

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 06/16/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, and resident and staff interview, it was determined that the facility failed to administer medications in accordance with physician orders for three of 12 sampled residents. (Residents 3, 9, 10)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 3 had diagnoses that included chronic obstructive pulmonary disease (COPD) and diabetes. A review of Resident 3's current Medication Administration Record (MAR) for June 2025, revealed that staff were to administer the following medications at 9:00 a.m. daily: Allopurinol 100 milligrams (mg) (a gout medication), ferrous sulfate 325 mg (iron), glipizide 2.5 mg (diabetic medication), fluticasone-umeclidinium-vilanterol one puff (COPD inhaler), cyanocobalamin (vitamin B12) 500 micrograms (mcg), cholecalciferol (vitamin D) 4000 international units (IU), bumetanide 3 mg (diuretic), apixaban 5 mg (blood thinner), ipratropium-albuterol solution 3 milliliter (COPD mist inhaler), lansoprazole 30 mg (stomach acid reducing medication), and probiotic one capsule. Staff were to administer insulin glargine 30 units at 8:00 a.m. In an interview on June 16, 2025 at 10:50 a.m., Resident 3 stated she still had not received her morning medications. Review of Resident 3's clinical record revealed she still had not received her medications as of 12:30 p.m.</p> <p>Clinical record review revealed that Resident 9 had diagnoses that included end stage renal disease and diabetes. A review of Resident 9's current MAR for June 2025, revealed that staff were to administer the following medications at 9:00 a.m. daily: amlodipine 5 mg (a medication for high blood pressure), ascorbic acid 500 mg (a vitamin), Flonase two sprays (a nasal allergy medication), fluoxetine 70 mg (an antidepressant medication), lorazepam 0.25 mg (an antianxiety medication), carvedilol 6.25 mg (a medication for high blood pressure), Colace 100 mg (stool softener), apixaban 5 mg, gabapentin 300 mg (pain medication), lacosamide 100 mg (antiseizure medication), levetiracetam 500 mg (antiseizure medication), senna 8.6 mg (stool softener), and acetaminophen 500 mg. Observation on June 16, 2025, revealed that the Director of Nursing did not administer the medications until 11:48 a.m.</p> <p>Clinical record review revealed that Resident 10 had diagnoses that included atrial fibrillation (irregular heartbeat) and hypertension (high blood pressure). A review of Resident 10's current MAR for June 2025, revealed that staff were to administer the following medications at 9:00 a.m. daily: metoprolol succinate 50 mg (a medication for high blood pressure), miralax 17 gram (stool softener), senna 8.6 mg, and apixaban 5 mg. Staff were to administer midodrine 5 mg (blood pressure medication) with meals. Observation on June 16, 2025, revealed that the Director of Nursing did not administer the medications until 11:36 a.m. Review of the clinical record revealed a nurses note that the midodrine was not administered with breakfast as ordered.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on June 16, 2025, at 12:10 p.m., the Administrator confirmed that the medications were administered late due to staffing.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>