

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395506</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/04/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>KADIMA REHABILITATION &amp; NURSING AT PALMYRA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>341 N RAILROAD STREET PALMYRA, PA 17078</b>		
STATE LICENSE NUMBER: <b>161102</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	F 0000		
F 0732	Based on an Abbreviated Survey in response to two complaints, completed on April 4, 2025, it was determined that Kadima Rehabilitation and Nursing at Palmyra has deficiencies that have the potential for minimal harm to residents as related to the 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 0732		
SS=C				

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 0732  SS=C	Continued from page 1  483.35(g)(1)-(4) Posted Nurse Staffing Information  §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.  §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.  §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.	F 0732	1) The form was behind the dated 4/1/2025 it was removed, and the correct one was placed immediately in the front of the folder.  2) The scheduler updates the form, and the night shift supervisor will be responsible for ensuring the correct one is in place. The Supervisors will be educated on the importance of ensuring the nursing staff staffing is accurate and has the correct date.  3) The NHA and/designee will monitor to ensure compliance. The sheets for the weekends and holidays are in the folder and the supervisor will be responsible to ensure the correct one is posted.  4) Random audits will continue to ensure compliance. Results of the audits will be reviewed at the QAPI meeting for suggestions and input to maintain compliance.	Completion Date: <b>05/01/2025</b> Status: <b>APPROVED</b> Date: <b>04/24/2025</b>

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F 0732  SS=C	Continued from page 2  §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.  This REQUIREMENT is not met as evidenced by:  Based on observation it was determined that the facility failed to post current nurse staffing information.  Findings include:  On April 4, 2025, at 9:57 a.m., the nurse staffing information posted in the facility was dated April 3, 2025.  28 Pa Code 201.18(b)(3) Management.	F 0732		

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P 5520	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	1) The facility cannot retroactively correct the staffing for the days in question.  2)The staffing ratios are reviewed on an ongoing basis. The NHA and DON continue to hire and recruit staff to fill the open positions. The scheduler has been educated on the numbers necessary to maintain compliance based on the facility census.  3) The NHA /designee monitors the schedule daily to ensure compliance. Additional staff are being hired for the shifts that have impacted our compliance. Per diem staff are also being hired to utilize for staff call offs and staff schedules.  4) Results of the reviews will be reviewed with the Quality Assurance committee for input and suggestions.	Completion Date: <b>05/01/2025</b> Status: <b>APPROVED</b> Date: <b>04/21/2025</b>
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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P 5520	Continued from page 1  Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for 9 of 9 days reviewed.  Findings include:  Review of nursing schedules for 9 days from March 26, 2025, to April 4, 2025, revealed the following:  The facility failed to meet the minimum NA to resident ratio of one NA for ten residents on day shift (7:00 a.m. to 3:00 p.m.) on March 29 and 30, 2025, and April 3, 2025.  The facility failed to meet the minimum NA to resident ratio of one NA for 11 residents on evening shift (3:00 p.m. to 11:00 p.m.) on March 28, and 30, 2025, and April 2, 2025.  The facility failed to meet the minimum NA to resident ratio of one NA for 15 residents on night shift (11:00 p.m. to 7:00 a.m.) on March 26 through	P 5520		

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P 5520	Continued from page 2	P 5520		
P 5530	<p>29, and 31, 2025, and April 1 through 3, 2025.</p> <p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5530	<p>1) The staffing cannot be corrected retroactively.</p> <p>2) The Scheduler has been educated on using RN staff to fill the LPN spots in order to maintain the required LPN staffing. Staffing meetings are held daily to review the schedules to ensure compliance.</p> <p>3)The facility continues to recruit professional nursing staff to meet the required staffing mandates staff currently work to maintain compliance. Per diem staff are utilized to fill open positions. The NHA/designee monitor the schedules to ensure compliance.</p> <p>4)The results of the audits, recruitment efforts will be reviewed at the QAPI meeting for suggestions or comments to maintain continued compliance.</p>	<p>Completion Date: <b>05/01/2025</b> Status: <b>APPROVED</b> Date: <b>04/21/2025</b></p>

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P 5530	Continued from page 3  Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed practical nurse (LPN) to resident ratios for 1 of 9 days reviewed.  Findings include:  Review of nursing schedules for 9 days from March 26, 2025, to April 3, 2025, revealed the following:  The facility failed to meet the minimum LPN to resident ratio of one LPN for 25 residents on day shift (7:00 a.m. to 3:00 p.m.) on March 31, 2025.	P 5530		



# Certified End Page

**KADIMA REHABILITATION & NURSING AT PALMYRA**

**STATE LICENSE NUMBER: 161102**

**SURVEY EXIT DATE: 04/04/2025**

**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