

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
E 0000	INITIAL COMMENT Based on an Emergency Preparedness Survey completed on January 28, 2025, at Kadima Rehabilitation and Nursing at Irwin, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 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.



Certified End Page

KADIMA REHABILITATION & NURSING AT IRWIN

STATE LICENSE NUMBER: 281002

SURVEY EXIT DATE: 01/28/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 281002 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on January 28, 2025, it was determined that Kadima Rehabilitation and Nursing at Irwin was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a one-story, Type V (000), unprotected wood frame building, with a basement, that is fully sprinklered.</p>	K 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
K 0324 SS=C	<p>NFPA 101 Cooking Facilities</p> <p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0324	<p>The facility will maintain all cooking facilities. The facility will complete semiannual kitchen fire suppression inspections and kitchen hood cleanings as required.</p> <p>Documentation will be stored and maintained by the facility. The NHA will audit fire suppression inspections and hood cleaning logs monthly to ensure they are completed as required. Maintenance director will be educated of Federal Tag F0324.</p>	<p>Completion Date: 03/15/2025</p> <p>Status: APPROVED</p> <p>Date: 02/12/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
K 0324 SS=C	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain cooking facilities in two instances, affecting the entire facility. Findings include: 1. Observation and document review on January 28, 2025, at 8:55 a.m., revealed the following: a) The facility lacked documentation for the semiannual kitchen fire suppression inspection due in March 2024. b) The facility lacked documentation for any kitchen hood cleanings in the last 12 months. Interview with the Facility Administrator and Maintenance Director on January 28, 2025, at 8:55 a.m., confirmed the kitchen fire suppression system deficiencies.	K 0324		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
K 0345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:	K 0345	The facility will ensure the fire alarm system is maintained at all times. The facility will complete its annual fire alarm inspection as required. Documentation will be stored and maintained by the facility. The administrator will audit monthly to ensure fire alarm inspections are completed as required. Maintenance director will be educated on federal tag F0345.	Completion Date: 03/15/2025 Status: APPROVED Date: 02/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
K 0345 SS=F	Continued from page 4 Based on documentation review and interview, it was determined the facility failed to maintain the fire alarm system, in one instance, affecting the entire facility Findings Include: 1. Review of documentation on January 28, 2025, at 9:15 a.m., revealed the facility lacked documentation for an annual fire alarm inspection. Interview with the Facility Administrator and Maintenance Director on January 28, 2025, at 10:00 a.m., confirmed the lack of annual fire alarm system inspection documentation at the time of the survey.	K 0345		
K 0353 SS=C		K 0353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025	
NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT IRWIN STATE LICENSE NUMBER: 281002		STREET ADDRESS, CITY, STATE, ZIP CODE: 249 MAUS DRIVE NORTH HUNTINGDON, PA 15642		
(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
K 0353 SS=C	Continued from page 5 NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 0353	The facility will maintain the automatic sprinkler system at all times. The automatic sprinkler gauges in the rear of the maintenance shop in the basement will be replaced or calibrated within as part of the facility's five-year internal sprinkler system inspection. Documentation will be stored and maintained by the facility.	Completion Date: 03/15/2025 Status: APPROVED Date: 02/11/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
K 0353 SS=C	Continued from page 6 Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in one instance, affecting the entire facility. Findings include: 1. Observation on January 28, 2025, at 9:10 a.m., revealed the automatic sprinkler gauges in the rear of the maintenance shop in the basement, were dated 2019, and the facility could not provide documentation that the gauge had been replaced or calibrated within the last five years. Interview with the Facility Administrator and Maintenance Director on January 28, 2025, at 10:00 a.m., confirmed the automatic sprinkler system deficiency.	K 0353		
