STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395892	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Latrobe	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of policies, clinical records and investigation documents, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from neglect by providing a food item the resident was allergic to for one of three residents reviewed (Resident 1), which resulted in an anaphylactic reaction requiring hospitalization.Findings include:The facility's abuse/neglect policy, dated August 13, 2025, indicated that each resident had the right to be free from abuse, corporal punishment, involuntary seclusion, neglect, and misappropriation of resident property.Neglect was defined as the failure to provide goods and services necessary to avoid physical harm, pain, mental anguish, or emotional distress. Neglect refers to failure through inattentiveness, carelessness, or omission to provide timely, consistent, safe, adequate, and appropriate services, treatment of care, including but not limited to nutrition medication, therapies, and activities of daily living.A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated February 2, 2026, revealed that the resident was cognitively impaired and could eat independently. An allergy report, dated October 31, 2025, indicated that Resident 1 had an allergy to tree nuts. There was no documented evidence that Resident 1's care plan included the resident's allergy to tree nuts until April 5, 2026,A nursing note for Resident 1, dated April 4, 2026, revealed that at 5:00 p.m. Registered Nurse 3 was notified that the resident had an emesis after being given chocolate and exhibited seizure like activity. Upon being returned to bed, the resident complained of abdominal pain. The resident was assessed by the registered nurse and had no stridor, facial swelling, or shortness of breath. The resident abdomen was distended and firm, and he was lethargic with a fixed stare. His respirations were shallow, he had a pulse oximetry (measures the amount of oxygen in your blood) 90% (normal is 95-100%), and 2 liters of oxygen was applied via nasal cannula (plastic tube that supplies oxygen through the nose). EMS (Emergency Medical Service) arrived and transported the resident to the hospital.Hospital records, dated April 4, 2026, revealed that the resident had a chocolate covered peanut and he did have a peanut allergy. He started developing facial swelling and shortness of breath, and was altered and short of breath upon EMS arrival. Upon transferring the resident to the stretcher, he became unresponsive and was given IM (intramuscular) epinephrine (medication used to reverse severe allergic reactions), his pulses were lost, CPR was started, and he was intubated (procedure that involves passing a tube into a person's airway to help a person breathe.) in the field. The resident was given epinephrine four more times. Upon arrival to the emergency department another ampule of epinephrine as well as Benadryl (medication used to treat allergic reactions) were given. Given the fact that the resident was on an epinephrine infusion, as well as intubated and on a ventilator, he was admitted . He was also given Solumedrol (corticosteroid used to help reduce inflammation and help with allergic reactions) intravenously. A Tryptase laboratory test (commonly used to assess mast cell activity, which plays a key role in allergic reactions and other immune responses), ordered April 4, 2026, and collected April 5, 2026, revealed that the result was 19.7 micrograms/Liter (mcg/L) (normal is less than 11mcg/L). His diagnoses were cardiac arrest, acute respiratory failure, and anaphylactic reaction (potentially life-threatening allergic reaction).A (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	witness statement for Nurse Aide 1, dated April 4, 2026, revealed that she offered Resident 1 a piece of chocolate for Easter, not realizing it contained tree nuts. This led her to mistakenly believe that the chocolate was safe. Around ten minutes later the resident was noted to have seizure like activity in the hallway and was throwing up chocolate. She was aware of the documented allergy to tree nuts, however, was confused because she had previously seen him consuming peanut butter products such as [NAME] bars and peanut butter and jelly sandwiches that came from dietary staff without issue. At that time she became aware of the potential risks and notified the nurse on the unit. She wondered if the chocolate that she gave contained a nut due to him throwing up the chocolate and being very ill.A witness statement for Licensed Practical Nurse 2, dated April l4, 2026, revealed that the resident had a light brown emesis and stated that his stomach hurt. The registered nurse Supervisor was notified. The resident fell back into a chair and started having seizure like activity. Nurse Aide 1 reported that she had given the resident [NAME] chocolate. While the nurse was getting vital signs, the resident became more lethargic and harder to arouse. The resident's vital signs were: blood pressure- 100/68, pulse-113, respirations-20, temperature- 97.8 degrees Fahrenheit, and his pulse oximetry was 68% on room air. Oxygen was placed on