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	04/30/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, facility documents, observations, and staff interviews, it was determined the facility failed to keep residents free from hazards and provide the necessary monitoring and supervision for residents with known suicidal ideation and history of a suicide attempt for two of three residents (Resident R1, and R2).Findings include: Review of facility policy Suicide Threats dated 11/1/25, indicated resident suicide threats must be taken seriously and immediately reported to the nurse supervisor charge nurse. A staff member must remain with the resident until the nurse supervisor/charge nurse arrives to examine the resident. The resident will be placed on 1:1 observation until the acute episode has been resolved if the resident is capable of self-injury. The resident shall remain on 1:1 monitoring until transfer from the facility for acute intervention or nursing assessment has identified the resident is no longer a safety risk. The charge nurse or designees shall immediately notify the resident's attending physician, and responsible party. Following the assessment of nursing staff will remove any items with which the resident could use to harm self which may include, but not limited to call bell cords (replace with tap bells), light and/or nurse call pull cords to be shorted to length no longer than eight inches or replace with wooden or plastic type, and remove all plastic trash liners (including bathroom). Review of facility policy Care Planning dated 11/1/25, indicated care planning is a tool for an interdisciplinary approach to plan the care of the resident. The purpose is to incorporate the identified medical, nursing, nutritional, rehabilitative, and psychosocial needs of each resident into interventions and goals to meet those needs. Review of the clinical record revealed Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/2/26, revealed diagnoses of PTSD (a mental health condition that caused by an extremely stressful or terrifying event), high blood pressure, and depression. Review of documentation provided by the facility dated 1/29/26, stated: Registered Nurse responded to the unit after staff reported that Resident R1 stated, 'I want to kill myself,' while holding a fork to his neck. Resident stated he would 'push it through' if his room was not changed. Safety measures were initiated, and staff remained with the resident. Review of Resident R1's clinical record revealed a physician's order dated 1/29/26, to monitor resident for safety, behaviors or signs of distress. Has the resident displayed any behaviors this shift? Stay with resident until determined if patient needs one on one supervision. May start every 15 minute checks until seen by psych. (continued on next page)

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	04/30/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R1's clinical record revealed the above order was discontinued on 2/20/26, and a new order was written that day to downgrade frequency of suicide precaution checks to every four hours. Review of Resident R1's clinical record revealed the above order was discontinued on 3/3/26, and a new order was written the same day to downgrade frequency of suicide precaution checks to every shift. Review of documentation provided by the facility on 3/5/26, stated: It appears that the situation involving Resident R1 began after the facility business office discussed he may owe facility a monthly $400 payment. Following this conversation, Nursing Administration was informed that Resident R1 expressed statements indicating he no longer wished to live, and he wished he had a gun to shoot himself. Safety measures were initiated, and staff remained with the resident. Review of Resident R1's clinical record failed to reveal documentation that resident was monitored for suicide precautions on the following shifts: 3/4/26: daylight, and evening shift 3/5/26: night, daylight, and evening shift 3/6/26: night, daylight, and evening shift 3/7/26: night, daylight, and evening shift 3/8/26: night, daylight, and evening shift 3/9/26: night, daylight, and evening shift 3/10/26: night, and daylight shift 3/12/26: night shift 3/14/26: night shift During an interview on 4/30/26, at 4:29 p.m. the Director of Nursing confirmed that the facility failed to ensure that monitoring and supervision occurred for Resident R1. Review of the clinical record revealed Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's MDS dated [DATE], revealed diagnoses of schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and anxiety. Review of documentation provided by the facility, dated 4/16/26, stated: During a therapy session, Resident R2 disclosed that she has been experiencing suicidal thoughts. Resident R2 was immediately placed on 1:1 observation for safety. A full skin assessment was completed, negative findings. Physician and family made aware. All potential hazards were addressed promptly, cords were secured and utensils were replaced with plastic. Resident was sent to hospital for evaluation (continued on next page)

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	04/30/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and treatment. Review of Resident R2's care plan updated on 4/16/26, indicated all potential hazards will be addressed promptly: cords were secured and dietary services replaced metal utensils with plastic. During an observation on 4/30/26, at 2:15 p.m. Resident R2 was lying in bed coloring pictures. The bed controller was on the bed, however the bed controller cord was not secured. During an interview on 4/30/26, at 3:30 p.m. Licensed Practical Nurse (LPN) Employee E1 and State Agency (SA) reviewed Resident R2's care plan. LPN Employee E1 confirmed that all cords should be secured according to care plan. During an interview on 4/30/26, at 3:37 p.m. LPN Employee E1 confirmed that the bed controller cord was not secured for Resident R2 and could be used to self-harm if wanted. LPN Employee E1 notified appropriate department to secure the cord. During an interview on 4/30/26, at 3:50 p.m. the Director of Nursing confirmed that the bed controller cord was not secured and that the facility failed to implement Resident R2's care plan interventions and failed to keep residents free from hazards. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.