

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395590</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/19/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>KADIMA REHABILITATION &amp; NURSING AT LITITZ</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>125 SOUTH BROAD STREET LITITZ, PA 17543</b>		
STATE LICENSE NUMBER: <b>012302</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  Findings of an Abbreviated Complaint Survey completed on December 19, 2024, at Kadima Rehabilitation & Nursing at Lititz, identified deficient practice, related to the reported complaint allegations, under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities 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 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 5530	<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	<ol style="list-style-type: none"> <li>1. Facility can not retroactively correct.</li> <li>2. All of the residents had the potential to be affected; however, there were no adverse resident outcomes as a result of this deficient practice.</li> <li>3. Licensed staff have been re-educated on staffing requirements by the DON and/or designee. An ongoing systemic change put in place is the review of staffing in daily meeting.</li> <li>4. Administrator/Director of Nursing and/or designee will audit the schedule for four weeks and then monthly for two months to ensure appropriate coverage.</li> </ol>	<p>Completion Date: <b>03/30/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>01/14/2025</b></p>

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P 5530	Continued from page 1  Based on review of facility staffing data and interview with staff, it was determined that the facility failed to ensure a minimum of one licensed practical nurse (LPN) per 25 residents on day shift and one LPN per 30 residents on evening shift for the weeks of November 17, December 1, and December 8, 2024.  Findings include:  Review of the weeks of November 17, December 1, and December 8, 2024, revealed the following dates on day shift did not meet the requirement of one LPN per 25 residents on day shift:  November 23, December 6, and December 12, 2024.  Review of the weeks of November 17, December 1, and December 8, 2024., revealed the following date on evening shift did not meet the requirement of one LPN per 30 residents on evening shift:	P 5530		

Pennsylvania Department of Health

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P 5530	Continued from page 2  November 19, November 22, December 4, December 5, December 9, and December 13, 2024.  Interview with the Nursing Home Administrator on December 18, 2024, at 11:00 a.m. confirmed that the staffing ratio for LPNs were not met on the above dates.	P 5530			



# Certified End Page

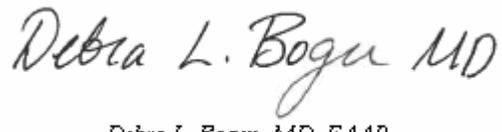
**KADIMA REHABILITATION & NURSING AT LITITZ**

**STATE LICENSE NUMBER: 012302**

**SURVEY EXIT DATE: 12/19/2024**

**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