STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Washington	1198 W. Wylie Avenue Washington, PA 15301

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 - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, observations and resident and staff interviews, it was determined that the facility failed to follow physician's orders for five of seven residents (Resident R1, R2, R3, R4, and R5).Findings include: Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - periodic assessment of care needs) dated 2/26/26, included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), history of deep vein thrombosis (DVT, is a blood clot that forms in a deep vein, usually in the leg or pelvis), and lymphedema (the build-up of fluid in soft body tissues). Review of the plan of care for high blood pressure and CHF (congestive heart failure) dated 2/26/26, indicated to observe for signs and symptoms of CHF: SOB (shortness of breath), chest pain, edema (swelling caused by too much fluid trapped in the body's tissues), or elevated B/P (blood pressure). Review of the plan of care actual/potential risk for skin integrity impairment indicated the care plan was updated on 3/6/26, stating, Lymphedema. Review of a wound nurse practitioner's note dated 3/6/26, indicated Patient needs AeroWrap (air-inflatable compression system designed to treat lower limb edema and chronic venous insufficiency) inelastic compression for all day wear with 30-50 mmHg (millimeters of mercury, scale used to measure pressure) gradient for lymphedema management. Review of a wound nurse practitioner's note dated 3/13/26, indicated Patient needs AeroWrap inelastic compression for all day wear with 30-50 mmHg gradient for lymphedema management. Review of a wound nurse practitioner's note dated 3/20/26, indicated Patient needs AeroWrap inelastic compression for all day wear with 30-50 mmHg gradient for lymphedema management. Review of a wound nurse practitioner's note dated 3/27/26, indicated Patient needs AeroWrap inelastic compression for all day wear with 30-50 mmHg gradient for lymphedema management. Review of Resident R1's physician's orders failed to include an order for AeroWraps, or any other type of compression device to alleviate lower leg edema. During an interview on 3/27/26, at 12:49 p.m. Resident R1 confirmed she does not have any compression stockings, and stated, I need them. Observation at this time revealed Resident R1's lower legs to be edematous, with indentations present at the top of her socks. Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of high blood pressure, heart failure, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of the plan of care dated 8/28/24, indicated Resident R2 has fluid volume excess related to cardiac disease and included in the interventions was, Apply B/L (bilateral) knee high TED hose (Thrombo-Embolic Deterrent are specialized compression stockings to prevent blood clots). Review of physician's order dated 7/16/25, indicated, Apply ace wraps (elastic bandages) to b/l lower exts (extremities). Review of Resident R2's TAR (treatment administration record) for March 2026, indicated that Licensed Practical Nurse (LPN) Employee E2 had applied Resident R2's ace wraps on 3/27/26. During an observation on 3/27/26, at 2:14 p.m. Resident R2 was noted not to have his ace wraps applied. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of heart failure, atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat), and (continued on next page)

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	lymphedema. Review of the plan of care dated 3/3/26, indicated Resident R3 has fluid volume excess related to lymphedema and included in the interventions was, Place ace wraps to bilateral lower extremities from base of toes to one inch below knee qam (every morning). Review of physician's order dated 3/2/26, indicated, Place ace wraps to bilateral lower extremities from base of toes to one inch below knee every AM. Review of Resident R3's TAR for March 2026, failed to include documentation that Resident R3's ace wraps were applied on 3/3/26, 3/4/26, 3/5/26, 3/6/26, 3/7/26, 3/8/26, 3/9/26, 3/11/26, 3/13/26, 3/15/26, and 3/20/26. Further review of the TAR revealed that the order was ordered to be completed in the morning but incorrectly scheduled to be completed at night. During an observation on 3/27/26, at 2:16 p.m. Resident R3 was noted to have his ace wraps applied, with a large amount of blood present on the wraps. During an interview at this time, Resident R3 stated that staff don't always apply the ace wraps and confirmed that he cannot do so himself. Additionally, Resident R3 stated that when he does have them on, staff do not assist him to take them off, that he rings his light, but no one comes. Review of the clinical record indicated Resident R4 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels), atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat), and the need for assistance with personal care. Review of the plan of care dated 2/13/26, indicated Resident R4 required assistance with personal care and included in the interventions was, Bilateral below the knee TED hose daily. On in AM, off in PM. Review of physician's order dated 3/10/26, indicated, Bilateral below the knee TED hose daily, on in AM, off at hs (hour of sleep). Review of Resident R4's TAR for March 2026, indicated that LPN Employee E3 had applied Resident R4's ace wraps on 3/27/26. During an observation on 3/27/26, at approximately 2:20 p.m. Resident R4 was noted not to have her compression stockings applied. Review of the clinical record indicated Resident R5 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of Alzheimer's disease (a type of brain disorder that causes problems with memory, thinking and behavior), diabetes, and the need for assistance with personal care. Review of the plan of care dated 4/8/25, indicated Resident R5 has fluid volume excess and included in the interventions was, [NAME] hose BLE (bilateral lower extremities) on every am/off every HS. Review of physician's order dated 7/29/25, indicated, Apply ted hose every day shift for edema. Review of Resident R5's TAR for March 2026, failed to include documentation that Resident R3's ace wraps were applied on 3/4/26, 3/5/26, 3/6/26, 3/7/26, 3/8/26, 3/9/26, 3/10/26, and 3/11/26. Further review indicated that RN Employee E4 had applied Resident R5's ace wraps on 3/27/26. During an observation on 3/27/26, at approximately 2:24 p.m. Resident R5 was noted not to have her compression stockings applied. When Resident R5 asked Registered Nurse (RN) Employee E1 how they looked, RN Employee E1 stated, Swollen, as usual. During an interview on 3/27/26, at approximately 3:00 p.m. the Nursing Home Administrator confirmed that the facility failed to follow physician's orders for five of seven residents . 