

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 02/06/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to make certain that medical records on each resident are complete and accurately documented for three of seven residents (Resident R1. R2 and R3).</p> <p>Findings include:</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/29/25, indicated diagnoses of alcoholic cirrhosis of liver, chronic kidney disease and hepatic encephalopathy(condition where the brain becomes impaired due to severe liver disease).</p> <p>Review of Resident R1's clinical record revealed social services did not do an initial admission assessment.</p> <p>Review of Resident R2's admission record indicated the resident was admitted to the facility 1/29/25.</p> <p>A review of Resident R2's MDS dated [DATE], included diagnoses of orthopedic aftercare, absence of left leg below knee and alcohol-induced chronic pancreatitis.</p> <p>Review of Resident R2's clinical record revealed social services did not do an initial admission assessment.</p> <p>Review of Resident R3's admission record indicated the resident was admitted to the facility 1/31/25.</p> <p>A review of Resident R3's MDS dated [DATE], included diagnoses fracture of shaft of right tibia, protein-calorie malnutrition and polyosteoarthritis (condition where multiple joints experience osteoarthritis).</p> <p>Review of Resident R3's clinical record revealed social services did not do an initial admission assessment.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/6/25 at 11:30 a.m. Nursing Home Administrator confirmed that the facility did not complete social service initial admission assessment as required.</p> <p>28 Pa. Code: 211.5(f)(g)(h) Clinical records.</p>