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	12/04/2024

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 47819 Based on clinical record reviews, observations, and staff interviews, it was determined that the facility failed to provide dignity for the use of an indwelling urinary catheter for one of 56 residents reviewed (Resident 19). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 19, dated October 31, 2024, revealed that the resident had impaired cognition, required staff assistance with daily care tasks, and had an indwelling urinary catheter (a tube inserted and held in the bladder to drain urine). Observations on December 2, 2024, at 11:24 a.m. revealed that Resident 19 was lying in his bed with his urinary drainage bag hooked to the side of his bed visible from the door. It was not covered, and yellow urine was visible in the bag. Interview with Nurse Aide 1 on December 2, 2024, at 11:24 a.m. confirmed that Resident 19 did not have a privacy cover on his urinary drainage bag. Interview with the Director of Nursing on December 4, 2024, at 4:09 p.m. confirmed that Resident 19 should have had a privacy cover on his urinary drainage bag. 28 Pa. Code 201.29(j) Resident Rights. 28 Pa. Code 211.12(d)(5) Nursing Services.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395892	A. Building B. Wing	12/04/2024

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 0582 Level of Harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 38012 Based on clinical record reviews and staff interviews, it was determined that the facility failed to provide the required notice to the resident or the resident's representative following the end of their Medicare coverage for one of three residents reviewed (Residents 1, 32, 52) who remained in the facility for long-term care. Findings include: A Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review form, completed by the facility, revealed that Medicare coverage for Resident 1 started on September 18, 2024, and that her last covered day was September 27, 2024. The form indicated that the facility initiated discontinuation from Medicare Part A coverage and that the resident's benefit days were not exhausted. Resident 1 remained the facility for long-term care. There was no documented evidence that Residents 1 was provided with an Advance Beneficiary Notice of Non-coverage (ABN - a notice given to Medicare beneficiaries to convey that Medicare is not likely to provide coverage in a specific case). A Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review form, completed by the facility, revealed that Medicare coverage for Resident 32 started on October 17, 2024, and that his last covered day was November 14, 2024. The form indicated that the facility initiated discontinuation from Medicare Part A coverage and that the resident's benefit days were not exhausted. Resident 32 remained the facility for long term care. There was no documented evidence that Residents 32 was provided with an ABN of Non-coverage. A Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review form, completed by the facility, revealed that Medicare coverage for Resident 52 started on June 3, 2024, and that her last covered day was June 14, 2024. The form indicated that the facility initiated discontinuation from Medicare Part A coverage and that the resident's benefit days were not exhausted. Resident 52 remained the facility for long term care. There was no documented evidence that Residents 52 was provided with an ABN of Non-coverage. Interview with the Director of Social Services on December 3, 2024, at 2:48 p.m. revealed that no ABN notices were administered to Residents 1, 32, or 52. Interview with the Director of Nursing on December 3, 2024, at 3:18 p.m. confirmed that an ABN notice was not provided to Residents 1, 32, or 52 as required. 28 Pa. Code 201.18(e)(1) Management.

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	12/04/2024

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. 38012 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that comprehensive annual Minimum Data Set assessments were completed in the required time frame for three of 56 residents reviewed (Residents 25, 84, 92). Findings include: 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 an annual MDS assessment was to be completed no later than the assessment reference date (ARD - the last day of the assessment's look-back period) plus 14 calendar days. An annual comprehensive MDS assessment for Resident 25, with an ARD of October 2, 2024, was due to be completed by October 15, 2024, but was not signed as completed until October 17, 2024, which was 16 days from the ARD until completion. An admission comprehensive MDS assessment for Resident 84, with an ARD of October 31, 2024, was due to be completed by November 13, 2024, but was not signed as completed until November 18, 2024, which was 19 days from the ARD until completion. An admission comprehensive MDS assessment for Resident 92, with an ARD of October 31, 2024, was due to be completed by November 14, 2024, but was not signed as completed until November 14, 2024, which was 15 days from ARD until completion. An interview with the Director of Nursing on December 4, 2024, at 3:05 p.m. confirmed that Residents 25, 84, and 92's comprehensive MDS assessments were not completed within the required timeframe. 28 Pa. Code 211.5(f) Clinical Records.

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	12/04/2024

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. 38012 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that Quarterly Minimum Data Set assessments were completed within the required timeframe for 17 of 56 residents reviewed (Residents 9, 13, 16, 19, 20, 26, 35, 37, 41, 44, 48, 51, 52, 63, 71, 77, 81). Findings include: 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 residents' abilities and care needs), dated October 2024, indicated that the completion date for a quarterly assessment is the Assessment Reference Date (ARD - the last day of an assessment's look-back period) plus 14 days. A quarterly assessment is due every 92 days (ARD of most recent assessment + 92 days). A quarterly MDS assessment for Resident 9, with an ARD of November 8, 2024, was completed on November 23, 2024, which was two days late. A quarterly MDS assessment for Resident 13, with an ARD of November 8, 2024, was completed on November 23, 2024, which was two days late. A quarterly MDS assessment for Resident 16, with an ARD of August 27, 2024, was completed on September 11, 2024, which was two days late. A quarterly MDS assessment for Resident 19, with an ARD of October 31, 2024, was completed on November 20, 2024, which was seven days late. A quarterly MDS assessment for Resident 20, with an ARD of October 1, 2024, was completed on November 20, 2024, which was 51 days late. A quarterly MDS assessment for Resident 26, with an ARD of November 8, 2024, was completed on November 23, 2024, which was two days late. A quarterly MDS assessment for Resident 35, with an ARD of November 1, 2024, was completed on November 20, 2024, which was six days late. A quarterly MDS assessment for Resident 37, with an ARD of October 11, 2024, was completed on November 20, 2024, which was 27 days late. A quarterly MDS assessment for Resident 41, with an ARD of October 15, 2024, was completed on November 19, 2024, which was 22 days late. A quarterly MDS assessment for Resident 44, with an ARD of October 28, 2024, was completed on November 12, 2024, which was two days late. (continued on next page)

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	12/04/2024

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A quarterly MDS assessment for Resident 48, with an ARD of November 8, 2024, was completed on November 23, 2024, which was two days late. A quarterly MDS assessment for Resident 51, with an ARD of November 8, 2024, was completed on November 23, 2024, which was two days late. A quarterly MDS assessment for Resident 52, with an ARD of November 8, 2024, was completed on November 23, 2024, which was two days late. A quarterly MDS assessment for Resident 63, with an ARD of November 8, 2024, was completed on November 23, 2024, which was two days late. A quarterly MDS assessment for Resident 71, with an ARD of November 8, 2024, was completed on November 23, 2024, which was two days late. A quarterly MDS assessment for Resident 77, with an ARD of November 8, 2024, was completed on November 23, 2024, which was two days late. A quarterly MDS assessment for Resident 81, with an ARD of October 30, 2024, was completed on November 20, 2024, which was six days late. An interview with Director of Nursing on December 4, 2024 at 3:18 p.m. confirmed that the quarterly MDS assessments listed above were not completed within the required time frames. 28 Pa. Code 211.5(f) Clinical Records. 28 Pa. Code 211.12(d)(5) Nursing Services.