28 Pa. Code 201.18 (b)(1) Management.28 Pa. Code 201.29(d) Resident rights.28 Pa. Code 211.10 (c)(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on review of facility policy, resident observations, resident interviews and confidential staff interviews, and grievance review, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of five of eight residents (Resident R1, R3, R6, R7, and R8).Findings Include: Review of the facility policy Nursing Department Staff dated 1/7/26, indicated the facility will provide services by sufficient numbers of personnel on a 24-hour basis to provide nursing care to all resident sin accordance with resident care plans. Review of the facility policy Call Light Response dated 1/7/26, indicated, Staff will respond to the call light and the resident's requests and needs in a timely manner. During an interview on 3/27/26, at approximately 11:25 a.m., when asked if the facility maintained sufficient staff, Resident R6 stated, No, and they need better staff. Half don't do their job; they sit there and screw around. When asked if they receive showers, Resident R6 stated that it depends on which aides are on shift. Resident R6 further confirmed that they have urinated on themselves while waiting for staff to respond to the call light. During an interview on 3/27/26, at approximately 12:49 p.m. Resident R1 stated that she felt there was not sufficient staff, and they sometimes only have four aides (nurse aides) for the entire building. Observation at this time revealed Resident R1 had facial hair on her chin. During an interview on 3/27/26, at approximately 1:15 p.m. when asked if the facility maintained sufficient staff, Resident R7 stated, No. When asked what was lacking due to care, she stated that she has to wait a long time for call light response, particularly at night. During an interview on 3/27/26, at approximately 1:25 p.m. when asked if the facility maintained sufficient staff, Resident R8 stated, It could be more. During an observation on 3/27/26, at 2:16 p.m. Resident R3 was noted to have his ace wraps applied, with a large amount of blood present on the wraps. During an interview at this time, Resident R3 stated that staff don't always apply the ace wraps and confirmed that he cannot do so himself. Additionally, Resident R3 stated that when he does have them on, staff do not assist him to take them off, that he rings his light, but no one comes. Review of Resident Council minutes dated 2/5/26, indicated concerns regarding ice water not being provided and that nursing staff are not very nice. Review of Resident Council minutes dated 3/5/26, indicated concerns regarding ice water not being provided, call light response times, struggling to know who their aide is. During an interview on 3/27/26, at approximately 3:00 p.m. the Nursing Home Administrator confirmed that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of five of eight residents. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(e)(6) Management. 28 Pa. Code: 201.20(a) Staff development.28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, clinical records and staff interviews, it was determined that the facility failed to schedule a follow-up appointment for one of four residents (Resident R1).Findings include: Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - periodic assessment of care needs) dated 2/26/26, included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), history of deep vein thrombosis (DVT, is a blood clot that forms in a deep vein, usually in the leg or pelvis), and lymphedema (the build-up of fluid in soft body tissues). Review of the plan of care for high blood pressure and CHF (congestive heart failure) dated 2/26/26, indicated to observe for signs and symptoms of CHF: SOB (shortness of breath), chest pain, edema (swelling caused by too much fluid trapped in the body's tissues), or elevated B/P (blood pressure). Review of the plan of care actual/potential risk for skin integrity impairment indicated the care plan was updated on 3/6/26, stating, Lymphedema. Review of a nurse practitioner's note dated 2/24/26, indicated Resident R1 had a diagnosis of lymphedema. Review of the Assessment/Plan section of the note indicated, Lymphedema: on diuretics, needs f/u (follow-up) with lymphedema clinic. Review of a physician's note dated 2/25/26, indicated Resident R1 had a diagnosis of lymphedema. Review of the Assessment/Plan section of the note indicated, Lymphedema: chronic, on diuretics, needs f/u with lymphedema clinic as outpatient. Review of a nurse practitioner's note dated 3/3/26, indicated Resident R1 had a diagnosis of lymphedema. Review of the Assessment/Plan section of the note indicated, Lymphedema: chronic, on diuretics, needs f/u with lymphedema clinic as outpatient. Review of Resident R1's clinical record failed to reveal an order for the appointment or an attempt to schedule the follow-up lymphedema appointment. During an interview on 3/27/26, at approximately 1:00 p.m. Registered Nurse Employee E1 confirmed that Resident R1 was not provided a follow-up appointment with the lymphedema clinic. During an interview on 3/27/26, at approximately 3:00 p.m. the Nursing Home Administrator confirmed that the facility failed to schedule a follow-up appointment for one of four residents. 28 Pa. Code: 211.16(a) Social services.