

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395892	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Latrobe		STREET ADDRESS, CITY, STATE, ZIP CODE 576 Fred Rogers Drive Latrobe, PA 15650	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43856</p> <p>Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to provide a safe and sanitary environment in three of three soiled utility rooms.</p> <p>Findings include:</p> <p>The facility's policy for Infection Control, dated January 2, 2024, indicated that the facility is committed to preventing adverse outcomes such as health care associated infections and their related events, improving resident care by supporting the staff in all areas of the facility, minimizing occupational hazards associated with the delivery of healthcare, and fostering evidence-based decision making. The goal of the program is to provide a safe and sanitary environment.</p> <p>The facility's policy for the laundry process, dated January 2, 2024, indicated that proper laundry processing is done to ensure resident and facility linen items are correctly cleaned and stored.</p> <p>Observations of the facility's three separate utility rooms revealed that the rooms were full of soiled linen bags thrown on the floor.</p> <p>Interview with Laundry Attendant 1 on February 24, 2024, at 9:38 a.m. confirmed that all three laundry rooms were filled with soiled linen and resident personal laundry. She stated that the facility's washer and dryer have not been working and that the laundry was behind.</p> <p>Interview with the Regional Clinical Consultant on February 24, 2025, at 1:52 p.m. confirmed that resident laundry should be returned to the residents timely and revealed that there were negotiations at this time to have facility laundry sent out to be laundered. She confirmed that all three soiled utility rooms were filled with dirty linens and residents' personal laundry and that it was not sanitary.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</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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