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	12/04/2024

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 38012 Based on clinical record reviews and staff interviews, it was determined that the facility failed to transmit Minimum Data Set (MDS) assessments to the required electronic system, the Centers for Medicare and Medicaid Services (CMS) Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) System, within 14 days of completion for nine of 56 residents reviewed (Residents 18, 23, 43, 44, 49, 58, 64, 65, 245). Findings include: 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 (federally-mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that comprehensive MDS assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2 + 14 days). All other MDS assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days). Section Z0500B of a quarterly MDS assessment for Resident 18 revealed that the MDS assessment was completed on August 30, 2024, and was due to be submitted on or before September 12, 2024. However, the assessment was not submitted until October 1, 2024. Section Z0500B of a comprehensive MDS assessment for Resident 23 revealed that the MDS assessment was completed on September 13, 2024, and was due to be submitted on or before September 26, 2024. However, the assessment was not submitted until October 1, 2024. Section Z0500B of an entry tracking MDS assessment for Resident 43 was September 5, 2024, and was due to be submitted on or before September 18, 2024. However, the assessment was not submitted until October 1, 2024. Section Z0500B of a quarterly MDS assessment for Resident 44 revealed that the MDS assessment was completed on September 2, 2024, and was due to be submitted on or before September 15, 2024. However, the assessment was not submitted until October 1, 2024. Section Z0500B of a comprehensive MDS assessment for Resident 49 revealed that the MDS assessment was completed on August 30, 2024, and was due to be submitted on or before September 12, 2024. However, the assessment was not submitted until October 1, 2024. Section Z0500B of an entry tracking MDS assessment for Resident 64 was September 9, 2024, and was due to be submitted on or before September 22, 2024. However, the assessment was not submitted until October 1, 2024. Section Z0500B of a comprehensive MDS assessment for Resident 64 revealed that the MDS assessment was completed September 16, 2024, and was due to be submitted on or before September 29, 2024. However, the assessment was not submitted until October 1, 2024. (continued on next page)

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	12/04/2024

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Section Z0500B of an entry tracking MDS assessment for Resident 65 was July 23, 2024, and was due to be submitted on or before August 5, 2024. However, the assessment was not submitted until October 1, 2024. Section Z0500B of a discharge tracking MDS assessment for Resident 245 revealed that the MDS assessment was completed on September 1, 2024, and was due to be submitted on or before September 14, 2024. However, the assessment was not submitted until October 1, 2024. An interview with the Director of Nursing on December 4, 2024, at 3:16 p.m. confirmed that the above MDS assessments were not electronically transmitted to the QIES ASAP system within the required time frames.

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	12/04/2024

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 31760 Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for two of 56 residents reviewed (Residents 27, 46). Findings include: The Long-Term Care Resident Assessment Instrument (RAI) Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, revealed that if the resident received hospice (end-of-life) services during the assessment period, then Section O0100K2 was to be checked. A care plan for Resident 27, dated May 31, 2024, revealed that the resident was receiving hospice services. Review of Resident 27's clinical record revealed that the resident was receiving hospice services since admission to hospice on May 24, 2024. A quarterly MDS assessment for Resident 27, dated August 26, 2024, revealed that Section O0100K2 was not checked, indicating that the resident did not receive hospice services during the assessment period. Interview with the Director of Nursing on December 4, 2024, at 4:03 p.m. confirmed that Section O0100K2 of the quarterly MDS assessment for Resident 27, dated August 26, 2024, was coded inaccurately and should have been checked indicating that the resident received hospice services. The Long-Term Care Facility RAI User's Manual, which provides guidance and instructions for the completion of MDS assessments, dated October 2024, indicated that the intent of Section N was to record the number of days, during the seven days of the look-back period, that any type of injection, insulin, and/or select medications, were received by the resident. Section N0300 was to be coded to record the number of days that injections of any type were received during the look-back period. Section N0350 was to be coded to record the number of days that insulin injections were received during the look-back period. Physician's orders for Resident 46, dated September 28, 2024, included an order for the resident to receive 0.1 milliliters (ml) of Tuberculin purified protein derivative solution (used to help diagnosis tuberculosis-an infectious disease) intradermally (injection into the surface layer of the skin) for infection control. Physician's orders, dated September 28, 2024, included an order for the resident to receive one milligram (mg) of Semaglutide (medication used to treat diabetes) subcutaneously every Monday for diabetes. Physician's orders, dated September 28, 2024, included orders for the resident to receive Aspart insulin (a fast-acting insulin) subcutaneously (injection under the skin) per sliding scale (dose varies based on blood sugar levels) orders four times daily. (continued on next page)

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	12/04/2024

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Medication Administration Record (MAR) for Resident 46, dated September and October 2024, revealed that the resident was administered a Tuberculin injection on September 28, 2024, at 10:36 p. m.; was administered a Semaglutide injection on September 30, 2024, at 9:00 a.m.; and was administered Aspart insulin on September 29, 2024, at 9:00 p.m., on October 2, 2024, at 9:00 p.m. and on October 3, 2024, at 9:00 p.m. An Admission MDS assessment for Resident 46, dated October 4, 2024, revealed that the resident was cognitively impaired, required supervision with care needs, and had diagnoses that included diabetes. Section N0300 was coded (7) indicating that the resident received injections on all seven days of the look-back period, and Section N0350 was coded (7), indicating that the resident received insulin injections on all seven days of the look-back period. Interview with the Director of Nursing on December 4, 2024, at 5:31 p.m. confirmed that the MDS was coded incorrectly and confirmed that the resident received injections (of all types) on five days of the look-back period, and insulin injections on three days of the look-back period. 28 Pa. Code 211.5(f) Clinical Records.

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	12/04/2024

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 47819 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that resident-centered care plans were developed and implemented for three of 56 residents reviewed (Residents 36, 84, 85). Findings include: The facility's policy regarding care plans, dated November 4, 2024, indicated that resident's will have a comprehensive assessment completed by day 14 of stay, and a comprehensive care plan completed and reviewed within seven days of the completion date of the Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs). The interdisciplinary team develops a plan of care individualized for each resident, which identifies his/her strengths, problems and needs through an assessment process. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 36, dated November 5, 2024, revealed that the resident was cognitively impaired, required assistance from staff with care needs, and had a diagnosis of high blood pressure. Physician's orders for Resident 36, dated October 29, 2024, included an order for the resident to receive 100 milligrams (mg) of Lopressor (a medication used to treat high blood pressure) twice daily and to hold the medication if the resident's blood pressure was less than 120 systolic (top number) over 80 diastolic (bottom number). There was no documented evidence that a care plan was developed to address Resident 36's individual care and medication needs related to his high blood pressure. Interview with the Director of Nursing on December 4, 2024, at 4:03 p.m. confirmed that there was no care plan developed to address Resident 36's individual care and medication needs related to his high blood pressure. An admission MDS assessment for Resident 84, dated November 8, 2024, revealed that the resident was cognitively intact, required assistance from staff for his daily care needs, required oxygen therapy and had diagnoses that included heart failure, high blood pressure, and respiratory failure. Physician's orders for Resident 84, dated October 31, 2024, included an order for oxygen 2 liters per minute via nasal cannula. There was no documented evidence that a care plan was developed to address Resident 84's individual care and treatment needs related to his use of oxygen. Interview with the Director of Nursing on December 3, 2024, at 3:07 p.m. confirmed that there was no care plan developed for Resident 84's care and treatment needs related to his use of oxygen. (continued on next page)

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	12/04/2024

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An admission MDS assessment for Resident 85, dated November 14, 2024, revealed that the resident was cognitively impaired, required assistance from staff for her daily care needs, and had a diagnosis that included Post Traumatic Stress Disorder (PTSD) (a mental and behavioral disorder that develops related to a terrifying event). Physician's progress notes for Resident from 85, dated November 8, 2024, at 11:59 p.m. indicated that the resident had a diagnosis of PTSD due to childhood trauma of physical abuse. There was no documented evidence that a care plan was developed to address Resident 85's PTSD related to her childhood trauma of physical abuse. Interview with the Director of Nursing on December 4, 2024, at 8:28 a.m. confirmed that there was no care plan developed to address Resident 85's PTSD related to her childhood trauma of physical abuse. 28 Pa. Code 211.12(d)(5) Nursing Services.

