

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at North Strabane		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51307 Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to make certain call bells were in reach for three of eight residents as required (Resident R30, Resident R35, and Resident R36). Findings include: The facility policy Call Light Response dated 2/22/24, indicated a call bell or alternative device will be placed within the reach of each resident while in their room, toilet, or bathing area. Review of Resident R30's clinical record indicated admission to the facility on [DATE]. Review of Resident R30's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/1/24, indicated diagnoses of hypertension (high blood pressure) hyperlipidemia (high fats in the blood) and schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves). During an interview on 10/8/24, at 10:30 a.m. Resident R30's was laying in his bed, his call light button was on the floor. When Resident R30 was asked what he would do if he needed help, he stated I don't know, I don't know where my call bell is. During an interview on 10/8/24, at 10:45 a.m. Registered Nurse (RN) Employee E1 confirmed the call bell was on the floor and not accessible for Residents R30's use. Review of admission record indicated Resident R35 admitted to the facility on [DATE]. Review of Resident R35's Minimum Data Set (MDS- a periodic assessment of care needs) dated 2/3/24, indicated the diagnoses of hemiplegia of left dominant side (paralysis of left side), following a stroke and depression (mood disorder affecting how one feels, thinks, and handles daily activities). During an interview on 10/8/24, at 10:48 a.m. Resident R35's was laying in her bed, her call light button was on the floor and not accessible. During an interview on 10/8/24, at 11:08 a.m. Graduate Practical Nurse (GPN) Employee E2 confirmed that Resident R35's call bell was not accessible. Review of admission record indicated Resident R36 admitted to the facility on [DATE]. (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R36's Minimum Data Set (MDS- a periodic assessment of care needs) dated 2/3/24, indicated the diagnoses of hemiparesis following a stroke and hypertension (high blood pressure). During an interview on 10/8/24, at 10:56 a.m. Resident R36's was lying in his bed, his call light button was on the floor and not accessible. During an interview on 10/8/24, at 11:08 a.m. GPN Employee E2 confirmed the call bell was on the floor and not accessible for Residents R36. During an interview on 10/10/24 at 11:20 a.m. Director of Nursing (DON) confirmed the facility failed to make certain call bells were accessible for use for three of eight residents as required. (Resident R30, Resident R35 and Resident R36). 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services. 28 Pa Code: 201.29 (l)(o) Resident rights.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 31343 Based on review of facility policy, observation, clinical record review and resident and staff interview, it was determined that the facility failed to provide adequate hygienic care for four of seven residents (Resident R15, R25, R38 and R54). Findings include: Review of the facility policy Flow of care dated 2/22/24, indicated that residents are to be provided care as needed on a 24 hour basis to attain and maintain the highest level of functioning. Review of the facility policy Nail Care dated 2/22/24, indicated that resident's fingernails will be cleaned and trimmed as needed or per request. During an observation on 10/9/24, from 8:25 a.m., through 9:18 a.m., the following was observed: Resident R15 was in bed, her fingernails were very long and unclean. She had her feet covered but when asked she showed toenails that were long and had sharp edges and were unclean. Review of Resident R15's shower sheet documentation dated 9/30/24, did not include documentation of whether or not her fingernails needed trimmed. Resident R25 was sleeping with her feet uncovered and her fingernails were long with black substances under them and her toenails were callused, long and soiled. Review of Resident R25's shower sheet documentation dated 9/6/24, identified that Resident R25 fingernails needed trimmed. Resident R38 was in her room, her fingernails were very long and unclean. Resident R38 had no shower sheets found. Resident R54 was observed in his room with long fingernails and he showed his toenails that were long and unclean. Due to his communication disorder, he used yes, no and hand gestures and when asked about nail trimming he said no, no and used his hand as clipper and pointed to toenails. Resident R54 shower sheet documentation dated 