

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 05/28/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record reviews and staff interviews, it was determined that the facility failed to initiate a thorough investigation for incident or accidents for two of six residents (Residents R1, R2).</p> <p>Findings include:</p> <p>The facility Accident and Incident-Investigating and Reporting policy dated 7/1/24, indicated all accidents or incidents occurring on the premises must be investigated and reported to the administrator.</p> <p>Review of clinical record indicated Resident R2 was admitted [DATE], with diagnoses which included anxiety, diabetes mellitus and bipolar disorder. A review of Resident R2's Minimum Data Set (MDS-a periodic assessment of resident care needs), dated 3/5/25, indicated diagnoses remained current.</p> <p>Review of Resident R2 nurse progress notes dated 4/17/25 Resident R2 was reported that on 4/13/25, resident was observed in the basement near the kitchen. When interviewed Resident R2 (BIMS score 15/15) stated that she did go to the basement to seek kitchen staff regarding her dinner menu.</p> <p>Review of clinical record indicated Resident R1 was admitted [DATE], with diagnoses which included seizures, hypertension (a medical condition where the force of blood pushing against the artery walls is consistently too high) and alcohol dependence. A review of Resident R1's Minimum Data Set (MDS-a periodic assessment of resident care needs), dated 5/12/25, indicated diagnoses remained current.</p> <p>Review of Resident R1 nurse progress notes dated 5/23/25 at 7:30 a.m. Resident R2 came down to the first floor. ambulating. He walked to the side door and exited the building. He was spotted by the first floor nurse and NA.</p> <p>During an interview on 5/28/25, at 1:30 p.m. Nursing Home Administrator confirmed the facility did not conduct a through elopement investigation on Resident R1, R2 as required.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code: 201.18(b)(1)(3) Management</p> <p>28 Pa. Code: 211. 10(d) Resident care policies</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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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code: 211.12(d)(3) Nursing services