

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  12/13/2024
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>43883</p> <p>Based on a review of the facility's meal schedule, observation, and resident and staff interview, it was determined that the facility failed to ensure that meals were served at regularly scheduled times in accordance with resident preferences on the nursing unit.</p> <p>Findings include:</p> <p>Review of the facility's meal schedule revealed that the scheduled mealtime for the back hall of the nursing unit was 12:15 p.m., and mealtime for the front hall was 12:30 p.m.</p> <p>During interviews on December 13, 2024, from 9:57 a.m. through 11:31 a.m., Residents 1, 2, 3, 4, 5, and 6, stated that they usually received their meals late.</p> <p>Observation of the back hall on December 13, 2024, revealed that Residents 4 and 5 received their lunch trays between 12:45 and 12:59 p.m., over 30 minutes past the scheduled mealtime.</p> <p>Observation of the front hall on December 13, 2024, revealed that Residents 1, 2, 3, and 6, received their lunch trays between 1:14 p.m. and 1:30 p.m., over 44 minutes past the scheduled mealtime.</p> <p>In an interview on December 13, 2024, at 1:26 p.m., the Administrator confirmed that meals were served late.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</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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