STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395892	A. BLDG: __--_____ B. WING: _____	12/03/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
KADIMA REHABILITATION & NURSING AT LATROBE STATE LICENSE NUMBER: **051202**	**576 FRED ROGERS DRIVE LATROBE, PA 15650**

(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
E 0000	INITIAL COMMENT Based on an Emergency Preparedness Survey completed on December 3, 2024, at Kadima Rehabilitation and Nursing at Latrobe, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 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.

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KADIMA REHABILITATION & NURSING AT LATROBE

STATE LICENSE NUMBER: 051202

SURVEY EXIT DATE: 12/03/2024

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
Debra L. Bogen, MD, FAAP
Secretary of Health

Pennsylvania
Department of Health

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K 0000	INITIAL COMMENT Facility ID# 051202 Component 01 East Building Based on a Medicare/Medicaid Recertification Survey completed on December 4, 2024, it was determined that Kadima Rehabilitation and Nursing at Latrobe, was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a two-story, Type III (211), protected ordinary building, without a basement, that is fully sprinklered.	K 0000		

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K 0133 SS=E	NFPA 101 Multiple Occupancies - Construction Type Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows: * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3 This REQUIREMENT is not met as evidenced by:	K 0133	The facility cannot retroactively correct the concern of an unsealed pipe penetration in the two-hour fire rated occupancy separation barrier in one of two floors. The area identified was corrected prior to end of survey. Audit has been completed on all other areas of the facility. No further unsealed pipe penetration has been noted. Nursing Home Administrator (NHA)/Designee) will educate maintenance staff on fire rated separation barriers. Maintenance Staff/Designee will audit fire rated separation barriers 5 times per week for 2 weeks, then weekly for 2 weeks, then monthly for 2 months to ensure there are no unsealed pipe penetrations. The results of these audits will be forwarded to the Quality Assurance and Performance Improvement Committee for review.	Completion Date: **12/27/2024** Status: **APPROVED** Date: **12/24/2024**

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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K 0133 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain two-hour occupancy separation barriers in one instance, on one of two floors. Findings include: 1. Observation on December 4, 2024, at 9:27 a.m., revealed an unsealed pipe penetration in the two-hour fire rated occupancy separation wall, above the doors on the first floor. Interview with the Facility Administrator, Regional Nursing Consultant, and Maintenance Assistant on December 4, 2024, at 11:30 a.m., confirmed the occupancy separation barrier deficiency.	K 0133		
K 0918 SS=C		K 0918		

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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K 0918 SS=C	Continued from page 3 NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	The facility cannot retroactively correct the inability to locate the documentation verifying that the triennial four-hour test on the emergency generator maintenance testing was performed. The log has since been located. Nursing Home Administrator/Designee will educate maintenance staff on maintaining the log in a location that is easily located. Maintenance staff/Designee will audit the log monthly to ensure proper location of information and date of last emergency generator maintenance testing is documented. The results of these audits will be forwarded to the Quality Assurance and Performance Improvement committee for review.	Completion Date: **12/27/2024** Status: **APPROVED** Date: **12/24/2024**

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K 0918 SS=C	Continued from page 4 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on documentation review and interview, it was determined the facility failed to perform emergency generator maintenance testing, in one instance, for the last 36 months. Findings include: 1. Review of documentation on December 4, 2024, at 8:45 a.m., revealed the facility lacked documentation verifying that the triennial four-hour test was performed. Interview with the Facility Administrator, Regional Nursing Consultant, and Maintenance Assistant on December 4, 2024, at 11:30 a.m., confirmed the required triennial generator testing documentation was not available at the time of the survey.	K 0918		

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KADIMA REHABILITATION & NURSING AT LATROBE

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K 0000	INITIAL COMMENT Facility ID# 051202 Component 02 West Building Based on a Medicare/Medicaid Recertification Survey completed on December 4, 2024, it was determined that Kadima Rehabilitation and Nursing at Latrobe, was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a one-story, Type V (000), unprotected wood frame building, without a basement, that is fully sprinklered.	K 0000		

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K 0363 SS=E	NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.	K 0363	The facility cannot retroactively correct the laundry room door that did not self-close and latch when tested. The laundry room door was corrected prior to the end of the survey. Audit has been completed on all other self-closing doors of the facility. No other concerns identified. Nursing Home Administrator/Designee will educate maintenance staff on corridor doors and self-closing doors. Maintenance Staff/Designee will audit self-closing corridor doors 5 times per week for 2 weeks, then weekly for 2 weeks, then monthly for 2 months to ensure doors self-close properly. The results of these audits will be forwarded to the Quality Assurance and Performance Improvement Committee for review.	Completion Date: **12/27/2024** Status: **APPROVED** Date: **12/24/2024**

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K 0363 SS=E	Continued from page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain corridor doors in one instance, affecting one of two smoke compartments. Findings include: 1. Observation on December 4, 2024, at 9:32 a.m., revealed the door to the laundry room had a self-closer, but would not self-close and latch when tested. Interview with the Facility Administrator, Regional Nursing Consultant, and Maintenance Assistant on December 4, 2024, at 11:30 a.m., confirmed the corridor door deficiency.	K 0363		
K 0918 SS=C		K 0918		

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K 0918 SS=C	Continued from page 3 NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	Word for word duplicate. See above Deficiency #0918.	Completion Date: **12/27/2024** Status: **APPROVED** Date: **12/24/2024**

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K 0918 SS=C	Continued from page 4 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on documentation review and interview, it was determined the facility failed to perform emergency generator maintenance testing, in one instance, for the last 36 months. Findings include: 1. Review of documentation on December 4, 2024, at 8:45 a.m., revealed the facility lacked documentation verifying that the triennial four-hour test was performed. Interview with the Facility Administrator, Regional Nursing Consultant, and Maintenance Assistant on December 4, 2024, at 11:30 a.m., confirmed the required triennial generator testing documentation was not available at the time of the survey.	K 0918		

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