

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER Kadima Rehabilitation & Nursing at Campbelltown		STREET ADDRESS, CITY, STATE, ZIP CODE 2880 Horseshoe Pike Palmyra, PA 17078	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>43883</p> <p>Based on clinical record review, review of the facility shower schedule, and staff and resident interview, it was determined that the facility failed to provide services that enhanced each resident's quality of life by offering showers as scheduled for four of seven sampled residents. (Residents 1, 2, 3, 4)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included difficulty walking and muscle weakness. Review of the care plan revealed that the resident required assistance from staff for activities of daily living (ADLs). Review of the facility shower schedule revealed that the resident was to be offered a shower weekly on Thursdays. In an interview on November 25, 2024, at 11:30 a.m., the resident stated that staff had not offered to provide a shower weekly per her preference. There was no documentation to support that Resident 1 received any showers in November 2024. There were no documented refusals.</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included muscle weakness and anxiety. Review of the care plan revealed that the resident had impaired mobility. Review of the facility shower schedule revealed that the resident was to be offered a shower weekly on Fridays. In an interview on November 25, 2024, at 3:45 p.m., the resident stated that staff had not offered to provide a shower weekly per her preference. There was a lack of documentation to support that Resident 2 was provided a weekly shower as scheduled on November 1, 8, or 22, 2024. There were no documented refusals.</p> <p>Clinical record review revealed that Resident 3 had diagnoses that included muscle weakness and anxiety. Review of the care plan revealed that the resident required assistance from staff for ADLs. Review of the facility shower schedule revealed that the resident was to be offered a shower weekly on Wednesday. There was a lack of documentation to support that Resident 3 received any showers in November 2024. There were no documented refusals.</p> <p>Clinical record review revealed that Resident 4 had diagnoses that included anxiety and muscle weakness. Review of the care plan revealed that the resident required assistance from staff for ADLs. Review of the facility shower schedule revealed that the resident was to be offered a shower weekly on Thursdays. There was a lack of documentation to support that Resident 4 received any showers in November of 2024. There were no documented refusals.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on November 25, 2024, at 3:50 p.m., Nurse Aide (NA) 1 stated that residents had not received showers as scheduled. In an interview on November 26, 2024, at 9:57 a.m., NA 2 stated that residents had not received showers as scheduled.</p> <p>In an interview on November 26, 2024, at 11:09 a.m., the Administrator confirmed that there was no evidence the residents received their showers as scheduled.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>43883</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure physician's orders were implemented for two of seven sampled residents. (Residents 3, 4)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 3 had diagnoses that included protein calorie malnutrition, anemia, and muscle weakness. Review of a wound care consultation dated November 19, 2024, revealed that the resident had a stage three pressure ulcer to her sacrum. A physician's order dated September 26, 2024, directed staff to cleanse the sacral wound with normal saline solution (NSS), apply calcium alginate, and cover with a foam dressing once daily on day shift. Review of the November 2024 treatment administration record (TAR) revealed no evidence that staff provided the treatment as ordered on six of 24 days.</p> <p>Clinical record review revealed that Resident 4 had diagnoses that included muscle weakness, chronic kidney disease, and required hemodialysis. Review of a wound care consultation dated November 19, 2024, revealed that the resident had a non-pressure wound to the left foot. A physician's order dated October 16, 2024, directed staff to cleanse the wound with NSS, apply Mupirocin cream (a treatment to prevent growth of bacteria), Santyl (a wound treatment), cover with calcium alginate, secure with a border foam dressing and wrap with Kling (a stretched dressing), every evening shift. Review of the November 2024 TAR revealed no evidence that staff administered the treatment as ordered on November 8, 2024. Review of physician's orders dated April 27, 2024, May 23, 2024, July 17, 2024, and August 16, 2024, directed staff to apply Miconazole antifungal cream to abdominal folds once daily, Nystatin (an antifungal) powder under bilateral breasts once daily, and ammonium lactate lotion to lower legs and feet every day and evening shift. In addition, staff were to check the dialysis access site (used to reach the blood during dialysis) for bruit and thrill every shift, and visualize the dialysis site for abnormalities every shift. Review of the November 2024 TAR revealed no evidence that staff applied the Miconazole antifungal cream on three of 24 days, applied the Nystatin powder on three of 24 days, applied the ammonium lactate lotion on nine of 49 shifts, or monitored the dialysis site for bruit and thrill and checked the dialysis site for abnormalities on eight of 72 shifts.</p> <p>In an interview on November 26, 2024, at 9:53 a.m., the Administrator stated that there was no evidence that the treatments were administered per the physicians' orders.</p> <p>CFR 483.25 Quality of Care</p> <p>Previously Cited 07/18/2024</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>43883</p> <p>Based on observation and interview, it was determined that the facility failed to post accurate and current staffing information.</p> <p>Findings include:</p> <p>Observation during a tour of the facility on November 25, 2024, at 9:44 a.m., revealed that there was no nurse staffing information posted in the facility.</p> <p>In an interview on November 25, 2024, at 10:00 a.m., the Administrator confirmed there was no nurse staffing information posted in the facility on that date.</p> <p>CFR 483.35(g)(2) Posting Requirements</p> <p>Previously Cited 7/18/2024</p> <p>28 Pa. Code 201.18(b)(3) Management.</p>