

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 07/30/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record reviews, as well as staff interviews, it was determined that the facility failed to follow physician's orders for one of three residents reviewed (Resident 2).An admission Minimum Data Set (MDS) assessment (a mandatory assessment of a resident's abilities and care needs) for Resident 2, dated July 3, 2025, revealed that the resident was cognitively intact, needed assistance from staff for daily care needs, and had medical diagnoses that included infection of joint prosthesis and diabetes mellitus. Physician's orders for Resident 2 dated, June 28, 2025, included an order for the resident to receive 15 units of Glargine (insulin for diabetes mellitus) subcutaneously (injected into the skin) at bedtime, and take as needed when blood sugar is greater than 300 mg/dl, however, a review of Resident 2's June and July 2025 Medication Administration Record revealed no documented evidence that the residents blood sugar was being monitored per physician orders. Interview with the Director of Nursing on July 30, 2025 at 1:12 p.m. confirmed that there was no documented evidence that Resident 2's blood sugar was being monitored per physician orders. 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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