

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>04/14/2025</b>
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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  Based on a follow-up survey completed on April 14, 2025, for the abbreviated complaint survey of February 6, 2024 and subsequent revisit surveys of June 7, 2024, October 11, 2024 and January 15, 2025, it was determined that Kadima Rehabilitation and Nursing at Lititz continues to be out of compliance with the following requirements of the Commonwealth of Pennsylvania Long Term Care Licensing Regulations for the Health portion of the survey process.	F 0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:
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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"> <li>All residents will receive care in accordance with their plan of care and attending physician orders.</li> <li>The Clinical Leadership Team and scheduler will review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from the internal staffing pool and contracted agency staff. The facility continues to coordinate staffing schedules and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff.</li> <li>All nursing leadership staff have been educated on Nursing staffing Ratios and HPPD requirements and the importance of maintaining the schedule as posted.</li> <li>To monitor and maintain ongoing compliance the DON or designee will audit staffing weekly x4 weeks then monthly for two months. Results will be taken to the QAPI for review and revision as needed.</li> </ol>	<p>Completion Date: <b>05/16/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>04/21/2025</b></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 aide per 10 residents on the day shift for six days, one nurse aide per 11 residents on the evening shift for eight days and one nurse aid per 15 residents on the night shift four days from the period of March 28 through April 6, 2025.</p> <p>Findings include:</p> <p>Review of facility staffing data for the period of March 28 through April 6, 2025, revealed the following dates and shifts that did not meet the requirements of one nurse aide per 10 residents on the day shift, one nurse aide per 11 residents on the evening shift and one nurse aide per 15 residents on the night shift.</p> <p>Day shift 3/30/2025 3/31/2025</p>	P 5520		

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P 5520	Continued from page 2  4/1/2025 4/2/2025 4/5/2025 4/6/2025  Evening shift 3/28/2025 3/29/2025 3/30/2025 3/31/2025 4/1/2025 4/3/2025 4/4/2025 4/6/2025  Night shift 3/28/2025 3/30/2025 4/4/2025 4/5/2025  The aforementioned data was conveyed to the Nursing Home Administrator in a telephone	P 5520		

Pennsylvania Department of Health

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P 5520	Continued from page 3  interview on April 14, 2025.	P 5520			
P 5640		P 5640			

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P 5640	Continued from page 4  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	<ol style="list-style-type: none"> <li>All residents will receive care in accordance with their plan of care and attending physician orders.</li> <li>The Clinical Leadership Team and scheduler will review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from the internal staffing pool and contracted agency staff. The facility continues to coordinate staffing schedules and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff.</li> <li>All nursing leadership staff have been educated on Nursing staffing Ratios and HPPD requirements and the importance of maintaining the schedule as posted.</li> <li>To monitor and maintain ongoing compliance the DON or designee will audit staffing weekly x4 weeks then monthly for two months. Results will be taken to the QAPI for review and</li> </ol>	Completion Date: <b>05/16/2025</b> Status: <b>APPROVED</b> Date: <b>04/21/2025</b>

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P 5640	Continued from page 5  Based on a review of facility staffing data, it was determined that the facility failed to meet the required Per Patient Day (PPD) of 3.20 for four days in the period from March 28 through April 6, 2025.  Findings include:  A review of facility staffing data from March 28 through April 6, 2025, revealed that on the following days the facility had a PPD below the required 3.20.  3/29/2025 - 3.19 3/30/2025 - 2.83 4/4/2025 - 2.96 4/6/2025 - 2.97  The aforementioned data was conveyed to the Nursing Home Administrator in a telephone interview on April 14, 2025.	P 5640	revision as needed.	



# Certified End Page

**KADIMA REHABILITATION & NURSING AT LITITZ**

**STATE LICENSE NUMBER: 012302**

**SURVEY EXIT DATE: 04/14/2025**

**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