STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395679	A. Building B. Wing	05/25/2026

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, manufacturers recommendations, observation, clinical record review and staff interview, it was determined that the facility failed to reorder medications timely for one of three residents (Resident R1).Findings included:Review of facility policy Ordering and Receiving Medications from the Dispensing Pharmacy dated 1/7/26, indicated Medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt. If medications are not automatically refilled by the pharmacy, reorder medication refills three to five days in advance of need to assure an adequate supply is on hand, or seven days for Schedule II controlled substances, Department of Veterans Affairs prescriptions, and mail order prescriptions.Review of facility policy Medication Administration dated 1/7/26, indicated if a dose of regularly scheduled medication is withheld, refused, or given at other than the scheduled time, the space provided on the eMAR (electronic Medication Administration Record) for that dose is noted as refuse. A reason is documented in a progress note provided in the EMAR.Review of the clinical record indicated Resident R1 was re-admitted to the facility on [DATE], with diagnoses that included epilepsy (recurrent, unprovoked seizures caused by abnormal electrical activity in the brain), high blood pressure, and anxiety.Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 2/1/26, revealed the diagnoses remain current.Review of a physician order on 7/22/25, indicated to give Briviact (medication used to treat seizures) 100 mg two times a day related to epilepsy. Review of the progress notes revealed the following:-On 5/1/26, at 10:03 a.m. an eMAR note indicated Briviact Oral Tablet 100 mg awaiting medication from pharmacy. -On 5/1/26, at 6:38 p.m. an eMAR note indicated Briviact Oral Tablet 100 mg awaiting medication from pharmacy.-One 5/1/26, at 11:59 p.m. an On-Call note indicated an electronic prescription for Brivact 100 mg was entered on 5/1/26, at 9:46 a.m.Review of the care plan, initiated date 11/29/21, indicated to give medications as ordered. Monitor/document for side effects and effectiveness. Maintain a safe environment. Observe for signs and symptoms of impending seizure.During an interview on 5/8/26, at 10:05 a.m. RN Employee E1 stated Resident R1's medications did not arrive on 5/1/26, before the medications ran out. During an interview on 5/8/26, at 2:00 p.m. the Director of Nursing confirmed the facility failed to refill Resident R1's medication timely to prevent harm of an adverse reaction causing additional seizures and the resident being sent to the hospital for evaluation and treatment (Resident R1).28 Pa. Code 211.12(d)(1)(2)(5) Nursing Services

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