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	12/04/2024

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 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. 31760 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 changes in residents' care needs for one of 56 residents reviewed (Resident 27). Findings include: The facility's policy regarding care plans, dated November 4, 2024, indicated that the resident will be reassessed at least quarterly, and the care plan will 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 27, dated August 26, 2024, revealed that the resident was sometimes understood, could sometimes understand others, and had a feeding tube (a medical device that provides nutrition, fluids, and sometimes medicine to people who cannot eat or drink safely by mouth). The resident's care plan, dated January 17, 2024, indicated that the resident had a feeding tube. Staff was to check the tube placement and gastric residual volume (the volume of fluid remaining in the stomach at a point in time during the tube feeding) per the facility's protocol and record. They were to hold the resident's feeding if greater than 30 milliliters (ml) of residual. A care plan, dated January 18, 2024, revealed that staff was to check the feeding tube placement prior to each use. Give five ml of water via the feeding tube between each medication. Give 30 ml of water via the feeding tube before and after each medication pass. Check residual every four hours. If the residual is greater than 100 ml hold the tube feeding for one hour and then recheck. Physician's orders for Resident 27, dated January 10, 2024, included an order for staff to check the residual of the resident's feeding tube every shift. Physician's orders for Resident 27, dated December 2, 2024, included an order for staff to administer a 25 ml water flush before and after each medication. However, as of December 4, 2024, there was no documented evidence that Resident 27's care plan was revised/updated to include the physician's orders for checking the residual and the amount of water to be flushed before and after each medication. Interview with the Director of Nursing on December 4, 2024, at 4:03 p.m. confirmed that Resident 27's care plan did not include the current physician's orders for checking the residual and the amount of water to be flushed before and after each medication. 28 Pa. Code 211.12(d)(5) Nursing Services.

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	12/04/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 31760 Based on review of Pennsylvania's Nurse Practice Act and clinical records, as well as staff interviews, it was determined that the facility failed to clarify a questionable physician's order for one of 56 residents reviewed (Resident 9). Findings include: The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain and restore the well-being of individuals. Physician's orders for Resident 9, dated August 27, 2024, included an order for staff to stop the Osmolite 1.5 at 6:00 a.m. Physician's orders for Resident 9, dated October 12, 2024, included an order for staff to administer Osmolite 1.5 at 60 milliliters (ml) an hour for 18 hours and was to be started at 12:00 p.m. Physician's orders for Resident 9, dated October 12, 2024, included an order for staff to administer Osmolite 1.5 at 56 ml per hour continuous very evening shift. Review of Resident 9's Medication Administration Records (MARs) for October, November, and December 2024 revealed that staff were documenting as administering the Osmolite 1.5 at 60 ml per hour for 18 hours, administering the Osmoite 1.5 at 56 ml per hour continuously, and stopping the Osmolite 1.5 at 6:00 a.m. However, there was no documented evidence that Resident 9's physician was contacted to clarify which Osmolite 1.5 feeing was to be administered to the resident Interview with Registered Nurse 2 on December 4, 2024, at 1:00 p.m. confirmed that Resident 9's Osmolite 1. 5 order should have been clarified to determine which amount the resident was to receive. Interview with the Director of Nursing on December 4, 2024, at 1:20 p.m. confirmed that Resident 9's Osmolite 1.5 order should have been clarified to determine which amount the resident was to receive with the physician. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

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	12/04/2024

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. 47819 Based on review of facility policy, clinical record reviews, and staff interviews, it was determined that the facility failed to ensure that residents received programs to maintain or improve their mobility and ambulation, including walking for one of 56 residents reviewed (Resident 45). Findings include: A facility policy for restorative nursing program, dated November 4, 2024, revealed that residents will be assessed to determine, at least quarterly, for an appropriate restorative nursing program to attain, maintain and prevent decline in activities of daily living. A quarterly Minimum Data Set (MDS) assessments (a mandated assessment of a resident's abilities and care needs) for Resident 45, dated August 15, 2024, indicated that the resident was cognitively intact, required assistance with walking, and had diagnoses that included high blood pressure, diabetes mellitus, and an acquired absence of left leg below knee. During an interview with Resident 45 on December 2, 2024, the resident stated that he would like to be walked by staff in order to be discharged home once he is able but was told that they do not have enough time to walk him. Physician's orders for Resident 45, dated November 27, 2024, revealed that the resident's physical therapy was discontinued, and a physical therapy discharge summary revealed that the resident was a one assist with wheeled walker for walking. Interview with the Physical Therapist 3 on December 4, 2024, at 10:20 a.m. revealed that the resident was discharged from therapy as an assist of one with walking with a wheeled walker. She stated the facility does not have a restorative nursing program. As of December 4, 2024, there was no documented evidence that Resident 45 received a program of any type to maintain or improve his ability to walk. Interview with the Director of Nursing on December 4, 2024, at 11:48 a.m. confirmed that there were no restorative nursing programs in the facility, and no programs in place to maintain Resident 45's ability to walk. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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	12/04/2024

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 48941 Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders for medications and treatments were followed for five of 56 residents reviewed (Residents 10, 36, 46, 60, 87). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 10, dated November 6, 2024, revealed that the resident was cognitively impaired, required assistance with care needs, and had diagnoses that included benign prostatic hyperplasia (BPH-enlarged prostate) and obstructive uropathy (blockage of the urinary tract). Observations during the initial facility tour on December 2, 2024, revealed that Resident 10 was lying in bed and grabbing at his groin. He indicated with gestures that he had pain to that area. Interview with the licensed practical nurse indicated that he was being treated with a cream to his groin. A physician's note for Resident 10, dated September 24, 2024, indicated that the resident was seen for follow up on testicular pain and a palpable lump on the right testicle. During this visit, it was noted that he was laying in his bed and jumping up intermittently seeking comfort. A nursing note, dated September 24, 2024, indicated that the resident's ultrasound results of his testicle showed a hydrocele (a collection of fluid in the scrotum) in the right testicle and the Certified Registered Nurse Practitioner (CRNP) ordered to consult urology. The resident's guardian services were notified and agreeable. Physician's orders for Resident 10, dated September 24, 2024, indicated that the resident was ordered to consult urology related to a mild hydrocele in the right testicle. There was no documented evidence in Resident 10's clinical record to indicate that the urology consult was scheduled as ordered. Interview with the Director of Nursing on December 4, 2024, at 5:25 p.m. confirmed that there was no documented evidence in Resident 10's clinical record that the urology consult was scheduled as ordered. An admission MDS assessment for Resident 36, dated November 5, 2024, revealed that the resident was cognitively impaired, required assistance from staff with care needs, and had a diagnosis of hypertension (high blood pressure). Physician's orders for Resident 36, dated October 29, 2024, included an order for the resident to receive 100 milligrams (mg) of Lopressor (a medication used to treat hypertension) twice daily and to hold the medication if the resident's blood pressure was less than 120 systolic (top number) over 80 diastolic (bottom number). (continued on next page)

