

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 07/30/2025
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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and resident interview, it was determined that the facility failed to ensure that a safe, clean, and comfortable environment was maintained on one of one nursing units. Observation on July 30, 2024, at 10:15 a.m., 11:51 a.m., and 12:20 p.m., revealed black residue throughout the floors of rooms 3, 5, 6, 21, 23, 27, 29, 36, and the bath across from the nurse's station.</p> <p>In an interview on July 30, 2025, at 11:52 a.m., Resident 3 stated the equipment in the facility was rusty.</p> <p>In an interview on July 30, 2025, at 12:00 p.m., Resident 6 stated that housekeeping staff do not clean and only dispose of trash.</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility.</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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