

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395158</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/16/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>KADIMA REHABILITATION &amp; NURSING AT GREENVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>110 FREDONIA ROAD GREENVILLE, PA 16125</b>		
STATE LICENSE NUMBER: <b>070402</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT  Based on an Abbreviated Complaint Survey completed on January 16, 2025, at Kadima Rehabilitation & Nursing at Greenville, it was determined the facility was not in compliance with the following requirements of the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 5520		P 5520		

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P 5520	Continued from page 1  Nursing services.  (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.  This REGULATION is not met as evidenced by:	P 5520	Facility will continue to discourage unexpected call offs which may result in Nursing Aide ratios not being met. This will be done through in-services and staffing outreach conducted by Director of Nursing/Designee and Human Resources.  Educations completed on staffing ratios for Nurses aides, call off policies for all staff members of the facility, and attendance expectations for all staff members of the facility to be completed by Director of nursing(DON)/designee and human resources. Key staff educated are Nurse Aides, Licenses Professional Nurses, and Registered Nurses.  Facility will utilize agency personnel when the facility has available nursing hours if in house staff do not fill available hours  Nursing Aid Hours will be monitored Monday through Friday by DON/Designee as well as NHA/designee at end of stand up meeting. On weekends Charge	Completion Date: <b>03/02/2025</b> Status: <b>APPROVED</b> Date: <b>02/07/2025</b>

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P 5520	Continued from page 2	P 5520	<p>Nurse, scheduler, and Manager on Duty reviews NA ratios. If there are staff needs charge nurse and manager on duty contacts facility and agency staffing for available shifts. Appropriate staffing for open positions to be contacted on an as need basis to fill any holes in the schedule by nursing scheduler/nursing supervisor/Director of nursing. Weekends this is completed by charge nurse &amp; manager on duty.</p> <p>Nursing Schedule posts all nursing staff regular schedules on a continual basis with a working schedule at least 1 weeks notice if there are any changes. Program has been developed with nursing for staff to opt to switch shifts with one another in order in the event that a staff member needs time off on short notice, allowing the facility to be more adjustable to staff needs. Nursing scheduler educating nursing staff on shift switch program.</p>	

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P 5520	Continued from page 3	P 5520	<p>Monthly Staffing audits to be completed at monthly Quality Assurance performance improvement(QAPI) meeting. Audits will consist of totals of ratios and deployment zones. This will include unit, days of any missed ratios if any, and corrective actions pursued or utilized. Audits consist of results of daily activity of deployment sheet and working hours compared to what is within regulation.</p> <p>Daily audits completed at end of stand up meeting utilizing DON/designee and NHA/designee with immediate action taken place in order fill open position. Action steps being noted including any redeployment of staffing to meet NA needs. Contacts to be noted by facility for open positions. Daily x4 weeks, weekly x2 weeks, monthly there after.</p> <p>QAPI plan has active performance improvement plan for staff retention and recruitment which includes effective measures to hire and retain staff members entering the facility.</p>	

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P 5520	Continued from page 4  Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one nurse aide (NA) per 10 residents on the day shift for seventeen of 21 days (11/17/24, 11/18/24, 11/19/24, 11/21/24, 11/22/24, 11/23/24, 12/09/24, 12/11/24, 12/12/24, 12/14/24, 12/15/24, 1/05/25, 1/06/25, 1/07/25, 1/09/25, 1/10/25 and 1/11/25); failed to ensure one NA per 11 residents on the evening shift for seventeen of 21 days (11/20/24, 11/22/24, 11/23/24, 12/09/24, through 12/15/24, and 1/05/25 through 1/11/25); and failed to ensure one NA per 15 residents on the overnight shift, for twelve of 21 days reviewed for staffing ratio (11/19/24, 11/20/24, 12/09/24, 12/10/24, 12/12/24, 1/05/25, 1/06/25, 1/07/25, 1/09/25, 1/10/25 and 1/11/25).  Findings include:  Review of facility nursing staffing documents for the time periods from 11/17/24, through 11/23/24, 12/09/24 through 12/15/24, and 1/05/25 through	P 5520		