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	12/04/2024

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 36's Medication Administration Record (MAR) for October and November 2024 revealed that the resident received Lopressor on October 30, 2024, at 10:00 a.m. for a blood pressure of 119/72; November 1, 2024, at 10:00 a.m. for a blood pressure of 119/72; November 12, 2024, at 10:00 p.m. for a blood pressure of 107/67; November 15, 2024, at 10:00 a.m. for a blood pressure of 112/64 and at 10:00 p.m. for a blood pressure of 96/61; November 20, 2024, at 10:00 a.m. with no blood pressure recorded; November 24, 2024, at 10:00 p.m. for a blood pressure of 105/62; November 26, 2024, at 10:00 a. m. for a blood pressure of 110/72 and at 10:00 p.m. for a blood pressure of 118/76; and November 29, 2024, at 10:00 a.m. for a blood pressure of 110/73. A physician's note for Resident 36, dated December 3, 2024, revealed that staff requested an evaluation of the resident due to his blood pressures running on the lower end at times with the systolic blood pressure in the 100's. Orders were received to reduce the Lopressor to 50 mg twice daily. There was no documented evidence in Resident 36's clinical record that the Lopressor was held as ordered on the above-mentioned dates and times for a blood pressure less than 120 systolic (top number) over 80 diastolic (bottom number). Interview with the Director of Nursing on December 4, 2024, at 4:03 p.m. confirmed that there was no documented evidence in Resident 36's clinical record that the Lopressor was held as ordered on the above-mentioned dates and times and it should have been. An admission MDS assessment for Resident 46, dated November 4, 2024, revealed that the resident was cognitively impaired, required assistance from staff with care needs, and had a diagnosis of hypertension (high blood pressure). Physician's orders for Resident 46, dated October 31, 2024, included an order for the resident to have her blood pressure recorded three times daily for five days related to hypertension. A review of Resident 46's clinical record revealed no documented evidence that a blood pressure was obtained and recorded as ordered on October 31, 2024, on the night shift; November 1, 2024, on day and evening shift; November 2, 2024, on night, day and evening shifts; November 3, 2024, on day shift; November 4, 2024, on day and evening shift and November 5, 2024, on day shift. Interview with the Director of Nursing on December 4, 2024, at 5:17 p.m. confirmed that there was no documented evidence in Resident 46's clinical record that a blood pressure was obtained and recorded as ordered on the above-mentioned dates and shifts, and it should have been. A admission MDS assessment for Resident 60, dated September 12, 2024, revealed that the resident was cognitively impaired, required assistance with personal care needs, had an infection of the foot, received application of dressings to the feet with or without topical medications, received an antibiotic and had diagnoses that included peripheral vascular disease (disease reducing blood flow to the legs) and non-pressure chronic ulcer of the left foot. Physician's orders for Resident 60, dated September 7, 2024, included orders to cleanse the left fourth toe with normal saline solution (NSS-a sterile solution used for the moistening of wound dressings and wound debridement), apply aquacel alginate (AG) (antimicrobial dressing used to prevent infection and absorb drainage), a 2 inch x 2 inch dressing and wrap with kling (used to hold dressings in place) daily and as needed for soilage or displacement. (continued on next page)

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	12/04/2024

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 60's Treatment Administration Record (TAR) for September 2024 revealed no documented evidence that the treatment for aquacel alginate to the resident's left fourth toe was administered as ordered from September 8, 2024, through September 17, 2024. Interview with the wound nurse on December 4, 2024, at 3:42 p.m. confirmed that there was an order, dated September 7, 2024, to apply aquacel alginate to Resident 60's left fourth toe and confirmed that there was no documented evidence in the resident's clinical record that the treatment was administered as ordered from September 8, 2024, through September 17, 2024. Physician's orders for Resident 60, dated September 17, 2024, included orders to cleanse the left fourth toe with with NSS or soap and water, pat dry, paint the toe with betadine, and leave open to air every shift. A review of Resident 60's TAR for September, October, and November 2024 revealed no documented evidence that the treatment for betadine to the resident's left fourth toe was administered as ordered on September 28, October 3, October 4, October 29, November 2, and November 28, 2024. Interview with the wound nurse on December 4, 2024, at 3:42 p.m. confirmed that there was no documented evidence that the treatment for betadine to Resident 60's left fourth toe was administered as ordered on the above-mentioned dates. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 87, dated November 13, 2024, indicated that the resident was cognitively intact, required minimal assistance from staff for daily care needs, had diagnoses that included hidradenitis suppurativa (a chronic progressive skin condition causing painful lumps on the body, especially in places such as the armpits or groin). A care plan for Resident 87, dated November 26, 2024, revealed that the resident had wound care treatments to the left upper thigh related to hidradenitis suppurativa. Physician's orders for Resident 87, dated November 11, 2024, included an order to cleanse the lateral aspect of the left upper thigh with acetic acid, pat dry and cover with a foam dressing, and secure with tape. This wound care was to be completed every evening shift starting November 11, 2024, through November 20, 2024. Review of the TARs for Resident 87, dated November 2024, revealed that the staff did not document that the resident received wound care treatment to the left upper thigh per physician orders on November 11, 13, 15, 17 and 20, 2024. Interview with the Infection Control/Wound Care Registered Nurse on December 4, 2024, at 3:18 p.m. confirmed that there was no documentation that wound care was completed per physician's orders for Resident 87. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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	12/04/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 28177 Based on a review of clinical records and observations, as well as staff interviews, it was determined that the facility failed to ensure that pressure ulcer treatments were provided as ordered for one of 56 residents reviewed (Resident 56). Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 56, dated October 8, 2024, indicated that the resident was cognitively intact, required assistance from staff for daily care needs, had diagnoses that included kidney failure, and required dialysis treatments. A wound consultant note for Resident 56, dated November 12, 2024, revealed that the resident had an unstageable pressure injury (wound that is covered by dead tissue that cannot be staged) to the left abdomen and measurements were 2.2 centimeters (cm) by 1.1 cm. Physician's orders for Resident 56, dated November 12, 2024, included an order to cleanse the left lower abdomen with normal saline, apply medihoney (a wound gel with antibacterial and bacterial resistant properties) to wound, and cover with dry dressing daily. Review of the TARs for Resident 56, dated November and December 2024, revealed that the staff did not document that the resident received wound care treatment to the left abdomen per physician orders on November 15, 17, 23, and 25, 2024, and on December 1, 2024. Interview with the Infection Control/Wound Care Registered Nurse 5 on December 4, 2024, at 3:18 p.m. confirmed that there was no documented evidence to indicate that wound care was completed per physician's orders for Resident 56. 28 Pa. Code 211.12(d)(5) Nursing Services.

