STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396073	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at North Strabane	100 Tandem Village Road Canonsburg, PA 15317

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff interview it was determined that the facility failed to maintain the confidentiality of residents' medical information for one of nine residents observed (R1).Findings include:Review of facility policy Confidentiality Policy indicated employees are required, at all times, to comply with HIPAA requirements and other federal and state laws applicable to the confidentiality of personal health information (PHI), and employees must reasonably protect confidential information.Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included depression, and acute respiratory failure (lungs cannot effectively exchange oxygen and carbon dioxide in the blood).Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 1/16/26, indicated the diagnoses are current.Review of a physician order dated 2/22/26, indicated endocrine referral for osteoporosis management.During an observation on 4/2/26, at 9:00 a.m. revealed a stapled packet of paper laying face up on the counter at the nurse's station, in view of residents, family, visitors, and non-medical staff. The packet included Resident R1's demographic information with home address, date of birth , physician name, and diagnoses with Resident R1's pick up time from the facility (10:30 a.m.) and F/U (follow-up) endocrinology (study of the endocrine system - glands that secrete hormones directly into the bloodstream), physician orders as of 4/1/26, and a blank ?Report of Consultation'. Staff were not visible from the nurse's station.During an interview on 4/2/26, at 9:04 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E1 confirmed Resident R1's confidential personal health information should not be accessible at the nurse's station.During an interview on 4/2/26, at 9:30 a.m. the Director of Nursing confirmed the facility failed to maintain the confidentiality of residents' medical information for Resident R1.PA Code 211.5(b) - clinical Records

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
	396073	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at North Strabane	100 Tandem Village Road Canonsburg, PA 15317

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to properly secure a treatment cart for one of three carts observed (treatment supply cart).Findings include: Review of facility policy Storage of Medications indicated compartments containing medications are locked when not in use. Trays or carts used to transport such items are not left unattended. During an observation on 4/2/26, at 9:00 a.m. a treatment cart was located outside of resident room [ROOM NUMBER]A, unlocked and unattended. During an interview on 4/2/26, at 9:04 a.m. Registered Nurse Assessment Coordinator (RNAC) Employee E1 confirmed the treatment cart should not be left unlocked and unattended. During an interview on 4/2/26, at 9:30 a.m. the Director of Nursing confirmed the facility failed to properly secure a treatment cart. Pa Code: 205.28(c)(3)(4) Nurses' StationPa Code: 211.9(a)(1)()h)(k)(l)(1) Pharmacy ServicesPa Code: 211.12(d)(1)(2)(3)(5) Nursing Services