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P 5520	Continued from page 5  1/11/25, revealed the following staffing shortages where the minimum required NA ratios were not met for the day shift:  11/17/24, facility census of 108 residents, 8.53 NAs worked and 10.80 were required. 11/18/24, facility census of 108 residents, 9.00 NAs worked and 10.80 were required. 11/19/24, facility census of 106 residents, 9.00 NAs worked and 10.60 were required. 11/20/24, facility census of 105 residents, 9.00 NAs worked and 10.50 were required. 11/21/24, facility census of 105 residents, 9.00 NAs worked and 10.50 were required. 11/22/24, facility census of 105 residents, 10.00 NAs worked and 10.50 were required. 11/23/24, facility census of 105 residents, 9.00 NAs worked and 10.50 were required. 12/09/24, facility census of 101 residents, 8.53 NAs worked and 10.10 were required. 12/11/24, facility census of 103 residents, 9.00 NAs worked and 10.30 were required.	P 5520		

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P 5520	Continued from page 6  12/12/24, facility census of 102 residents, 9.00 NAs worked and 10.20 were required. 12/14/24, facility census of 103 residents, 10.00 NAs worked and 10.30 were required. 12/15/24, facility census of 104 residents, 8.00 NAs worked and 10.40 were required. 1/05/25, facility census of 99 residents, 8.00 NAs worked and 9.90 were required. 1/06/25, facility census of 101 residents, 9.00 NAs worked and 10.10 were required. 1/07/25, facility census of 102 residents, 9.00 NAs worked and 10.10 were required. 1/09/25, facility census of 103 residents, 10.00 NAs worked and 10.30 were required. 1/11/25, facility census of 105 residents, 7.37 NAs worked and 10.50 were required.  Review of facility nursing staffing documents for the time periods from 11/17/24 through 11/23/24, 12/09/24 through 12/15/24, and 1/05/25 through 1/11/25, revealed the following staffing shortages where the minimum required NA ratios were not met for the evening shift:	P 5520		

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P 5520	Continued from page 7  11/20/24, facility census of 105 residents, 7.00 NAs worked and 9.55 were required. 11/21/24, facility census of 105 residents, 9.47 NAs worked and 9.55 were required. 11/23/24, facility census of 105 residents, 8.53 NAs worked and 9.55 were required. 12/09/24, facility census of 101 residents, 6.00 NAs worked and 9.18 were required. 12/10/24, facility census of 103 residents, 8.53 NAs worked and 9.36 were required. 12/11/24, facility census of 103 residents, 9.20 NAs worked and 9.36 were required. 12/12/24, facility census of 102 residents, 8.53 NAs worked and 9.27 were required. 12/13/24, facility census of 103 residents, 8.00 NAs worked and 9.36 were required. 12/14/24, facility census of 103 residents, 8.00 NAs worked and 9.36 were required. 12/15/24, facility census of 104 residents, 8.80 NAs worked and 9.45 were required. 1/05/25, facility census of 99 residents, 7.00 NAs worked and 6.67 were required.	P 5520		

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P 5520	Continued from page 8  1/06/25, facility census of 101 residents, 8.27 NAs worked and 9.18 were required. 1/07/25, facility census of 102 residents, 6.00 NAs worked and 9.27 were required. 1/08/25, facility census of 102 residents, 8.53 NAs worked and 9.27 were required. 1/09/25, facility census of 103 residents, 7.47 NAs worked and 9.36 were required. 1/10/25, facility census of 103 residents, 8.00 NAs worked and 9.36 were required. 1/11/25, facility census of 105 residents, 6.07 NAs worked and 9.55 were required.  Review of facility nursing staffing documents for the time periods from 11/17/24 through 11/23/24, 12/09/24 through 12/15/24, and 1/05/25 through 1/11/25, revealed the following staffing shortages where the minimum required NA ratios were not met for the overnight shift:  11/19/24, facility census of 108 residents, 8.53 NAs worked and 9.64 were required.	P 5520		

