

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 02/24/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review and resident and staff interviews it was determined that the facility failed to provide Activities of Daily Living (ADL) assistance for three of four residents reviewed (Resident R1, R2, and R3). Findings include: Based on review of facility policy Activities of Daily Living, dated 1/19/26, indicated: The facility will, based on resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following of activities of daily living: bathing, dressing, grooming, and oral care. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1 Minimum Data Set (MDS- a periodic assessment of care needs) dated 12/17/25, indicated diagnosis of anemia (not having enough healthy red blood cells or hemoglobin to carry oxygen to the body's tissue), hypertension (when the pressure in in your blood vessels is too high), and BPH (prostate to increase in size). Section GG - Functional Abilities, Question GG0130E indicted the resident was coded at a 02 for substantial/maximal assistance for shower and bath; the ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Review of Resident R1 task card indicated Resident R1 is scheduled to receive a shower Wednesday and Saturday Day shift. Review of Resident R1 December 2025 shower documentation indicated no shower, or bath was provided on 3rd,6th,17th, 20th, and 27thJanuary 2026: 14th,17th,20th, and 27thFebruary 2026:4th During an interview on 2/ 23/26, at 12:57 p.m. Resident R1 indicated that he does not get showers consistently, he has to ask for them and does not always receive them, or they offered at night which is not his preference. Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of Resident R2 MDS dated [DATE], indicate diagnosis of malnutrition (refers to deficiencies, excesses imbalances in a person's intake of energy and/or nutrients), paraplegia (paralysis that affects your legs, but not your arms) and chronic pain syndrome (pain that last for over three months). Section GG - Functional Abilities, Question GG0130E indicated the resident was coded at a 01 for dependent helper does all of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity. Review of Resident R2 task card indicated Resident R2 is scheduled to receive a shower Friday and Tuesday. Review of Resident R2 December 2025 shower documentation indicated no shower or bath was given on 2nd,5th,9th,16th,19th, and 23rd.January 2026: 2nd, 6th, 30th.February 2026: 3rd. During an interview on 2/23/26, at 1:31 p.m. Resident R2 indicated that he prefers showers, and does not receive them consistently, that he likes showers over bed baths. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3 MDS dated [DATE], indicated diagnosis of Heart Failure (occurs when the heart muscle doesn't pump blood as well as it should), PVD (slow and progressive circulation disorder caused by narrowing blockage or spasms in a blood vessel), and thyroid disorder (thyroid gland does not make</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>enough thyroid hormones). Section GG- Functional Abilities, Question GG0130E indicated the resident was coded at a 03 for partial/moderate assistance - helper does less than half the effort. Helper lifts, holds, or supports the trunk or limbs, but provides less than half the effort. Review of Resident R3 task card indicated Resident R3 is scheduled to receive a shower Wednesday and Saturday day shift. Review of Resident R3 December 2025 shower documentation indicated no shower or bath was given on : 16th, 19th, and 23rd. January 2026: 2nd, 13th, and 20th. During an interview on 2/24/26, at 11:30 a.m. Director of Nursing was informed that the facility failed to offered baths and or showers on the dates listed above and that the facility failed to provide activities of daily living for Resident R1, R2 and R3. 28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(c)(d)(1)(3)(5) Nursing services.</p>		