed that the wound culture was not obtained as ordered. 28 Pa. Code 211.5(f) Clinical records Previously cited 8/31/23 28. Pa. Code 211.12(d)(1)(3)(5) Nursing services

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 22502 Based on review of facility policy, observations, and interview with staff, it was determined that the facility failed to maintain appropriate sanitation during dishwashing. Findings include: Review of facility policy Low Temperature Dish Machine Temperatures & Sanitizer Testing, undated, revealed that the sanitizer levels are to be checked at each meal cycle using a chlorine test strip. This test is to be recorded during the rinse/sanitize cycle of the first test run of the dish machine. The chlorine strength value is to be recorded on the dish machine temperature and sanitizer monitoring log. If the test strip indicates a value greater than or lesser than 50 ppm (parts per million), notify the Dining Services Manager and/or Administrator immediately for appropriate corrective action. Observation on June 7, 2024, at 9:37 a.m. in presence of Employee E4 revealed the sanitizer strip revealed a value of 10 ppm. Observation at the log for June 2024 revealed water temperatures were recorded but there was no documentation of sanitizer strength. Interview with Employee E4 at that time revealed that sanitizer is checked daily or sometimes every other day and is usually 200 ppm. Interview with the Nursing Home Administrator (NHA) on June 7, 2024, at 1:15 p.m. revealed that the log had been updated and the space to record the sanitizer had been omitted. The NHA also confirmed that the sanitizer should not have been 10 ppm and the service company had been contacted. 28 Pa. code 211.6(f) Dietary services

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 22502 Based upon observation, clinical record review, and interviews with staff, it was determined the facility failed to ensure enhanced barrier precautions were in place for residents requiring enhanced barrier precautions for one of one residents reviewed (Residents 20). Findings include: Observations of Resident 20's room on all days of the survey failed to reveal evidence of enhanced barrier precautions. Review of Resident 20's admission MDS (Minimum Data Set - periodic assessment of resident needs) dated May 15, 2024, revealed the resident had an in-dwelling catheter (flexible tube inserted into the bladder for removing fluid), ileostomy (opening in the abdominal wall for the end of the small intestine to pass out digested food into a pouch), a stage 4 pressure ulcer (full thickness skin loss exposing underlying muscle, tendon, cartilage, or bone) of the sacral region (portion of spine between the lower back and tailbone and an unstageable pressure ulcer (pressure ulcer not stageable due to coverage of wound bed due to slough [non-viable yellow, tan, gray, green or brown tissue] and/or eschar [dead or devitalized tissue that is hard or soft in texture]) of the right heel. Interview with licensed staff Employee E3 on June 6, 2024, at 1:15 p.m. revealed that he/she was not aware of enhanced barrier precautions. Interview with the Nursing Home Administrator on June 7, 2024, at 11:33 a.m. confirmed that enhanced barrier precautions were not in place for Resident 20. 28 Pa. Code 211.5(f) Clinical records Previously cited 8/31/23 28 Pa. Code: 211.12(d)(1)(5) Nursing services Previously cited 8/31/23