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P 5520	Continued from page 9  11/20/24, facility census of 105 residents, 6.00 NAs worked and 7.00 were required. 11/23/24, facility census of 105 residents, 5.00 NAs worked and 7.00 were required. 12/09/24, facility census of 101 residents, 4.00 NAs worked and 6.73 were required. 12/10/24, facility census of 103 residents, 6.00 NAs worked and 6.87 were required. 12/12/24, facility census of 102 residents, 5.00 NAs worked and 6.86 were required. 1/05/25, facility census of 99 residents, 5.00 NAs worked and 6.60 were required. 1/06/25, facility census of 101 residents, 4.00 NAs worked and 6.73 were required. 1/07/25, facility census of 102 residents, 5.00 NAs worked and 6.80 were required. 1/09/25, facility census of 103 residents, 5.00 NAs worked and 6.87 were required. 1/10/25, facility census of 103 residents, 6.40 NAs worked and 6.87 were required. 1/11/25, facility census of 105 residents, 6.00 NAs worked and 7.00 were required.	P 5520		

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P 5520	Continued from page 10  During an interview on 1/15/25, at 10:10 a.m. the Nursing Home Administrator confirmed that the facility failed to meet the minimum NA ratio requirements on the above shifts and dates.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 11  Nursing services.  (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.  This REGULATION is not met as evidenced by:	P 5530	Facility will continue to discourage unexpected call offs which may result in Licensed Practical Nurse (LPN) ratios not being met. This will be done through in-services and staffing outreach conducted by Director of Nursing/Designee and Human Resources.  Educations completed on staffing ratios for Licensed Professional Nurses (LPN), call off policies for all staff members of the facility, and attendance expectations for all staff members of the facility to be completed by Director of nursing(DON)/designee and human resources. Key staff educated are Nurse Aides, Licenses Professional Nurses, and Registered Nurses.  Facility will utilize agency personnel when the facility has available nursing hours if in house staff do not fill available hours  LPN Hours will be monitored Monday through Friday by DON/Designee as well as NHA/designee at end of stand up	Completion Date: <b>03/02/2025</b> Status: <b>APPROVED</b> Date: <b>02/07/2025</b>

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P 5530	Continued from page 12	P 5530	<p>meeting. On weekends Charge Nurse, scheduler, and Manager on Duty reviews LPN ratios. If there are staff needs charge nurse and manager on duty contacts facility and agency staffing for available shifts. Appropriate staffing for open positions to be contacted on an as need basis to fill any holes in the schedule by nursing scheduler/nursing supervisor/Director of nursing. Weekends this is completed by charge nurse &amp; manager on duty.</p> <p>Nursing Schedule posts all nursing staff regular schedules on a continual basis with a working schedule at least 1 weeks notice if there are any changes. Program has been developed with nursing for staff to opt to switch shifts with one another in order in the event that a staff member needs time off on short notice, allowing the facility to be more adjustable to staff needs. Nursing scheduler educating nursing staff on shift switch program.</p>	

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P 5530	Continued from page 13	P 5530	<p>Monthly Staffing audits to be completed at monthly Quality Assurance performance improvement(QAPI) meeting. Audits will consist of totals of ratios and deployment zones. This will include unit, days of any missed ratios if any, and corrective actions pursued or utilized. Audits consist of results of daily activity of deployment sheet and working hours compared to what is within regulation.</p> <p>Daily audits completed at end of stand up meeting utilizing DON/designee and NHA/designee with immediate action taken place in order fill open position. Action steps being noted including any redeployment of staffing to meet LPN needs. Contacts to be noted by facility for open positions. Daily x4 weeks, weekly x2 weeks, monthly there after.</p> <p>QAPI plan has active performance improvement plan for staff retention and recruitment which includes</p>	

Pennsylvania Department of Health

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NAME OF PROVIDER OR SUPPLIER: <b>KADIMA REHABILITATION &amp; NURSING AT GREENVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>110 FREDONIA ROAD GREENVILLE, PA 16125</b>		
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P 5530	Continued from page 14	P 5530	effective measures to hire and retain staff members entering the facility.	

