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 03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Cheswick	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical records, observations and staff interviews, it was determined that the facility failed to develop comprehensive care plans that included specific and individualized interventions and/or goals to address the care needs of residents for two of four residents reviewed (Resident R2 and R3). Findings include: Review of the facility policy MDS/RAI/Care Planning last reviewed on 11/1/25, indicated the care planning process provides a tool for an interdisciplinary approach to the care of the residents. The care plan will be assessed at least quarterly and reviewed by the interdisciplinary team. Review of the clinical record revealed that Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/21/26, indicated the diagnosis of diabetes (high sugar in the blood), anxiety and chronic pain. Review of Resident R2's physician orders dated 1/14/26, indicated Methadone (used to treat chronic pain and opioid use disorder) HCl Oral Concentrate 10 milligrams/milliliter (MG/ML) give 8 ml by mouth two times a day for chronic back pain. Review of Physician Initial Comprehensive Visit dated 1/16/26, indicated resident R2 goes to methadone clinic outpatient for script (prescription). Review of Resident R2's current care plan initiated on 1/19/26, indicated pain related to diagnosis of chronic pain, the care plan failed to include any information regarding Resident R2's use of methadone or methadone clinic appointments. Review of the clinical record revealed that Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/13/25, indicated the diagnosis of arthritis (swelling and tenderness of joints), anxiety and chronic pain. Review of nursing progress note dated 12/8/25, indicated resident left via wheelchair with nurse escort at baseline condition to appointment. Review of physician order dated 12/8/25, indicated resident to dose every Monday at clinic and to receive six take home doses in lunchbox to be administered by facility staff. Review of Resident R3's current care plan initiated on 12/8/25, failed to include any information regarding Resident R3's use of methadone or methadone clinic appointments. During an interview completed on 4/4/26, at 2:10 p.m. the Director of Nursing confirmed the care plans for Resident R2 and Resident R3 did not include any information concerning the use of methadone or the methadone clinic appointments and stated, I just updated them now and that the facility failed to develop comprehensive care plans that included specific and individualized interventions and/or goals to address the care needs of residents for two of four residents reviewed (Resident R2 and R3). 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12 (d)(1)(5) Nursing services.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395538	A. Building B. Wing	03/04/2026

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to provide the necessary services to maintain personal hygiene for one of four residents reviewed (Resident R5). Findings include: Review of facility policy, Flow of Care, dated 11/1/25, revealed care will be provided to residents, as needed 24-hour a day to attain and maintain the highest level of functioning. Clinical record review revealed Resident R5 was admitted to the facility on [DATE], with diagnosis to include, fibromyalgia (chronic disorder that cause widespread pain, fatigue and other symptoms), adult failure to thrive and diabetes mellitus. Review of physician orders dated 1/2/26 indicated showers to be given evening shift on Tuesday and Fridays. Review of Resident R5's bathing records from January 2026 indicated resident received two bed baths, 1/6/26 and 1/16/26, missing six showers. Interview with the Director of Nursing on March 4, 2026, at 2:30 p.m., confirmed Resident R5 missed six showers and did not get showers when she was supposed to. 28 Pa. Code 211.5(f) Clinical records28 Pa. Code: 211.12(d)(1)(5) Nursing services

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review, and resident and staff interview, it was determined that the facility failed to procure complete physician's orders for two of three residents who receive outside services (Resident R2 and R3)Findings include: Review of the facility policy Transfer to Appointment Outside the Facility last reviewed 11/1/25, indicated verify that a physician order for appointment/consult is present. Arrange for transportation as appropriate. Arrange for escort as appropriate. Review of the clinical record revealed that Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/21/26, indicated the diagnosis of diabetes (high sugar in the blood), anxiety and chronic pain. Review of Resident R2's physician orders dated 1/14/26, indicated Methadone (used to treat chronic pain and opioid use disorder) HCl Oral Concentrate 10 milligrams/milliliter (MG/ML) give 8 ml by mouth two times a day for chronic back pain. Review of Physician Initial Comprehensive Visit dated 1/16/26, indicated resident R2 goes to methadone clinic outpatient for script (prescription). Review of physician order dated 1/25/26, indicated Methadone Oral Concentrate 10 MG/ML (Methadone HCl) Give 8 ml by mouth two times a day every Mon, Tue, Wed, Fri, Sat, Sun for back pain control Thursday A.M dose given at clinic and give 8 ml by mouth at bedtime every Thu for back pain control Thursday A.M dose given at clinic. The order failed to include:- name of methadone clinic.- address of methadone clinic.- methadone clinic contact phone number.- time of methadone clinic appointment.- transportation service information.- the need for an escort for all appointments.- monitoring for any side effects. Review of the clinical record revealed that Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/13/25, indicated the diagnosis of arthritis (swelling and tenderness of joints), anxiety and chronic pain. Review of nursing progress note dated 12/8/25, indicated resident left via wheelchair with nurse escort at baseline condition to appointment. Review of physician order dated 12/8/25, indicated resident to dose every Monday at clinic and to receive six take home doses in lunchbox to be administered by facility Staff. Review of physician order dated 12/9/25 indicated Methadone HCl Oral Concentrate 10 MG/ML (Methadone HCl) give 8.5 ml by mouth one time a day every Tue, Wed, Thu, Fri, Sat, Sun for opioid disorder Monday dose is given at clinic. The order failed to include:- name of methadone clinic.- address of methadone clinic.- methadone clinic contact phone number.- time of methadone clinic appointment.- transportation service information.- the need for an escort for all appointments.- monitoring of any side effects. During an interview completed on 3/4/26, at 12:23 p.m. upon asking Registered Nurse Employee E1 concerning the process for residents that go out to the methadone clinic for medication management replied, we have more than one resident who goes, a nurse goes with the resident and takes the box. During an interview completed on 3/4/26, at 12:25 p.m. upon asking Licensed Practical Nurse (LPN) Employee E2 concerning the process for residents that go out to the methadone clinic for medication management replied, they go to the clinic once a week a nurse always goes with them and takes the box. During an interview completed on 3/4/26, at 1:45 p.m. upon asking the Director of Nursing concerning the process for residents that go out to the methadone clinic for medication management replied, when the resident arrives at the facility we find out the day they are scheduled and the schedular sets up the transportation. On the day of the appointment a nurse goes with them to the clinic. Upon asking concerning the content of the orders stated, I will have to look. During an interview completed on 4/4/26, at 2:10 p.m. the Director of Nursing returned to conference room and stated the orders were incomplete I just updated them now and confirmed that that the facility failed to procure complete physician orders for two of three residents who receive outside services (Resident R2 and R3). 28 Pa. Code: 201.14 (a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12 (d)(1)(5) Nursing services.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview, it was determined that the facility failed to record food temperatures at the time of service in the main kitchen. Findings include: A review of the facility's food temperature log on 3/4/26, at 12:15 p.m. revealed that there was no documented evidence that the holding food temperatures were obtained at the time of of during service for breakfast and lunch to ensure that the food maintained safe internal temperatures. In an interview during this observation period, Dietary Manager Employee E7 stated confirmed that there were no recorded temperatures for breakfast or lunch and they should have been recorded. 28 Pa. Code 201.14(a)Responsibility of licensee.28 Pa. Code 201.18(b)(3) Management.