

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 06/23/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, and resident interview, it was determined that the facility failed to notify each resident's physician and responsible party of a change in condition for one of three sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Protocol - When to call the physician or physician extender, revealed that nursing staff were to make an assessment and notify the physician of changes in condition, including abnormal vital signs.</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included congestive heart failure and bradycardia (slow heart rate). Review of the Minimum Data Set assessment dated [DATE], revealed the resident had no cognitive impairment. In an interview on June 23, 2025, at 10:30 a.m., Resident 1 stated that she went to the hospital on June 16, 2025, around 10:30 p.m Review of the resident's clinical record revealed a nurse's note dated June 17, 2025, at 3:35 a.m., stating that the resident was away at the hospital for an elevated blood pressure. There was no documented evidence that Resident 1 was assessed and that the resident's responsible party and physician were notified of the elevated blood pressure and transfer to the hospital.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395846
		If continuation sheet Page 1 of 1