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P 5530	Continued from page 15  Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Licensed Practical Nurse (LPN) per 25 residents on the day shift, for four of 21 days reviewed for staffing ratio (11/22/24, 12/10/24, 1/06/25, and 1/07/25).  Findings include:  Review of facility nursing staffing documents for the time periods from 11/17/24 through 11/23/24, 12/09/24 through 12/15/24, and 1/05/25 through 1/11/25, revealed the following staffing shortages where the minimum required LPN ratios were not met for the day shift:  11/22/24, facility census of 105 residents, 4.00 LPNs worked and 4.20 were required. 12/10/24, facility census of 103 residents, 4.00 LPNs worked and 4.12 were required. 1/06/25, facility census of 101 residents, 4.00 LPNs worked and 4.04 were required.	P 5530		

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P 5530	Continued from page 16  1/06/25, facility census of 102 residents, 4.00 LPNs worked and 4.06 were required.  During an interview on 1/15/25, at 10:10 a.m. the Nursing Home Administrator confirmed that the facility failed to meet the minimum LPN ratio requirements on the above shift and dates.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 17  Nursing services.  (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5640	Facility will continue to discourage unexpected call offs which may result in PPD not being met. This will be done through in-services and staffing outreach conducted by Director of Nursing/Designee and Human Resources.  Educations completed on Staffing ratios and PPD, call off policies, and attendance expectations to be completed by DON/designee and human resources.  Facility will utilize agency personnel when the facility has available nursing hours if in house staff do not fill available hours  Staffing will be monitored daily by DON/Designee as well as NHA at end of stand up meeting. Appropriate staffing for open positions to be contacted on an as need basis to fill any holes in the schedule by nursing scheduler./nursing supervisor/DON.  Nursing Schedule posts all nursing	Completion Date: <b>03/02/2025</b> Status: <b>APPROVED</b> Date: <b>02/07/2025</b>

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P 5640	Continued from page 18	P 5640	<p>staff regular schedules on a continual basis with a working schedule at least 1 weeks notice if there are any changes. Program has been developed with nursing for staff to opt to switch shifts with one another in order in the event that a staff member needs time off on short notice, allowing the facility to me more adjustable to staff needs. Nursing scheduler educating nursing staff on shift switch program.</p> <p>Staffing audits to be completed at monthly QAPI meeting. Audits will consist of PPD and deployment zones for the day which may indicate patterns for intervention. This will include unit, days of any missed PPD if any, and corrective actions pursued or utilized at the time of the event.</p> <p>QAPI has active performance improvement plan for staff retention and recruitment which includes effective measures to hire and retain staff members entering the facility.</p>	

Pennsylvania Department of Health

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P 5640	Continued from page 19	P 5640	Facility continues to investigate local education centers and community events for recruitment opportunities.	

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P 5640	Continued from page 20  Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to provide the minimum number of general nursing care hours of 3.2 hours of direct resident care hours per resident in a twenty-four-hour period for twelve of 14 days reviewed (11/17/24, 11/20/24, 11/23/24, 12/09/24, 12/10/24, 12/14/24, 12/15/24, 1/05/25, 1/06/25, 1/07/25, 1/09/25, and 1/11/25.)  Findings include:  Review of facility nursing staffing documents for the time periods from 11/17/24 through 11/23/24, 12/09/24 through 12/15/24, and 1/05/25 through 1/11/25, revealed that the hours of direct resident care was below 3.2 minimum per patient per day (PPD) on the following dates:  11/17/24      3.00 PPD 11/20/24      3.10 PPD 12/09/24      2.72 PPD 12/10/24      3.10 PPD	P 5640		

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P 5640	Continued from page 21  12/14/24      3.10 PPD 12/15/24      3.17 PPD 1/05/25        3.11 PPD 1/06/25        2.79 PPD 1/07/25        2.87 PPD 1/09/25        3.11 PPD 1/11/25        2.75 PPD  During a interview on 1/15/25, at 10:10 a.m. the Nursing Home Administrator confirmed that the facility did not meet the 3.2 minimum hours of direct resident care on above dates.	P 5640		



# Certified End Page

**KADIMA REHABILITATION & NURSING AT GREENVILLE**

**STATE LICENSE NUMBER: 070402**

**SURVEY EXIT DATE: 01/16/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY