STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395679	A. BLDG: 00 B. WING:	07/01/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
KADIMA REHABILITATION & NURSING AT WASHINGTON STATE LICENSE NUMBER: **110102**	**1198 W WYLIE AVE** **WASHINGTON, PA 15301**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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		

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 0000	Continued from page 1 Based on a revisit survey completed on July 1, 2025, it was determined that Kadima Rehabilitation and Nursing Center at Washington corrected one deficiency cited during the survey of May 14, 2025, however, has two continuing deficiencies under the requirements of the 28 Pa, Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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STATE LICENSE NUMBER: **110102**	

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P 5520		P 5520		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

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P 5520	Continued from page 1 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 correct the ratio of 1 NA to 10 residents on the daylight shift on six of eight days (6/23/25 through 6/25/25 and 6/28/25 through 6/30/25) as required. 2. The facility will ensure that nurse aide staffing ratios are met every shift. 3. The Regional Clinical Consultant will re-educate the Nursing Home Administrator, Director of Nursing, and HR Director/Scheduler on regulation P5520 and the correct ratios. 4. In order to help to retain/attain sufficient staff for the facility, NHA will continue to focus on hiring qualified candidates as well as utilizing retention strategies. Facility will continue to utilize Indeed postings are being utilized and facility department heads are assisting with recruiting as needed per department. 5. The Nursing Home	Completion Date: **07/23/2025** Status: **APPROVED** Date: **07/09/2025**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5520	Continued from page 2	P 5520	Administrator/designee will audit staffing daily for four weeks to ensure nurse aide staffing ratios are being met. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee for review, recommendations, and frequency of audits.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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KADIMA REHABILITATION & NURSING AT WASHINGTON STATE LICENSE NUMBER: 110102	1198 W WYLIE AVE WASHINGTON, PA 15301

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P 5520	Continued from page 3	P 5520		

Based on a review of staffing documents provided by the facility and staff interview it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the daylight shift on six of eight days (6/23/25 through 6/25/25 and 6/28/25 through 6/30/25) as required.

Findings include:

A review of facility staffing documents provided by the facility from 6/23/25 through 6/30/25, revealed the facility failed to provide NA on the following shifts as required:

Daylight shift:

Date	Census	Actual hours	Hours required
6/23/25	66	34.00	49.50
6/24/25	66	45.00	49.50
6/25/25	66	37.50	49.50

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5520	Continued from page 4 6/28/25 68 26.25 51.00 6/29/25 68 22.50 51.00 6/30/25 69 41.50 51.75 During an interview on 7/1/25 at 4:09 p.m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the above shifts as required	P 5520		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5640	Continued from page 5 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	The facility cannot correct that the minimum number of general nursing hours to each resident in a 24-hour period were not met on eight of eight days (6/23/25 through 6/30/25). 2. The facility will ensure that general nursing hours are met every shift. 3. The Regional Clinical Consultant will re-educate the Nursing Home Administrator, Director of Nursing, and HR Director/Scheduler on regulation P5640 and ensuring general nursing hours to each resident are met each shift. 4. In order to ensure staffing is met, the facility will focus on recruitment and retention and continue to utilize indeed. 5. The Nursing Home Administrator/designee will audit staffing daily for four weeks. The results of these audits will be reported to the Quality Assurance Performance Improvement	Completion Date: **07/23/2025** Status: **APPROVED** Date: **07/09/2025**

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P 5640	Continued from page 6	P 5640	Committee for review, recommendations, and frequency of audits.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5640	Continued from page 7 Based on a review of nursing time schedules and staff interview, it was determined that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident on eight of eight days (6/23/25 through 6/30/25). Findings include: Review of staffing documents and nursing staff schedules from 6/23/25 through 6/30/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following days: 6/23/25= 2.87 PPD. 6/24/25= 2.92 PPD. 6/25/25= 3.04 PPD. 6/26/25= 3.18 PPD. 6/27/25= 3.01 PPD. 6/28/25= 2.61 PPD. 6/29/25= 2.96 PPD. 6/30/25= 2.86 PPD.	P 5640		

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P 5640	Continued from page 8 During an interview on 7/1/25, at 4:09 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of 3.20 PPD hours of direct care on the above dates as required.	P 5640		

Certified End Page

KADIMA REHABILITATION & NURSING AT WASHINGTON

STATE LICENSE NUMBER: 110102

SURVEY EXIT DATE: 07/01/2025

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
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