

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 07/02/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policies, observations and staff interviews it was determined that the facility failed to provide a safe, clean, comfortable environment for the residents in resident rooms [ROOM NUMBERS], Second floor dining room, and the Third floor dining room as required. (Resident room [ROOM NUMBER], Resident room [ROOM NUMBER], Second floor dining room, and Third floor dining room)</p> <p>Findings include:</p> <p>A review of facility policy Environmental Services, Clean, safe and Orderly Environment dated 3/21/25, revealed that the exterior and the interior of the facility will be maintained in clean, safe and orderly manner. Housekeeping, Laundry, and Maintenance services will be provided properly with precaution taken to prevent infection and cross contamination.</p> <p>During an observation on 7/2/25, conducted from 12:30 p.m., through 1:00 p.m., revealed the following:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER]'s air conditioning unit had a build-up of grime, and black debris on the air inlet grill and internal area immediately behind. - Third floors dining room areas air conditioning units (2) had a build-up of grime, and black debris on the air inlet grill and internal area immediately behind. - room [ROOM NUMBER]'s air conditioning unit had a build-up of grime, and black debris on the air inlet grill and internal area immediately behind. - Second floors dining room areas air conditioning unit had a build-up of grime, and black debris on the air inlet grill and internal area immediately behind. <p>During an interview on 7/2/25, at 12:37 p.m., Director of Maintenance (DOM) Employee E1 confirmed that room [ROOM NUMBER]'s air conditioning unit had a build-up of grime, and black debris on the air inlet grill and internal area immediately behind.</p> <p>During an interview on 7/2/25, at 12:40 p.m., DOM Employee E1 confirmed that the Third floors dining room areas air conditioning units (2) had a build-up of grime, and black debris on the air inlet grill and internal area immediately behind.</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>During an interview on 7/2/25, at 12:45 p.m., DOM Employee E1 confirmed that room [ROOM NUMBER]'s air conditioning unit had a build-up of grime, and black debris on the air inlet grill and internal area immediately behind.</p> <p>During an interview on 7/2/25, at 12:47 p.m., DOM Employee E1 confirmed that the Second floors dining room areas air conditioning unit had a build-up of grime, and black debris on the air inlet grill and internal area immediately behind.</p> <p>During an interview on 7/2/25, at 2:05 p.m., the Nursing Home Administrator (NHA) confirmed that the facility failed to provide a safe, clean, comfortable environment for the residents in resident rooms [ROOM NUMBERS], Second floor dining room, and the Third floor dining room as required. (Resident room [ROOM NUMBER], Resident room [ROOM NUMBER], Second floor dining room, and Third floor dining room)</p> <p>Pa Code: 201.14(a) Responsibility of Licensee</p> <p>Pa Code: 201.18(b)(1)(3) Management</p> <p>Pa Code: 201.29(a) Resident Rights</p>		