

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Lakeside		STREET ADDRESS, CITY, STATE, ZIP CODE 245 Old Lake Road Dallas, PA 18612	
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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, facility policy, payor source information, and resident and staff interviews, it was determined the facility failed to ensure timely access to necessary dental services for one Medicaid recipient (Resident 17) out of 13 residents reviewed. Findings include: A review of the facility policy titled Dental Services, last reviewed by the facility on March 15, 2026, revealed it is the facility policy to assist residents in obtaining routine and emergency dental care. The policy defined emergency dental services as services needed to treat an episode of acute pain in the teeth or gums, broken or damaged teeth, or any other problem of the oral cavity that requires immediate attention by a dentist. The policy indicated that all actions and information regarding dental services, including any delays related to obtaining dental services, will be documented in the resident's medical record. A clinical record review revealed Resident 17 was admitted to the facility on [DATE], with diagnoses that included chronic kidney disease (gradual loss of kidney function) and peripheral vascular disease (condition in which narrowed arteries reduce blood flow to the arms or legs). A review of Resident 17's annual Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated May 2, 2026, revealed that Resident 17 was cognitively intact with a BIMS score of 14 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 through 15 indicates cognition is intact). An external dental progress note dated October 27, 2025, documented that Resident 17 had multiple non-restorable teeth (teeth that cannot be repaired) and retained root tips (remaining portions of tooth roots left below or at the gumline after the crown of the tooth is lost). The dental provider documented that Resident 17 agreed to the extraction (removal) of six teeth and retained root tips so dentures could be fabricated. A physician clearance form dated October 28, 2025, documented medical clearance for the extraction of teeth numbered 13, 15, 26, 27, and 28. The physician instructed staff to hold Aspirin 81 milligrams for five days before the procedure. A nursing progress note dated January 15, 2026, documented that external dental services evaluated Resident 17 and that a date for multiple tooth extractions would be scheduled. The note further documented that the physician was notified. A nursing progress note dated May 8, 2026, documented that external dental services completed a routine dental consultation for Resident 17. During an interview on July 21, 2026, at 7:16 PM, Resident 17 stated he had experienced intermittent (occurring on and off) tooth pain for several months related to cracked teeth. He stated he had been waiting for the planned tooth extractions so dentures could be made. Resident 17 further stated that a dental hygienist had cleaned his teeth, but he had not been evaluated by a dentist for several months. A continued clinical record review revealed no documentation that the planned tooth and retained root extractions were completed. The clinical record also lacked documentation explaining the delay in providing the extractions or documenting (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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ongoing efforts to obtain the required dental services. In addition, the record contained no documented evidence that the extractions had been scheduled for a future appointment during the period from the October 27, 2025, dental evaluation through the survey. During an interview on July 23, 2026, at 9:15 AM, the above findings were reviewed with the director of nursing (DON) and nursing home administrator (NHA). The DON and NHA were unable to provide documentation explaining the delay in Resident 17's planned tooth and retained root extractions or documentation demonstrating that the procedure had been scheduled. The facility did not provide documentation that the extractions were scheduled until after the survey team requested supporting information during the week of the survey ending on July 23, 2026. The facility failed to ensure Resident 17 received timely and necessary dental services. 28 Pa Code 211.12 (c)(d)(3)(5) Nursing services. 28 Pa Code 211.10 (c) Resident care policies.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of select facility policies, clinical records, observations, and staff interviews, it was determined the facility failed to implement infection prevention and control practices in accordance with facility policy to prevent the transmission of rhinovirus for two of 13 residents reviewed (Resident 14 and Resident 23) and to implement transmission-based precautions for one of 13 residents reviewed (Resident 23). Findings include: According to the Centers for Disease Control and Prevention (CDC) guidance titled 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (Updated September 2024), droplet precautions are intended to prevent transmission of pathogens (organisms that cause disease) spread through close respiratory or mucous membrane contact with respiratory secretions (substances produced by the body such as mucus). Infectious agents for which droplet precautions are indicated include rhinovirus (the most common viral agent in humans and the predominant cause of the common cold). A single patient room is preferred for patients who require droplet precautions. Healthcare personnel wear a mask for close contact with infectious patients; the mask is donned upon room entry. Droplet precautions for rhinovirus should be implemented for the duration of the illness. A review of the facility policy titled Infection Control-Prevention, Control, and Antibiotic Stewardship, last reviewed by the facility on March 15, 2026, revealed it is the facility policy