9/9/24, indicated that Resident R54 fingernails needed trimmed. During an interview on 10/9/24, at 8:55 a.m., Resident R38 stated that she has not had her fingernails or toenails cut since she has been in the facility. She stated that you cannot get anyone to do that. (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident R54 was observed in his room with long fingernails and he showed his toenails that were long and unclean. Due to his communication disorder, he used yes and no and hand gestures and when asked about nail trimming he said no, no and used his hand as clipper and pointed to toenails and said no, no. During an interview on 10/9/24, at 9:42 a.m., the Director of Nursing (DON) confirmed that the facility failed to make certain that resident finger nails were trimmed and the DON stated that the Social Worker had not had podiatry in since June 2024 and services had not been provided for the four of seven residents identified (Resident R15, R25, R38 and R54) as required. 28 Pa. Code 211.12(d)(5) Nursing services.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343 Based on review of facility policies and clinical records and staff interviews, it was determined that the facility failed to make certain that medical records on each resident are complete and accurately documented for four of 10 residents (Resident R14, R22, R48, and R57). Review of facility policy Flow of Care dated 2/22/24, indicated the provision targeted care needs shall be documented on Care Tracker/Point of Care/ADL Flow Records (clinical documents). Residents are to have 2 showers a week unless resident states otherwise. Review of the admission record indicated Resident R14 admitted to the facility on [DATE]. Review of Resident R14's Minimum Data Set (MDS- a periodic assessment of care needs) dated 8/13/24, indicated the diagnoses of Diabetes Mellitus, kidney disease, Schizoaffective disorder, and morbid obesity. Review of Resident R14's Bath/ Shower Task for 30 days Report dated September and October 2024 did not include documentation of showers being provided for seven of seven days(9/16, 9/17, 9/23, 9/30, 10/1, 10/7, and 10/8). Review of Resident R14's facility provided shower sheets, dated 10/3, indicated shower refusal and 10/7 indicated a bed bath being given, however, had not been documented in Resident R14's clinical record. Review of admission record indicated Resident R22 was admitted to the facility on [DATE], with diagnoses which included irregular heart beat and cancer of the prostate and bladder. Review of Resident R22's Bath/ Shower Task for 30 days Report dated September and October 2024 did not include documentation of showers being provided for seven of seven days(9/16, 9/17, 9/23, 9/30, 10/1, 10/7, and 10/8). Review of Resident R22's facility provided shower sheets, dated 9/28 indicated shower refusal and 10/2 indicated a shower had been provided. Documentation in the clinical record had not been identified. Review of the clinical record indicated Resident R48 was admitted to the facility on [DATE]. Review of Resident R48's MDS dated [DATE], indicated the diagnoses of high blood pressure, hyperlipidemia (high fats in the blood) and depression. Review of Resident R48's clinical record Documentation Task Report dated September and October 2024 did not include documentation of showers being provided between 9/14/24 through 10/6/24. (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/9/24, at 4:00 p.m. the Director of Nursing (DON) provided facility documentation to indicate that Resident R48's showers were documented on paper, CNA Shower Review dated 9/23/24, 9/24/24, and 10/7/24 and confirmed that two of the three showers had not be transferred to the electronic medical. Review of the admission record indicated Resident R57 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], indicated diagnoses of asthma, respiratory failure and heart failure. Review of Resident R57's Bath/Shower Task for September 2024, indicated Resident R57 gets showers on Monday and Thursday. The clinical record did not include documentation of showers being provided on 9/16, 9/19, 9/23, and 9/26/24 as scheduled. During an interview on 10/9/24, at 3:00 p.m. the DON confirmed the above findings and that the facility failed to make certain that medical records on each resident are complete and accurately documented for residents R14, R22, R48, and R57. 28 Pa. Code 211.5(f) Clinical Records. 28 Pa. Code: 211.12 (d)(1)(2)(5) Nursing services.		