

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395590	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/15/2025
NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT LITITZ		STREET ADDRESS, CITY, STATE, ZIP CODE: 125 SOUTH BROAD STREET LITITZ, PA 17543		
STATE LICENSE NUMBER: 012302				
(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 Based on the follow-up survey completed on January 15, 2025, and review of staffing data, it was determined that Kadima Rehabilitation & Nursing failed to correct the State deficiency for Nurse Aide ratios and required Per Patient Day (PPD) cited during the surveys of February 6, 2024, June 7, 2024 and October 11, 2024, and continues to be out of compliance 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 5520	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<ol style="list-style-type: none"> 1. Facility can not retroactively correct. 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. 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. 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. 	<p>Completion Date: 03/26/2025</p> <p>Status: APPROVED</p> <p>Date: 01/17/2025</p>

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P 5520	<p>Continued from page 1</p> <p>Based on a review of facility staffing data, it was determined that the facility failed to ensure a minimum of one nurse aid per 10 residents on the day shift for five days, a minimum of one nurse aide per 11 residents on the evening shift for two days and a minimum of one nurse aide per 15 residents on the night shift for five days for the period of December 31, 2024 through January 9, 2025.</p> <p>Findings include:</p> <p>Review of facility staffing data for the period from December 31, 2024 through January 9, 2025, revealed the following dates and shifts that did not meet the requirements of one nurse aid per 10 residents on the day shift, one nurse aide per 11 residents on the evening shift and a minimum of one nurse aide per 15 residents on the nights shift.</p> <p>Day shift 12/31/2024 1/1/2025</p>	P 5520		

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P 5520	Continued from page 2 1/2/2025 1/5/2025 1/6/2025 Evening shift 12/31/2024 1/1/2025 Night shift 12/31/2024 1/1/2025 1/4/2025 1/7/2025 The aforementioned data was confirmed with the Nursing Home Administrator in a telephone interview on January 15, 2025.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 3 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	1. Facility can not retroactively correct. 2. All residents had the potential to be affected; however, there were no adverse resident outcomes as a result of the deficient practice. 3. Licensed staff have been re-educated on staffing requirements by the DON or designee. An ongoing systemic change put in place is the review of staffing in daily meeting. 4. The Administrator/Director of Nursing/and/or designee will audit the schedule weekly for four weeks and then monthly for two months to ensure appropriate coverage is in place.	Completion Date: 03/26/2025 Status: APPROVED Date: 01/17/2025

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P 5640	<p>Continued from page 4</p> <p>Based on a review of facility staffing data, it was determined that the facility failed to meet the required Per Patient Day (PPD) for two days during the ten day period from December 31, 2024 through January 9, 2025.</p> <p>Findings include:</p> <p>A review of the facility's staffing data from December 31, 2024 through January 9, 2025, revealed that on the following days the facility had a PPD below the required 3.20.</p> <p>12/31/2024 - 2.83 1/1/2025 - 2.93</p> <p>The aforementioned data was confirmed with the Nursing Home Administrator in a telephone interview on January 15, 2025.</p>	P 5640		



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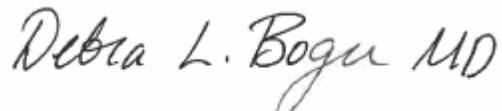
KADIMA REHABILITATION & NURSING AT LITITZ

STATE LICENSE NUMBER: 012302

SURVEY EXIT DATE: 01/15/2025

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