to help prevent the development and transmission of communicable diseases and infections. The policy indicates guidelines for droplet precautions include appropriate signage is placed on the outside of the resident's door when the resident is diagnosed with an infectious droplet agent. Residents may be placed in a private room. If a private room is not available, the resident may be placed in a room with a resident who has an active infection with the same organisms but no other infection (cohorting). A review of the facility policy titled Undiagnosed Respiratory Illness Policy, last reviewed by the facility on March 15, 2026, revealed it is the facility policy to implement evidence-based infection prevention and control practices to minimize the spread of the respiratory viruses, including, but not limited to, rhinovirus and enterovirus. Identified residents will be placed on droplet precautions (infection control measures used to prevent the spread of respiratory illnesses transmitted through respiratory droplets) and encouraged to wear masks outside of the room; signage will be posted at the door requiring visitors and staff to wear masks. Residents testing positive will cohort pending bed availability. A clinical record review revealed Resident 23 was admitted to the facility on [DATE], with diagnoses that included dementia (a condition characterized by the loss of cognitive functioning such as thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities). A review of Resident 23's quarterly Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated May 7, 2026, revealed that Resident 23 was cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 through 15 indicates cognition is intact). A clinical record review revealed Resident 14 was admitted to the facility on [DATE], with diagnoses that included Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination). A review of Resident 14's quarterly MDS assessment dated [DATE], revealed that Resident 14 was cognitively intact with a BIMS score of 14. A clinical record review revealed that Residents 14 and 23 shared the same room. A physician's order dated July 21, 2026, at 7:00 AM (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	directed that Resident 23 be placed on droplet precautions every shift due to respiratory symptoms.A nurses' progress note dated July 21, 2026, at 11:40 AM documented the resident representative was notified of Resident 23's respiratory symptoms and new orders for a respiratory panel and droplet precautions.A nurses' progress note dated July 21, 2026, at 5:05 PM documented Resident 23 experienced generalized malaise (a general feeling of illness or discomfort) and a harsh, nonproductive cough.A nurses' progress note dated July 21, 2026, at 5:38 PM documented laboratory testing by polymerase chain reaction (PCR, a laboratory test that detects the genetic material of viruses) identified rhinovirus/enterovirus.A clinical record review revealed no evidence that Resident 14 exhibited signs or symptoms of a respiratory infection and no evidence that Resident 14 tested positive for rhinovirus (the most common viral cause of the common cold) or enterovirus (a group pf viruses that commonly spread from person to person and can cause respiratory illness).An observation on July 21, 2026, at 6:56 PM revealed Resident 23 resting in bed while Resident 14 remained in the shared room watching television. Resident 23 stated she had not been feeling well for several days and reported fatigue and a severe cough. No droplet precaution signage was posted outside the resident room to alert staff or visitors that infection prevention measures were required before entering.Observation on July 22, 2026, at 2:07 PM again revealed no droplet precaution signage posted outside Resident 23's room.During an interview on July 22, 2026, at 2:20 PM, Employee 1, Registered Nurse Supervisor, confirmed no droplet precaution signage had been posted outside Resident 23's room to notify staff or visitors of required infection prevention measures before entering.A progress note dated July 22, 2026, at 4:47 PM documented the facility notified Resident 14's resident representative regarding a rhinovirus outbreak within the facility.A nurses' progress note dated July 22, 2026, at 7:39 PM documented Resident 23 refused a shower because she did not feel well.A nurses' progress note dated July 23, 2026, at 1:21 PM documented Resident 23 continued to experience a slight nonproductive cough, nasal congestion, and weakness, although the resident reported feeling somewhat improved.A clinical record review revealed no documented evidence the facility offered either Resident 23 or Resident 14 a room change after Resident 23 developed respiratory symptoms or tested positive for rhinovirus. The clinical record also contained no documentation the facility discussed the risks of remaining in the same room with an individual who had an active rhinovirus infection.During an interview on July 23, 2026, at 10:30 AM, the Infection Preventionist confirmed facility policy required droplet precaution signage to be posted outside the resident's room so staff and visitors would implement required infection prevention measures before entering. The Infection Preventionist further confirmed facility policy required residents with infectious respiratory pathogens requiring droplet precautions to be isolated or cohorted when appropriate. The Infection Preventionist confirmed the facility did not offer Resident 23 or Resident 14 a room change and did not discuss the risks associated with continuing to share the same room after Resident 23 developed respiratory symptoms or after laboratory testing confirmed rhinovirus/enterovirus.During an interview on July 23, 2026, at 11:30 AM, the above information was reviewed with the nursing home administrator (NHA) and director of nursing (DON). 28 Pa Code 211.10(c)(d) Resident care policies.28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services.		