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	03/28/2025

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. 47968 Based on staff and resident interviews, it was determined that the facility failed to have petty cash available in the facility for any resident who may request funds from their accounts. Findings include: Interviews with Resident's 4, 5, 6,and 7 on Mach 28, 2025 from 11:15 to 11:40 a.m. revealed residents never request funds from their accounts and residents had no knowledge of how much money, if any, was available in their accounts. Interview conducted with Nursing Home Administrator (NHA) on March 28, 2025, at 2:00 p.m. when the above information was presented the NHA stated when residents request funds a check is written from the resident's account. The NHA will then take the check to the bank and cash it on behalf of the resident. The NHA confirmed that no petty cash was available in the facility for resident use. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.29(a)(d)(e) Resident Rights

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