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	12/04/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 41233 Based on clinical record reviews, observations, and staff interviews, it was determined that the facility failed to ensure that fall prevention interventions were in place as care planned for one of 56 residents reviewed (Resident 39). Findings include: The facility's policy regarding fall management, dated November 4, 2024, indicated that the purpose was to reduce the risk of falls and prevent injury. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 39, dated October 7, 2024, revealed that the resident was severely cognitively impaired, required extensive assistance from staff for bed mobility and transfers, and had physician orders dated November 13, 2023, that indicated the resident was to have a perimeter mattress in place on his bed. The resident's care plan, revised on June 9, 2024, indicated that he had impaired memory, a history of falls, and was to have a perimeter mattress on his bed. Observations of Resident 39, from December 2, 2024, at 11:00 a.m. through December 4, 2024, at 6:00 p.m. revealed that at no time during the facility survey did the resident have a perimeter mattress on his bed. Interview with Nurse Aide 4 on December 4, 2024, at 12:46 p.m. confirmed that at one point she did recall the resident having a perimeter mattress; however, at this time, there is no such mattress on Resident 39's bed. Interview with the Director of Nursing on December 4, 2023, at 1:22 p.m. confirmed that there was no perimeter mattress on Resident 39's bed, and there should have been. 28 Pa. Code 211.12(d)(5) Nursing Services.

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	12/04/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 47819 Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that oxygen therapy was provided as ordered by the physician for one of 56 residents reviewed (Resident 84). Findings include: The facility's policy regarding oxygen therapy, dated November 4, 2024, indicated that staff were to check physician's orders for liter flow and method of administration. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 84, dated November 8, 2024, revealed that the resident was cognitively intact, required assistance from staff for his daily care needs, required oxygen therapy, and had diagnoses that included heart failure, high blood pressure, and respiratory failure. Physician's orders for Resident 84, dated October 31, 2024, included an order for the resident to receive oxygen at 2 liters per minute via nasal cannula. Observations on December 2, 2024, at 11:28 a.m. revealed that Resident 84 was in his room with a nasal cannula in place and connected to an oxygen concentrator; however, the oxygen concentrator was set on 5 liters. Interview with Registered Nurse 5 on December 2, 2024, confirmed that Resident 84 was ordered oxygen at 2 liters per minute but was receiving 5 liters per minute. An interview with the Director of Nursing on December 3, 2024, at 3:07 a.m. confirmed that Resident 84 should not have been receiving oxygen at 5 liters per minute and that it should have been set at 2 liters per minute as ordered by the physician. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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	12/04/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 47819 Based on review of policies and clinical records, as well as observations and resident and staff interviews, it was determined that the facility failed to obtain physician's orders for the care and monitoring of dialysis sites and failed to ensure communication between dialysis provider and the nursing staff for one of 56 residents reviewed (Resident 56). Findings include: The facility's policy regarding care for residents who receive dialysis (mechanical process that cleanses the blood when the kidneys are not functioning properly), dated November 4, 2024, indicated that the resident's surgical dialysis site (a surgically-created access site used for dialysis treatments) was to be assessed for signs of infection. Medical information/record received from the dialysis provider shall be maintained as part of the facility's medical record for the resident. Should such information not be received from the dialysis provider upon the residents return, the facility shall contact the dialysis provider to obtain such medical information. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 56, dated October 8, 2024, indicated that the resident was cognitively intact, required assistance from staff for daily care needs, had diagnoses that included kidney failure, and required dialysis treatments. The resident's care plan, dated October 14 2024, indicated that she required dialysis related to renal failure and to monitor, document, report to physician of any signs or symptoms of infection to access site. Observations of Resident 56 on December 4, 2024, at 8:36 a.m. revealed that she had a dry gauze dressing on her right chest. An interview with the resident at that time revealed that she had a dialysis port to her chest wall. She stated she does not take any communication binder or papers to dialysis and the dialysis center does not send any communication back to the nursing facility. There was no documented evidence in Resident 56's clinical record to indicate that staff monitored the dialysis site to her right chest wall in accordance with the facility's policy, and there was no documented evidence that physician's orders were obtained for the care and treatment or monitoring of the access site. Additionally, there was no documented evidence of routine collaboration of care and communication between the long-term care facility and the dialysis center on the days when Resident 56 received dialysis services. Interview with the Director of Nursing on December 4, 2024, at 4:03 p.m. confirmed that there was no documented evidence that physician's orders were obtained for the care, treatment and monitoring of Resident 56's dialysis access sites, and no documented evidence that the dialysis sites were being monitored per the facility's policy. She also confirmed that there was no documented evidence to indicate that routine collaboration of care and communication between the long-term care facility and the dialysis center was being obtained. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

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	12/04/2024

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38012 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain accountability for controlled medications (drugs with the potential to be abused) for three of 56 residents reviewed (Residents 56, 71, 93). Findings include: The facility's policy regarding the administration of oral medications, dated [DATE], indicated that the resident's Medication Administration Record (MAR) is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 56, dated [DATE], indicated that the resident was cognitively intact, required assistance from staff for daily care needs, had diagnoses that included kidney failure, and required dialysis treatments. Physician's orders for Resident 56, dated [DATE], included an order for the resident to receive 10 milligrams (mg) of Oxycodone (a controlled pain medication) every six hours as needed for moderate pain. A review of the controlled drug accountability record (a form that accounts for each tablet/pill/dose of a controlled drug) for Resident 56, dated [DATE] and [DATE], that one 10 mg tablet of Oxycodone was signed-out for administration to the resident on [DATE], at 11:00 p.m.; [DATE], at 5:00 a.m.; [DATE], at 4:29 p.m.; [DATE], at 2:15 a.m.; and [DATE], at 12:15 a.m. However, the resident's clinical record contained no documented evidence that the signed-out tablets of Oxycodone were administered to the resident on these dates and times. An interview with the Director of Nursing on [DATE], at 4:08 p.m. confirmed that there was no documented evidence that staff administered the controlled drugs to Resident 56 on the dates and times mentioned above. The facility's policy regarding medication storage, dated [DATE], revealed that controlled substance accountability records are prepared by the pharmacy. At each shift change, or when keys are transferred, a physical inventory of all controlled substances is conducted by two licensed nurses and is documented. A quarterly MDS assessment for Resident 71, dated [DATE], revealed that the resident was alert and oriented, and that he had pain almost constantly. Physician's order for Resident 71, dated [DATE], included an order for the resident to receive 10 mg Oxycodone every six hours as needed for pain. (continued on next page)

