STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395827	A. Building B. Wing	06/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kadima Rehabilitation & Nursing at Pottstown	3031 Chestnut Hill Road Pottstown, PA 19464

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 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. 38419 Based on interview and clinical record review failed to ensure that residents attend medical appointments using reliable transportation service for two of three residents reviewed (Residents R1 and R3). Findings include: Review of Resident R1's clinical record including eMedication Administration Note dated May 20, 2024 (9:14 a.m.) revealed Orthopedic follow up .transport did not take. Further review of Resident R1's clinical record failed to reveal reason for missed transportation to medical appointment. Review of Resident R3's clinical record revealed diagnoses including but not limited to following: Peripheral Vascular Disease; Depression; Prostatic Hyperplasia w/ lower urinary tract symptoms; Muscle weakness; Diabetes Mellitus II; Muscle wasting and Atrophy; Anemia; Urinary Retention; and Pulmonary Hypertension (high blood pressure). Interview with Resident R3 on June 11, 2024, approximately 5:24 p.m. was conducted. Resident R3 indicated that he/she missed medical appointments, including veteran's appointments due to the transportation issues. Resident stated that he/she was at an eye doctor appointment and was told they (resident and transportation personnel) had to leave before the appointment was finished due to a conflict with another resident's medical appointment. The resident further stated that one of the medical appointments was rescheduled due to transportation driver had personal conflict. Review of Resident R3's nursing progress note dated June 4, 2024 (12:44 p.m.) Pt returned from [Physician] optometry. Eyes dilatated and injection of Avastin given. Pt (Patient) noted with severe non proliferative diabetic retinopathy and macular edema to R (right) eye and proliferative diabetic retinopathy to L (left) eye. F/U (follow/up) in 4 weeks. LVM at office tocall back to schedule follow up. Review of Resident R3's nursing progress note dated May 21, 2024 (13:58/1:58 p.m.) Nephrology appt cancelled due to transport conflict. Administrator spoke to office who states patient can get missed labs at (his/her) urology appt 6/18 and then nephrology will let us know when f/u is to be rescheduled. (continued on next page)

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of Resident R3's nursing progress note dated April 30, 2024 (09:16 a.m.) Patient upset with missed GI appointment. Nurse speaking with (him/her) and (he/she) began to yell and then states I'm not yelling, I am raising my voice. Review of Resident R3's nursing progress note dated April 30, 2024 (08:18 a.m.) No transport available for patients 0830 GI appt with [Physician]. Appt (appointment) rescheduled for 5/30 @ 8am with [Provider, Nurse Practitioner]. Pt (Patient) aware. (Doctor) aware. Additional review of Resident R3's nursing progress note dated April 26, 2024 (11:13 a.m.) Spoke with [Physician office representative] office as resident states [resident] did not have full appointment yesterday. Per [office representative], patient had most of the tests done but the aide had him leave because he had to pick up someone else so he did not see the doctor. Appointment rescheduled for 5/14/24 @ 1420. Pt (patient) and PCP (primary care physician) aware. Review of Resident R3's nursing progress note dated April 25, 2024 (7:55 a.m.) Pt to go OOF (out of facility) today for cataract surgery consultation. Review of Resident R3's nursing progress note dated April 25, 2024 (16:15/4:15 p.m.) Pt came back from ophthalmology appointment, no paperworks, no follow ups sent with the pt. Pt said his appointment for dilation of his eye needs to be rescheduled. Interview conducted on June 11, 2024, at approximately 6:56 p.m. with the Nursing Home Administrator when the above information was discussed. 28 Pa Code 211.10(c) Resident care policies 28 Pa Code 211.12(d)(1)(3)(5) Nursing services