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26071 Based on facility policy, clinical record review, and staff interview, it was determined that the facility failed to make certain that a pneumococcal immunization was offered to two of five residents (Resident R18, R40). Findings include: Review of the facility policy Resident Immunizations dated 1/12/23, indicated the facility will offer Pneumovax and Influenza vaccines as indicated. Review of the Centers for Disease Control (CDC) document, Pneumococcal Vaccination: Summary of Who and When to Vaccinate last reviewed 1/24/22, indicated that CDC recommends pneumococcal vaccination for all adults [AGE] years or older, and for adults 19 through [AGE] years old who have certain chronic medical conditions or other risk factors. Review of the Admission Record indicated that Resident R18 was admitted to the facility on [DATE]. Review of Minimum Data Set (MDS-periodic assessment of care needs) dated 6/27/23, included diagnoses of Multiple Sclerosis, paraplegia, and seizure disorder. Section O0300 Pneumococcal Vaccine indicated Resident R18 was not up to date and was offered and declined. There was no evidence in the clinical record that the resident was offered and declined the Pneumococcal Vaccine. Review of the clinical record failed to include documentation of education provided to Resident R18 and/or their representative of the risks and benefits of the pneumonia vaccination. Review of the Admission Record indicated that Resident R40 was admitted to the facility on [DATE]. Review of Minimum Data Set (MDS-periodic assessment of care needs) dated 8/25/22, included diagnoses of Atrial Fibrillation (a heart arrhythmia), paraplegia, and schizophrenia. Section O0300 Pneumococcal Vaccine indicated Resident R18 was not up to date and was offered and declined. There was no evidence in the clinical record that the resident was offered and declined the Pneumococcal Vaccine. Review of the clinical record failed to include documentation of education provided to Resident R40 and/or their representative of the risks and benefits of the pneumonia vaccination. During an interview on 10/11/24, at 10:30 a.m. the Nursing Home Administrator confirmed that the facility failed to make certain that a pneumococcal immunization was offered to Residents R18 and R40. 28 Pa. Code 211.5(f) Clinical records.		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26071 Based on review of facility policy and procedure, clinical record review, and staff interview, it was determined that the facility failed to offer the COVID-19 vaccine as indicated by the Centers for Disease Control (CDC) for five of five residents reviewed (Residents R6, R18, R21, R23, and R40). Findings include: A review of the facility policy, Covid 19 Vaccination Policy, dated 1/12/23, indicated the facility will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and local health authorities, as applicable. Immunizations will be offered as indicated. A review of the clinical record indicated Resident R6 was admitted to the facility on [DATE]. Review of immunization information revealed that the last COVID-19 immunization was on 11/19/21. There was no evidence that the facility provided vaccine information or offered COVID-19 immunization after 2021. A review of the clinical record indicated Resident R18 was admitted to the facility on [DATE]. Review of immunization information revealed that the last COVID-19 immunization was on 1/20/21. There was no evidence that the facility provided vaccine information or offered COVID-19 immunization after 2021. A review of the clinical record indicated Resident R21 was admitted to the facility on [DATE]. Review of immunization information revealed that the last COVID-19 immunization was on 10/19/21. There was no evidence that the facility provided vaccine information or offered COVID-19 immunization after 2021. A review of the clinical record indicated Resident R23 was admitted to the facility on [DATE]. Review of immunization information revealed that the last COVID-19 immunization was on 10/19/21. There was no evidence that the facility provided vaccine information or offered COVID-19 immunization after 2021. A review of the clinical record indicated Resident R40 was admitted to the facility on [DATE]. Review of immunization information revealed that the last COVID-19 immunization was on 11/9/21. There was no evidence that the facility provided vaccine information or offered COVID-19 immunization after 2021. During an interview on 10/11/24 at 10:30 a.m., the Director of Nursing (DON) confirmed that the facility had no additional information to evidence that Residents R6, R18, R21, R23, and R40 were provided education regarding COVID 19 immunizations, or an immunization to remain up to date with the available COVID-19 vaccines. 28 Pa. Code 211.5(f) Medical records. (continued on next page)		

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