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	12/04/2024

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A facility investigation for Resident 71, dated [DATE], revealed that on [DATE], Licensed Practical Nurse 6 identified that an entire card of Oxycodone pills were missing for Resident 71. She stated that the card of pills was present on her last worked shift of [DATE], but that the entire card was missing when she went to medicate the resident on [DATE]. Licensed Practical Nurse 6 called the pharmacy and verified that they had sent an entire card of Oxycodone the week prior. She informed the Director of Nursing of the missing narcotics. The investigation determined that the entire card and controlled drug record were missing; however, they were unable to determine who had taken the narcotic medication. Interview with the Director of Nursing on [DATE], at 3:51 p.m. revealed that she was unable to determine who took the card of narcotics. She stated that she believed it was an agency nurse and therefore they prevented the nurse from returning to the facility for work. The facility's policy regarding disposal of medications, dated [DATE], indicated that when a controlled drug is destroyed it will be done in the presence of two nurses. A nursing note for Resident 93, dated [DATE], revealed that the resident died . The current physician's orders for Resident 93 included orders for the resident to receive Lorazepam 2 mg per Milliliter (ml) take 0.5 ml every four hours; Morphine 20 mg/ml give 0.5 ml every hour for pain; an order, dated [DATE], for the resident to receive Morphine 20 mg/ml 0.5 ml every hour as needed for pain; and an order, dated [DATE], for Tramadol 50 mg tablet, give ,d+[DATE] tablet twice per day. A controlled drug accountability record for Resident 93's lorazepam revealed that at the time of the resident's death on [DATE], there were seven pre-filled syringes of Lorazepam, 12 pre-filled syringes of Morphine, and 60 tablets of Tramadol. On [DATE], Licensed Practical Nurse 7 destroyed 7 pre-filled Lorazepam syringes, 12 pre-filled syringes of Morphine, and 60 tablets of Tramadol. However, there was no signature by a second nurse to verify that the medications mentioned were destroyed per the facility's policy. Interview with the Director of Nursing on [DATE], at 4:39 p.m. revealed that there should have been two nurses present when destroying narcotics. 28 Pa. Code 211.9(h) Pharmacy Services. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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	12/04/2024

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 48941 Based on facility policies and clinical record reviews, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from unnecessary psychotropic medications, by failing to ensure that non-pharmacological (non-medication) behavioral interventions (individualized, non-pharmacological approaches to care), were attempted prior to the administration of as needed antipsychotic medications (medications used to treat mental health disorders) for one of 56 residents reviewed (Resident 46). Findings include: The facility's policy regarding psychotropic medications (any medication that affects brain activities associated with mental processes and behavior), dated November 4, 2024, indicated that antipsychotics should not should not be used if one or more of the following is/are the only indication: wandering, poor self-care, restlessness, impaired memory, anxiety, depression, insomnia, unsociability, indifference to surroundings, fidgeting, nervousness, uncooperativeness, agitated behaviors that do not represent a danger to the resident or others. Residents who use antipsychotic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. An admission MDS assessment for Resident 46, dated November 4, 2024, revealed that the resident was cognitively impaired, required assistance from staff with care needs, received antipsychotic medications that were ordered on a routine and as needed basis, and had diagnoses that included Alzheimer's, dementia, bipolar disorder (mood disorder) and depression. Physician's orders for Resident 46, dated September 28, 2024, included an order for the resident to receive 25 milligrams (mg) of quetiapine fumarate (an antipsychotic medication) every eight hours as needed for restlessness. Review of the Medication Administration Record (MAR) for Resident 46 for September and October 2024 revealed that the resident was administered 25 mg of quetiapine fumarate on September 28 at 6:18 p.m.; September 29 at 4:31 a.m. and 8:13 p.m.; October 1 at 8:33 p.m.; October 3 at 9:00 a.m. and 8:23 p.m.; and October 4 at 8:36 p.m. There was no documented evidence that non-pharmacological behavioral interventions were attempted prior to administering the quetiapine fumarate on the above-mentioned dates and times. Interview with the Director of Nursing on December 4, 2024, at 5:18 p.m. confirmed that non-pharmacological interventions should have been attempted prior to the administration of quetiapine fumarate to Resident 46 on the above-mentioned dates and times. 28 Pa. Code 211.12(d)(5) Nursing Services.

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	12/04/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 41233 Based on review of manufacturer's instructions, facility policies, and clinical records, as well as observations and staff interviews, it was determined that the facility failed to label multi-dose containers of insulin with the date they were opened in one of three medication carts reviewed (East 1 Front Medication Cart) and failed to label multi-dose Tuberculin vials for two of three medication refrigerators reviewed (East 1 and [NAME] refrigerators). Findings include: The facility's policy regarding labeling of medications, dated November 4, 2024, indicated that multi-dose vial medications must be dated when opened for determination of discard date based on manufacturer's instructions. Manufacturer's directions for the use of Lantus insulin (a long-acting insulin used to lower blood sugar levels), dated June 2022, revealed that unused Lantus should be stored in a refrigerator between 36 degrees F to 46 degrees F. After initial use it may be kept at temperatures below 86 degrees F for up to 28 days. During this time it can be safely kept at room temperature up to 86 degrees F. Do not use it after this time. Physician's orders for Resident 19, dated July 9, 2024, included an order for the resident to receive 45 units of Lantus daily. Observations of the East 1 front medication cart on December 4, 2024, at 2:44 p.m. revealed that a Lantus insulin vial was opened and undated for Resident 19. Manufacturer's directions for the use of Humalog insulin (a fast-acting insulin used to lower blood sugar levels), dated July 2023, revealed that unused Lispro should be stored in a refrigerator between 36 degrees F to 46 degrees F. After initial use it may be kept at temperatures below 86 degrees F for up to 28 days. Throw away all opened vials after 28 days of use, even if there is insulin left in the vial. Physician's orders for Resident 45, dated October 12, 2024, included an order for the resident to receive 22 units along with sliding scale of Humalog before meals and at bedtime. Observations of the East 1 front medication cart on December 4, 2024, at 2:44 p.m. revealed that a Humalog insulin vial was opened and undated for Resident 45. Manufacturer's instructions for Tubersol, dated November 1, 2021, indicated that a multi-dose vial of Tubersol solution should be discarded 30 days after it is opened. Observations in the facility's East 1 medication room refrigerator on December 4, 2024, at 2:44 p.m. revealed three opened and undated vials of Tubersol Tuberculin injection for Mantoux TB skin test (to test for tuberculosis). (continued on next page)

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	12/04/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Registered Nurse 8 on December 4, 2024, at 2:44 p.m. confirmed that Resident 19 Lantus and Resident 45 Humalog and three Tubersol vials were opened and undated and should have been dated when opened. Observations in the facility's west medication room refrigerator on December 4, 2024, at 4:13 p.m. revealed one opened and undated vial of Tubersol Tuberculin injection for Mantoux TB skin test (to test for tuberculosis). Interview with Registered Nurse 2 on December 4, 2024, at 4:13 p.m. confirmed that the Tubersol vial was opened and undated and should have been dated when opened. Interview with the Director of Nursing on December 4, 2024, at 4:57 p.m. confirmed the multi-dose insulin vials and Tubersol vials should have been dated when opened. 28 Pa. Code 211.9(a)(1) Pharmacy Services. 28 Pa. Code 211.12(d)(1) Nursing Services.