the resident at 4 liters per minute and EMS arrived at that time.A review of the [NAME] Collection of Assorted [NAME] Chocolates packaging indicated that [NAME]- contained premium hazelnut and milk chocolate (contains tree nuts), Raffaello- contained crispy, creamy coconut and almonds (contains tree nuts), and Rondnoir- contained fine wafer, creamy cocoa filling, and dark chocolate heart (may contain tree nuts).Interview with the Director of Nursing on April 23, 2026, at 12:50 p.m. confirmed that at the time of the incident, Nurse Aide 1 was aware of Resident 1's allergy to tree nuts; however, provided the resident a piece of chocolate that contained a possible allergen and should not have.Interview with the Director of Nursing on May 8, 2026, at 2:32 p.m. revealed that Nurse Aide 1 gave Resident 1 a piece of chocolate candy from a [NAME] assortment box. She was unable to identify which one she gave to Resident 1.28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(e)(10 Management.28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that care plans were updated to reflect residents' food allergies for one of three residents reviewed (Resident 1). Findings include:The facility's policy regarding care plans, dated August 13, 2025, indicated that the resident would be reassessed at least quarterly, and the care plan would be reviewed by the interdisciplinary team. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated February 2, 2026, revealed that the resident was cognitively impaired and could eat independently. An allergy report, dated October 31, 2025, indicated that Resident 1 had an allergy to tree nuts.A nursing note for Resident 1, dated April 4, 2026, revealed that at 5:00 p.m. the Registered Nurse 3 was notified that the resident had an emesis after being given chocolate and exhibited seizure like activity. Upon being returned to bed, the resident complained of abdominal pain. The resident was assessed by the registered nurse and had no stridor, facial swelling, or shortness of breath. The resident abdomen was distended and firm, and he was lethargic with a fixed stare. His respirations were shallow, he had a pulse oximetry (measures the amount of oxygen in your blood) 90% (normal is 95-100%), and 2 liters of oxygen was applied via nasal cannula (plastic tube that supplies oxygen through the nose). EMS (Emergency Medical Service) arrived and transported the resident to the hospital.However, there was no documented evidence that Resident 1's care plan was updated to include the resident's allergy to tree nuts until April 5, 2026, which included: food allergies would be included on the dietary slip, Medication Administration Record (MAR) and Kardex, give epinephrine right away and note the time it was given, and no food would be given to the resident until verified by the nurse to ensure that there are no food allergens.Interview with the Director of Nursing on April 23, 2026, at 12:50 p.m. confirmed that Resident 1's care plan was not updated to include food allergies prior to the incident.28 Pa. Code 211.12(d)(5) Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0806 Level of Harm - Actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents were not provided with foods that they were allergic to for one of three residents reviewed (Resident 1), resulting in an allergic reaction for the resident. This deficiency was cited as past non-compliance.Findings include:The facility's policy regarding a nutrition assessment, dated August 13, 2025, indicated that a nutrition assessment would be completed for each resident admitted to the facility. A nutrition assessment would be completed and include the following information: weight, height, hematologic data, nutritional intake, eating habits, food preferences and dislikes, dietary restrictions, diagnoses, other information deemed appropriate and necessary, and food allergies.A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated February 2, 2026, revealed that the resident was cognitively impaired and could eat independently. An allergy report, dated October 31, 2025, indicated that Resident 1 had an allergy to tree nuts. There was no documented evidence that Resident 1's care plan included the resident's allergy to tree nuts until April 5, 2026,A nursing note for Resident 1, dated April 4, 2026, revealed that at 5:00 p.m. the Registered Nurse 3 was notified that the resident had an emesis after being given chocolate and exhibited seizure like activity. Upon being returned to bed, the resident complained of abdominal pain. The resident was assessed by the registered nurse and had no stridor, facial swelling, or shortness of breath. The resident abdomen was distended and firm, and he was lethargic with a fixed stare. His respirations were shallow, he had a pulse oximetry (measures the amount of oxygen in your blood) 90% (normal is 95-100%), and 2 liters of oxygen was applied via nasal cannula (plastic tube that supplies oxygen through the nose). EMS (Emergency Medical Service) arrived and transported the resident to the hospital.Hospital records, dated April 4, 2026, revealed that the resident had a chocolate covered peanut and he did have a peanut allergy. He started developing facial swelling and