

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395758	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Harmony		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Evergreen Mill Road Harmony, PA 16037	

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)
<p>F 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review, observations and resident and staff interviews, it was revealed that the facility failed to prevent involuntary seclusion for one of six residents reviewed (Resident R5).</p> <p>Findings include:</p> <p>Review of the facility policy Abuse Protection reviewed 4/25/25, indicated the resident has the right to be free from verbal, physical, mental abuse, neglect, corporal punishment, and involuntary seclusion. Abuse means the infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish. Involuntary seclusion is defined as separation of a resident from other residents from his/her room or confinement to his/her room against the resident's will.</p> <p>Review of the Resident Rights reviewed 4/25/25, indicated the resident has the right to a dignified existence and self-determination. The facility will protect and promote the rights of each residents. Residents are to be treated with dignity and respect.</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions:</p> <p>13 - 15: cognitively intact</p> <p>8 - 12: moderately impaired</p> <p>0 - 7: severe impairment</p> <p>Review of the clinical record indicated Resident R5 was admitted to the facility on [DATE], with diagnoses that included anxiety, depression, and psychotic disorder.</p> <p>Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 5/24/25, indicated the diagnoses were current. Further review of the MDS, Section C: Cognitive Patterns; Question C0500 BIMS Summary Score indicated 15. Section GG: Functional Abilities; Question GG0170 Mobility D: indicated the resident was dependent-helper does all of the effort.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395758	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Harmony		STREET ADDRESS, CITY, STATE, ZIP CODE 191 Evergreen Mill Road Harmony, PA 16037	
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)		
<p>F 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 6/12/24, at 12:05 p.m. Resident R5's door was closed and was heard yelling open my door repeatedly. LPN, Employee E1 was observed opening Resident R5's door and stated Don't shut her door. Nurse Aide (NA), Employee E2 stated I shut her door because she is screaming at me. She sits there and tells me what to do. LPN, Employee E1 confirmed NA, Employee E2 closed Resident R5's door.</p> <p>During an interview on 6/12/25, at 12:08 p.m. Resident R5 stated NA, Employee E2 knows not to shut the door. Resident R5 indicated the door was shut for about five minutes. Resident R5 stated NA, Employee E2 shut the door because the food tray cart was open and NA, Employee E2 was on their phone.</p> <p>During an interview on 6/12/25, at 12:16 p.m. NA, Employee E2 stated Resident R5 was screaming to get off the phone and pass the lunch trays. NA, Employee E2 confirmed she closed Resident R5's door.</p> <p>During an interview on 6/12/25, at 12:55 p.m. the Nursing Home Administrator and Director of Nursing confirmed the facility failed to prevent involuntary seclusion for one of six residents (Resident R5).</p> <p>28 Pa. Code 201.14(b) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(2)(3) Management.</p> <p>28 Pa. Code 211.10(a)(c.)(d) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		