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	12/04/2024

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 31760 Based on review of clinical records and facility investigation reports, as well as staff interviews, it was determined that the facility failed to ensure that residents' clinical records were complete and accurately documented for two of 56 residents reviewed (Residents 3, 19). Findings include: Physician's orders for Resident 3, dated June 14, 2024, included an order for staff to perform foley catheter (a thin, flexible tube that drains urine from the bladder into a bag outside the body) care every shift with soap and water. Review of the Treatment Administration Record (TARs) for Resident 3, dated September, October, and November 2024, revealed that staff did not document completing the foley catheter care during the day shift on September 10, 11, 15, and 24, 2024; on October 2, 3, and 4, 2024; and on November 2, 2024, and during the evening shift on September 1 and 23, 2024, and on October 30, 2024. However, review of nurse aide documentation for Resident 3, dated September, October, and November 2024, revealed that the nurse aides documented as completing the foley catheter care on the above dates. Physician's orders for Resident 3, dated June 17, 2024, included an order for staff to record the foley output every shift. Review of the TARs for Resident 3, dated September, October, and November 2024, revealed that staff did not record the foley output during the daylight shift on September 10, 11, 15, and 24, 2024; on October 2, 3, 4, 7, and 26, 2024; and on November 2, 4, 5, 2024; during the evening shift on September 1, 9, 11, 23, and 24, 2024; on October 12, 13, 19 through 22, and 30, 2024; and on November 12, 2024; and during the night shift on September 6, and 15, 2024; on October 30, 2024; and on November 5, 8, and 28, 2024. However, review of nurse aide documentation for Resident 3, dated September, October, and November 2024, revealed that the nurse aides record the foley output on the above dates. Interview with the Director of Nursing on December 4, 2024, at 11:20 a.m. revealed that they have licensed staff document on the TARs and the nurse aides document to ensure that the tasks are being completed. She confirmed that there was no documented evidence that the licensed staff documented on Resident 3's TARs that the foley catheter care and the foley output were completed on the above dates. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 19, dated October 31, 2024, revealed that the resident had impaired cognition, required staff assistance with daily care tasks, and had a Stage 4 pressure ulcer (wounds that extend below the subcutaneous fat into the deep tissues, such as muscle, tendons, and ligaments, and which may expose bone). (continued on next page)

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	12/04/2024

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Physician's orders for Resident 19, dated October 16, 2024, included an order an order to treat the pressure ulcer on the sacrum (buttocks) daily and as needed by applying Dakin's solution (half strength) 0.25 percent (a wound care solution to promote healing) for 1 to 2 minutes then remove, then apply collagen to wound bed, cover with calcium alginate, and cover with bordered foam. Review of the TAR for October 2024 for Resident 19 revealed that staff did not document wound care was completed per physician's orders on October 25, 27, 29, and 30, 2024. Physician's order for Resident 19, dated November 20, 2024, included an order to cleanse sacral wound with Dakin's, fill the wound with collagen and apply calcium alginate, and cover with dry dressing. Review of the TAR for November 2024 for Resident 19 revealed that staff did not document wound care was completed per physician's orders on November 23 and 25, 2025. Interview with the Infection Control/Wound Care Registered Nurse 5 on December 4, 2024, at 3:18 p.m. confirmed that there was an error in documentation and that the wound care for Resident 19 was completed as ordered on the above dates. 28 Pa Code 211.5(f) Clinical Records.

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	12/04/2024

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. 41233 Based on review of hospice contracts and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the designated interdisciplinary team member obtained the required information from the contracted hospice provider for one of 56 residents reviewed (Resident 28) who received hospice services. Findings include: An agreement between the facility and a hospice provider (provider of end-of-life services), dated June 19, 2024, indicated that the hospice provider (Bridges Hospice) would be responsible for the provision of information from the hospice provider to the facility, which included the physician's certification of terminal illness (a form signed by the resident's hospice physician and specific to each patient). Physician's orders for Resident 28, dated September 28, 2024, revealed that the resident was to be admitted to the facility's contracted hospice provider. However, as of December 4, 2024, there was no documented evidence in the resident's clinical record, or in the hospice provider's clinical record, that the facility obtained the hospice provider's physician's certification of terminal illness. Interview with the Director of Nursing on December 3, 2024, at 10:25 a.m. confirmed that there was no documented evidence that Resident 28's clinical record and/or the hospice clinical record contained the physician's certification of terminal illness. 28 Pa. Code 211.12(d)(3) Nursing Services.

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	12/04/2024

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 38012 Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct and/or maintain compliance with quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies. Findings include: The facility's deficiencies and plans of corrections for State Survey and Certification (Department of Health) for the surveys ending January 25, 2024; March 19, 2024; August 8, 2024; and October 22, 2024, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending December 4, 2024, identified repeated deficiencies related to inaccurate Minimum Data Sets (MDS), care plan development and implementation, care plan timing and revision, professional services, quality of care, respiratory care, infection control, incomplete medical records, safe operating condition of essential equipment. The facility's plans of correction for deficiencies regarding inaccurate MDS, cited during the survey ending January 25, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F641, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. The facility's plans of correction for deficiencies regarding care plan creation and implementation, cited during the survey ending January 25, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F656, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. The facility's plans of correction for deficiencies regarding care plan timing and revision, cited during the survey ending January 25, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F657, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. The facility's plans of correction for deficiencies regarding professional standards, cited during the survey ending January 25, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F658, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. (continued on next page)

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	12/04/2024

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's plans of correction for deficiencies regarding quality of care, cited during the surveys ending January 25, 2024, August 8, 2024, and October 22, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. The facility's plans of correction for deficiencies regarding respiratory care, cited during the survey ending January 25, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F695, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. The facility's plans of correction for deficiencies regarding pharmacy services, cited during the survey ending January 25, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F755, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. The facility's plans of correction for deficiencies regarding incomplete medical records, cited during the survey ending August 8, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F842, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. The facility's plans of correction for deficiencies regarding infection control, cited during the surveys ending January 25, 2024; March 19, 2024; and October 22, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F880, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. The facility's plans of correction for deficiencies regarding safe operating condition of essential equipment, cited during the survey ending March 19, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F908, revealed that the facility's QAPI committee failed to maintain ongoing compliance with these regulations. Refer to F641, F656, F657, F658, F684, F695, F755, F867, F842, F880, F908. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management.