K 0363 SS=D		K 0363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025	
NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT IRWIN STATE LICENSE NUMBER: 281002		STREET ADDRESS, CITY, STATE, ZIP CODE: 249 MAUS DRIVE NORTH HUNTINGDON, PA 15642		
(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
K 0363 SS=D	Continued from page 7 NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.	K 0363	The facility will maintain all corridor doors in the facility. Hardware for the door of RM 22 was adjusted for the door to properly latch. An audit was completed of all corridor doors in the facility and no concerns were noted.	Completion Date: 03/15/2025 Status: APPROVED Date: 02/10/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025	
NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT IRWIN STATE LICENSE NUMBER: 281002		STREET ADDRESS, CITY, STATE, ZIP CODE: 249 MAUS DRIVE NORTH HUNTINGDON, PA 15642		
(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
K 0363 SS=D	Continued from page 8 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain corridor doors in one instance, affecting one of ten smoke compartments. Findings include: 1. Observation on January 28, 2025, at 9:40 a.m., revealed the door to Room 22 on the first floor failed to latch when tested. Interview with the Facility Administrator and Maintenance Director on January 28, 2025, at 10:00 a.m., confirmed the corridor door deficiency	K 0363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
K 0712 SS=C	<p>NFPA 101 Fire Drills</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0712	<p>The facility will perform all fire drills as required. The facility will schedule an additional 11-7 fire drill that was missed for the fourth quarter of 2024 and will complete fire drills quarterly for all three shifts as required. Documentation will be stored and maintained by facility.</p>	<p>Completion Date: 03/15/2025 Status: APPROVED Date: 02/10/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
K 0712 SS=C	Continued from page 10 Based on documentation review and interview, it was determined the facility failed to perform 1 of 12 required fire drills. Findings include: 1. Review of documentation on January 28, 2025, at 8:30 a.m., revealed the facility lacked documentation for the third shift fire drill for the fourth quarter. Interview with the Facility Administrator and Maintenance Director on January 28, 2025, at 8:30 a.m., confirmed the facility lacked documentation for the drill between October and December in 2024.	K 0712		
K 0918 SS=F		K 0918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025	
NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT IRWIN STATE LICENSE NUMBER: 281002		STREET ADDRESS, CITY, STATE, ZIP CODE: 249 MAUS DRIVE NORTH HUNTINGDON, PA 15642		
(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
K 0918 SS=F	Continued from page 11 NFPA 101 Electrical Systems - Essential Electric System Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	The facility will perform emergency generator maintenance testing annually as required. The facility will schedule and complete annual emergency generator PM. Documentation of the PM will be stored and maintained by the facility. The administrator will audit emergency generator PM logs to ensure PM is being completed as required. Maintenance director will be educated on federal tag F0918.	Completion Date: 03/15/2025 Status: APPROVED Date: 02/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT IRWIN STATE LICENSE NUMBER: 281002			STREET ADDRESS, CITY, STATE, ZIP CODE: 249 MAUS DRIVE NORTH HUNTINGDON, PA 15642		
(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	
K 0918 SS=F	Continued from page 12 (NFPA 70) This REQUIREMENT is not met as evidenced by:	K 0918			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
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
K 0918 SS=F	Continued from page 13 Based on documentation review and interview, it was determined the facility failed to perform emergency generator maintenance testing for the last 12 months. Findings include: 1. Review of documentation on January 28, 2025, at 8:45 a.m., revealed the facility lacked documentation for an annual emergency generator PM performed in the last 12 months. Interview with the Facility Administrator and Maintenance Director, on January 28, 2025, at 8:45 a.m., confirmed the required annual generator testing documentation was not available at the time of the survey	K 0918		



Certified End Page

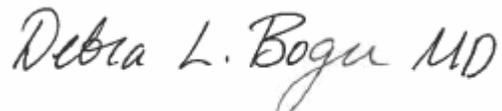
KADIMA REHABILITATION & NURSING AT IRWIN

STATE LICENSE NUMBER: 281002

SURVEY EXIT DATE: 01/28/2025

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