shortness of breath, and was altered and short of breath upon EMS arrival. Upon transferring the resident to the stretcher, he became unresponsive and was given IM (intramuscular) epinephrine (medication used to reverse severe allergic reactions), his pulses were lost, CPR was started, and he was intubated (procedure that involves passing a tube into a person's airway to help a person breathe.) in the field. The resident was given epinephrine four more times. Upon arrival to the emergency department another ampule of epinephrine as well as Benadryl (medication used to treat allergic reactions) were given. Given the fact that the resident was on an epinephrine infusion, as well as intubated and on a ventilator, he was admitted . He was also given Solumedrol (corticosteroid used to help reduce inflammation and help with allergic reactions) intravenously. A Tryptase laboratory test (commonly used to assess mast cell activity, which plays a key role in allergic reactions and other immune responses), ordered April 4, 2026, and collected April 5, 2026, revealed that the result was 19.7 micrograms/Liter (mcg/L) (normal is less than 11mcg/L). His diagnoses were cardiac arrest, acute respiratory failure, and anaphylactic reaction (potentially life-threatening allergic reaction).A witness statement for Nurse Aide 1, dated April 4, 2026, revealed that she offered Resident 1 a piece of chocolate for Easter, not realizing it contained tree nuts. This led her to mistakenly believe that the chocolate was safe. Around ten minutes later the resident was noted to have seizure like activity in the hallway and was throwing up chocolate. She was aware of the documented allergy to tree nuts, however, was confused because she had previously seen him consuming peanut butter products such as [NAME] bars and peanut butter and jelly sandwiches that came from dietary staff without issue. At that time she became aware of the potential risks and notified the nurse on the unit. She wondered if the chocolate that she gave contained a nut due to him throwing up the chocolate and being very ill.A witness statement for Licensed Practical Nurse 2, dated April l4, 2026, revealed that the resident had a light brown emesis (continued on next page)

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F 0806 Level of Harm - Actual harm Residents Affected - Few	and stated that his stomach hurt. The registered nurse Supervisor was notified. The resident fell back into a chair and started having seizure like activity. Nurse Aide 1 reported that she had given the resident [NAME] chocolate. While the nurse was getting vital signs, the resident became more lethargic and harder to arouse. The resident's vital signs were: blood pressure- 100/68, pulse-113, respirations-20, temperature- 97.8 degrees Fahrenheit, and his pulse oximetry was 68% on room air. Oxygen was placed on the resident at 4 liters per minute and EMS arrived at that time.A review of the [NAME] Collection of Assorted [NAME] Chocolates packaging indicated that [NAME]- contained premium hazelnut and milk chocolate (contains tree nuts), Raffaello- contained crispy, creamy coconut and almonds (contains tree nuts), and Rondnoir- contained fine wafer, creamy cocoa filling, and dark chocolate heart (may contain tree nuts).Interview with the Director of Nursing on April 23, 2026, at 12:50 p.m. confirmed that at the time of the incident, Nurse Aide 1 was aware of Resident 1's allergy to tree nuts; however, provided the resident a piece of chocolate that contained a possible allergen and should not have.Interview with the Director of Nursing on May 8, 2026, at 2:32 p.m. revealed that Nurse Aide 1 gave Resident 1 a piece of chocolate candy from a [NAME] assortment box. She was unable to identify which one she gave to Resident 1.Following identification that Resident 1 was provided a piece of chocolate candy that caused him to have an allergic reaction and transfer to the hospital, the facility's corrective actions included:The facility transferred Resident 1 to the hospital for further evaluation and treatment. His care plan was updated to include a high risk allergy to tree nuts with an anaphylactic reaction. Dietary slips were sent to the kitchen to identify tree nuts as a high risk allergy.An audit was performed of all residents that had food allergies. Care plans were reviewed and updated with high risk food allergies and new dietary slips were sent to the kitchen identifying all high risk allergies.A system change of adding high risk food allergies to the Kardex was initiated. Education was provided to staff on food allergy safety, including referring to the Kardex, dietary slips, and care plans. Staff were not to provide any outside food until the food allergies and safety were approved by the nurse.Audits were completed daily for two weeks, then weekly for four weeks, then monthly for three months to ensure staff were following the allergy policy. Results of the audits would be reviewed by the QAPI committee.A review of the facility's corrective actions revealed that the facility was in compliance with F806 on April 8, 2026.28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(e)(10 Management.28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.