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	12/04/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 31760 Based on review of established infection control guidelines, policies, and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure the blood sugar testing device (glucometer) was appropriately cleaned between residents, failed to ensure that proper hand hygiene was performed during wound care for one of 56 residents reviewed (Resident 19), failed to follow infection control guidelines from the Centers for Medicare/Medicaid Services (CMS) and the Centers for Disease Control (CDC) to reduce the spread of infections and prevent cross-contamination for one of 56 residents reviewed (Resident 36), and failed to ensure that proper infection control practices were followed while providing care for one of 56 residents reviewed (Resident 48). Findings include: Observations during medication administration on December 3, 2024, at 8:49 a.m. revealed that Registered Nurse 8 donned gloves and performed a fingerstick blood sugar check for Resident 97 utilizing a glucometer. After obtaining the blood sample and completing the check, the nurse placed the glucometer on top of the medication cart without disinfecting it, and then washed her hands. She then went to Resident 3's room and obtained the glucometer from on top of the medication cart (without cleaning it) and entered Resident 3's room. Registered Nurse 8 donned gloves and performed a blood sugar check for Resident 3 utilizing the glucometer. After obtaining the blood sample and completing the check, the nurse placed the glucometer on top of the medication cart without disinfecting it, and then washed her hands. Interview with Registered Nurse 8 on December 3, 2024, at 9:11 a.m. confirmed that the glucometer was to be cleaned between residents. Interview with the Director of Nursing on December 4, 2024, at 11:20 a.m. revealed that the glucometer should have been cleaned after each resident use with a sanitizing cloth. The facility's policy regarding hand hygiene, dated November 4, 2024, revealed that hand hygiene was to be performed whether or not gloves were worn when/after touching inanimate objects that were likely to be contaminated with microorganisms, and after contact with blood, body fluids, mucous membranes, secretions, or excretions. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 19, dated October 31, 2024, indicated that the resident was cognitively intact, needed assistance from staff for daily care needs, and had a Stage 4 pressure ulcer (wounds that extend below the subcutaneous fat into the deep tissues, such as muscle, tendons, and ligaments, and which may expose bone). Physician's orders, dated December 3, 2024, included an order an order to treat the pressure ulcer on the sacrum (buttocks) daily and as needed by applying Dakin's solution (half strength) 0.25 percent (a wound care solution to promote healing), cleaning the area with Dakin's, apply collagen to wound bed, and apply calcium alginate to wound and cover with dry dressing. (continued on next page)

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	12/04/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observations during wound care on December 4, 2024, at 3:42 p.m. revealed that Registered Nurse 5 gathered supplies for wound care, put them on Resident 19's bedside dresser, and placed a garbage bag to collect soiled materials. She did not use enhanced barrier precautions per policy. Resident 19 was lying on his side and Registered Nurse 5 donned gloves, removed the resident's brief, and removed the old dressing. S he then removed her gloves and threw the old dressing and gloves into the garbage bag, then reached into her pocket and donned new gloves. She then used normal saline to cleanse the wound bed (Dakin's was not in from the pharmacy). then applied the collagen and covered the dressing. Registered Nurse 5 cleaned up her supplies and dirty garbage and washed her hands. Interview with Registered Nurse 5 on December 4, 2024, at 3:56 p.m. confirmed that she should have used hand sanitizer prior to putting on new gloves, but she did not, and that she did not use enhanced barrier precautions during wound care. Interview with the Director of Nursing on December 4, 2024, at 4:12 p.m. confirmed that the Registered Nurse 5 should have washed her hands with soap and water or used a hand sanitizer after removing her gloves and prior to donning new gloves. She also confirmed that enhanced barrier precautions were not followed per policy. CDC guidance on isolation precautions and Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDRO's - bacteria that have become resistant to certain antibiotics, and these antibiotics can no longer be used to control or kill the bacteria), dated July 12, 2022, indicates that MDRO transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. CMS updated its infection prevention and control guidance effective April 1, 2024. The recommendations now include the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply. The facility's policy regarding EBP, dated November 4, 2024, indicated that EBP's are to be implemented for residents with an infection or colonization with a CDC targeted MDROs when contact precautions do not apply or wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO. Indwelling medical devices include central lines, urinary catheters, feeding tubes and tracheostomies. An Admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 36, dated November 5, 2024, revealed that the resident was cognitively impaired, required assistance from staff with care needs, had an indwelling catheter (a thin, flexible tube inserted into the bladder to drain urine from the bladder), and had a diagnosis of Benign prostatic hyperplasia (BPH-enlarged prostate). A care plan for Resident 36, dated November 1, 2024, indicated that the resident had an indwelling catheter and was on Enhanced Barrier Precautions (EBP). (continued on next page)

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	12/04/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observations during a facility tour on December 2, 2024, at 1:27 p.m. revealed Resident 36 lying in bed with an indwelling catheter hanging on the left side of his bed covered by a dignity bag and resting in a basin off the floor. There was no signage on the door, on the wall outside of the resident's room or in the resident's room to indicate that EBP were in place, and there was no isolation bin or station near or in the room with the appropriate PPE. Interview with Nurse Aide 10 at this time indicated that she was not aware of any specific precautions in place for Resident 36. Observations on December 3, 2024, at 9:30 a.m. and on December 4, 2024, at 9:15 a.m. revealed Resident 36 lying in bed with an indwelling catheter hanging on the left side of his bed covered by a dignity bag and resting in a basin off the floor. There was no signage on the door, on the wall outside of the resident's room, or in the resident's room to indicate that EBP were in place, and there was no isolation bin or station near or in the room with the appropriate PPE. Interview with the Infection Preventionist on December 4, 2024, at 3:42 p.m. confirmed that EBP should have been in place related to Resident 36's indwelling catheter and it was not. The facility's policy regarding infection control, dated November 4, 2024, indicated that the goal is to provide a safe and sanitary environment to decrease the risk of infection. A quarterly Minimum Data Set (MDS) assessment for Resident 48, dated November 8, 2024, revealed that the resident was moderately cognitively impaired and had diagnoses that included acute respiratory failure (a condition where the lungs and blood are unable to maintain oxygen levels) and a history of pneumonia. The resident's care plan, dated November 5, 2024, indicated the use of oxygen at 2-3 liters per nasal cannula. Observations on December 4, 2024, at 7:38 a.m. revealed that Resident 48 was lying in bed with the oxygen concentrator running. This surveyor and Registered Nurse 9 were conversing with the resident when the oxygen tubing was noted to be on the floor at the right side of the residents bed. Registered Nurse 9 picked up the oxygen tubing and placed the canula directly into Resident 48's nostrils. Interview with Registered Nurse 9 on December 4, 2024, at 7:42 a.m. confirmed that she should have replaced the dirty oxygen tubing with new tubing prior to placing the canula back into the resident's nostrils. Interview with the Infection Preventionist on December 4, 2024, at 9:32 a.m. confirmed that Resident 48's oxygen tubing should have replaced and dated prior to placing it back on the resident. Interview with the Director of Nursing on December 4, 2024, at 9:38 a.m. confirmed that Resident 48's oxygen tubing should have been replaced prior to inserting the canula back into her nostrils, and it was not. 28 Pa Code 211.12(d)(1)(5) Nursing Services.

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	12/04/2024

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. 41233 Based on observations and staff interviews, it was determined that the facility failed to ensure that medication refrigerators were maintained in good condition for one of two medication refrigerators reviewed (west medication room). Findings include: Observations of the refrigerator in the medication room on the west unit on December 4, 2024, at 4:24 p.m. revealed that there was a moderate accumulation of ice on the bottom surface of the freezer compartment within the refrigerator. The ice was dripping water onto the medication boxes on the shelves below, saturating them and making them soft. The entire inside of the refrigerator was very wet requiring the nurses to remove all medications from the refrigerator at that time. Interview with Registered Nurse 2 on December 4, 2024, at 4:24 p.m. revealed that the night shift nurse documented the refrigerator temperature as 40 degrees Fahrenheit. She stated that she does not get into the refrigerator very much and that it should not be soaked with water inside. She confirmed that the refrigerator needed to be defrosted. Interview with the Director of Nursing on December 4, 2024, at 4:57 p.m. confirmed that the medication refrigerator needed defrosted and was not properly maintained. 28 Pa. Code 207.2(a) Administrator's Responsibility.