

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395506	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/14/2025
NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT PALMYRA		STREET ADDRESS, CITY, STATE, ZIP CODE: 341 N RAILROAD STREET PALMYRA, PA 17078		
STATE LICENSE NUMBER: 161102				
(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 0880	Based on an Abbreviated survey in response to a complaint completed on February 14, 2025, it was determined that Kadima Rehabilitation and Nursing at Palmyra 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.	F 0880		
SS=E				

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 0880 SS=E	Continued from page 1 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 0880	1) Residents 2,3, and 4 have since been removed from COVID precautions. Staff members were educated on the policy on precautions. Reviewed were the proper procedures for donning and doffing. Staff was also educated on what PPE is required. 2) Residents who are on precautions related to COVID or who are on Precautions will have appropriate signage on their doors. Currently no residents are on COVID precautions. 3) Staff have been re-educated on the COVID policy and procedure as well as what PPE is required for Droplet precautions and/or contact precautions. 4) The DON/or her designee will monitor staff when providing care to residents on precautions. This will occur daily for one week and biweekly there after until the precautions are lifted. The Audits will be reviewed with the Quality	Completion Date: 03/11/2025 Status: APPROVED Date: 02/27/2025

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F 0880 SS=E	Continued from page 2 (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 0880	Assurance for Review and recommendations as needed.	

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F 0880 SS=E	Continued from page 4 Based on facility policy review, clinical record review, and observation, it was determined that the facility failed to follow policies and procedures to prevent the spread of infection for three of four sampled residents. (Residents 2, 3, and 4) Findings include: Review of the facility policy entitled, "Covid-19 Policy and Procedure," last reviewed February 5, 2025, revealed personal protective equipment (PPE) was to be worn when caring for residents who tested positive or had potentially been exposed to Coronavirus Disease 2019 (COVID-19). PPE was to include gloves, a gown, a face mask, and a face shield. Precautions were to remain in place for at least 14 days and up to 20 days, depending on severity of the residents' symptoms. Observations on February 14, 2025, at 10:00 a.m., revealed one cart containing PPE supplies was centrally located in each of the three resident occupied hallways. Two signs hung on the room	F 0880		

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F 0880 SS=E	Continued from page 5 doors of Residents 2, 3, and 4, indicating droplet and contact precautions were to be followed when entering the room. The signs instructed staff to clean hands before entering and when leaving, cover eyes, nose, and mouth fully before entering, remove face protection before exiting, and put gown, gloves on before entering and take off before exiting. Clinical record review revealed that Resident 2 tested positive for COVID-19 on February 11, 2025, according to a nursing note. On February 14, 2025, from 10:28 a.m. to 10:48 a.m., nurse aide (S4) and nurse aide (S5) entered the resident's room and provided care without wearing gowns. Clinical record review revealed that Resident 3 tested positive for COVID-19 on February 13, 2025, according to a physician's note. On February 14, 2025, from 10:35 a.m. to 10:50 a.m., occupational therapist (S6) was observed entering and exiting the room and providing care without wearing a gown.	F 0880		

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F 0880 SS=E	Continued from page 6 Clinical record review revealed that Resident 4 had a diagnosis of COVID-19 on February 8, 2025. On February 14, 2025, from 9:55 a.m. to 10:10 a.m., S6 was observed providing care in Resident 4's room while wearing a gown, gloves, and face mask. S6 exited the room and walked through the residents areas before removing the gown at the front door. In an interview on February 14, 2025, at 11:50 a.m., the Nursing Home Administrator, Director of Nursing, and Infection Preventionist confirmed that S4, S5, and S6 were providing care to Resident 2 and Resident 3 without wearing the required PPE, and that S6 was observed walking from Resident 4's room to the front door of the facility wearing a gown that was worn while providing care. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0880		



Certified End Page

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STATE LICENSE NUMBER: 161102

SURVEY EXIT DATE: 02/14/2025

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