

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/14/2024
NAME OF PROVIDER OR SUPPLIER  Kadima Rehabilitation & Nursing at Cheswick		STREET ADDRESS, CITY, STATE, ZIP CODE  3876 Saxonburg Boulevard Cheswick, PA 15024	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46336</p> <p>Based on review of facility policy, observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment by maintaining an acceptable temperature range throughout resident areas for 32 resident rooms on three of three units (First, Second, and Third Floor).</p> <p>Findings Include:</p> <p>Review of the facility policy Resident Environment dated 7/1/24, indicated the facility will provide an environment that is safe, clean, comfortable, and homelike. A homelike environment de-emphasizes the institutional character of the setting.</p> <p>Review of the facility policy Temperature Extremes dated 7/1/24, indicated the facility is to provide comfortable and safe temperature levels. The temperature throughout the facility shall be maintained at between 70 degrees and 82 degrees Fahrenheit (F).</p> <p>Review of Title 42 Code of Federal Regulations S483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990, must maintain a temperature range of 71 to 81 F (Fahrenheit).</p> <p>Review of facility provided temperature log dated 11/11/24, indicated 32 resident rooms were below the minimum acceptable temperature of 71 - 81 degrees.</p> <p>First floor five resident rooms: 101, 102, 103, 104, and 110.</p> <p>Second floor eight resident rooms: 204, 208, 209, 214, 215, 218, 219, and 221.</p> <p>Third floor 19 resident rooms: 301, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 314, 316, 317, 318, 319, 320, 321, and 326.</p> <p>Interview on 11/14/24, at 8:45 a.m. Maintenance Director Employee E1 indicated the circulatory pump on the main boiler was leaking and ultimately failed on 11/11/24.</p> <p>Facility tour on 11/14/24, at 8:45 a.m. with Maintenance Director Employee E1 indicated the following:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Temperature was 67 degrees F in the first-floor dining room.</p> <p>Temperature was 70 degrees F in room [ROOM NUMBER].</p> <p>Temperature was 67 degrees F in the third-floor dining room.</p> <p>Interview with Resident R1 on 11/24/24, at 9:17 a.m. indicated Make them turn the heat on. It's cold here.</p> <p>Interview with Resident R2 on 11/24/24, at 9:22 a.m. indicated It's cold.</p> <p>Interview on 11/14/24, at 1:30 p.m. the Nursing Home Administrator confirmed the facility failed to provide a clean, safe, comfortable, and homelike environment by maintaining an acceptable temperature range throughout resident areas for 32 resident rooms on three of three units (First, Second, and Third Floor).</p> <p>28 Pa. Code: 201.14 (a) Responsibilities of licensee.</p> <p>28 Pa. Code: 201.18 (a)(b)(1)(3) Management.</p> <p>28 Pa. Code 201.29(a)(c)(3)(2) Resident rights.</p>		