

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/07/2025
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NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT IRWIN	STREET ADDRESS, CITY, STATE, ZIP CODE: 249 MAUS DRIVE NORTH HUNTINGDON, PA 15642
STATE LICENSE NUMBER: 281002	

(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	F 0000		
F 0812 SS=F	Based on an Abbreviated Survey in response to a complaint, completed on January 7, 2025, it was determined that Kadima Rehabilitation and Nursing at Irwin was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.	F 0812		

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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F 0812 SS=F	Continued from page 1 483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 0812	The facility will properly monitor food temperatures in the Main Kitchen in order to prevent the potential for food-borne illness. Facility is unable to retroactively correct concerns for food temperatures not being recorded on 12/24/24, 12/29/24, 12/30/24, 1/1/25, and 1/3/25. The Dietary Manager or designee will educate dietary staff on dietary manual's "Food Temperature Recording" policy that explains the process for food temperature recording prior to the start of each meal service. The Dietary Manager or designee will audit 10 resident meals per week for four weeks and then monthly for three months to ensure food temperatures are being properly recorded in order to prevent the potential for food-borne illness. The results of these audits will be reported to the Quality Assurance Performance Improvement	Completion Date: 01/16/2025 Status: APPROVED Date: 01/21/2025

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F 0812 SS=F	Continued from page 2	F 0812	Committee for review, recommendations, and frequency of audits.		

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F 0812 SS=F	Continued from page 3 Based on a review of facility policies and documents, and staff interviews, it was determined that the facility failed to properly monitor food temperatures in the Main Kitchen creating the potential for food-borne illness. Findings include: A review of facility policies "Dietary Services Administration" and "Food Temperature Recording," dated 9/18/24, indicated that the facility provides food that is the proper temperature. Food temperatures will be taken and recorded by dining service staff prior to the start of each meal. All hot foods will be held and served above 135 degrees Fahrenheit. Food temperature logs will be kept on file. A review of the "Daily Temperature Log, To Be Taken By Cook On Duty" documents dated 12/7/24 through 1/7/25 did not include documentation that temperatures were taken prior to the start of the meal on the following days:	F 0812		

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F 0812 SS=F	Continued from page 4 12/24/24, evening meal. 12/29/24, evening meal. 12/30/24, evening meal. 1/1/25, evening meal. 1/3/25, lunch meal. During an interview on 1/7/25, at 12:30 p.m., the Nursing Home Administrator and Registered Dietician Employee E1 confirmed the above findings and that the facility failed to monitor food temperatures creating the potential for food-borne illness. 28 Pa. Code: 201.18(b)(1) Management. 28 Pa. Code: 211.6(c) Dietary services.	F 0812		



Certified End Page

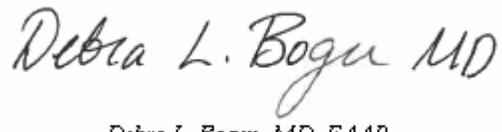
KADIMA REHABILITATION & NURSING AT IRWIN

STATE LICENSE NUMBER: 281002

SURVEY EXIT DATE: 01/07/2025

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