

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395538	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/04/2024
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NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT CHESWICK	STREET ADDRESS, CITY, STATE, ZIP CODE: 3876 SAXONBURG BLVD CHESWICK, PA 15024
STATE LICENSE NUMBER: 740302	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on a revisit survey completed on December 4, 2024, it was determined that Cheswick Rehabilitation and Wellness Center, LLC corrected one deficiency cited during the survey of October 24, 2024, however, has continued non-compliance with two regulations under the requirements of the 28 Pa, Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Pennsylvania Department of Health

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P 5520		P 5520		

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	1.The facility will ensure state-required nurse aide ratios are met for all shifts. The facility cannot correct that nurse aide staffing ratios were not met on the following dates: 11/29/24, 12/2/24 & 12/3/24. 2.The facility will ensure that nurse aide staffing ratios of 1:10 on day shift, 1:11 on the evening shift and 1:15 on night shift are met. Open positions will continue to be posted on platforms to attract new hires. 3.The Nursing Home Administrator will re-educate the Director of Nursing, HR Director/Scheduler and RN Supervisors on regulation P5510 and ensuring nurse aide staffing ratios are met each shift. Staffing ratios will be reviewed at our daily staffing meeting to ensure ratios are scheduled to be met. The RN Nursing Supervisors will continue to review shift staffing ratios on evenings and weekends. If the facilities projections to meet ratios fall below required ratios due to call offs , No Call No Shows etc, the RN	Completion Date: 12/16/2024 Status: APPROVED Date: 12/10/2024

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P 5520	Continued from page 2	P 5520	Supervisors will be responsible to ask currently working staff to pick up a shift, call off duty personnel and/or call extra support staff via staffing agencies to assist as necessary. 4.The Nursing Home Administrator/designee will audit staffing sheets daily for three months to ensure nurse aide staffing ratios are being met. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee for review, recommendations, and frequency of audits. 5.Date of compliance: 12/16/2024	

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P 5520	<p>Continued from page 3</p> <p>Based on a review of staffing documents provided by the facility and staff interview it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the daylight shift on two of five days (11/29/24 and 12/2/24) and one NA per 11 residents on the second shift on three of five days (11/29/24, 12/2/24 and 12/3/24) as required.</p> <p>Findings include:</p> <p>A review of facility staffing documents provided by the facility from 11/29/24 through 12/3/24, revealed the facility failed to provide NA on the following shifts as required:</p> <p>Daylight shift:</p> <table border="1" data-bbox="185 1360 786 1549"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Actual hours</th> <th>Hours required</th> </tr> </thead> <tbody> <tr> <td>11/29/24</td> <td>89</td> <td>55.75</td> <td>66.75</td> </tr> <tr> <td>12/2/24</td> <td>88</td> <td>56.75</td> <td>66.00</td> </tr> </tbody> </table>	Date	Census	Actual hours	Hours required	11/29/24	89	55.75	66.75	12/2/24	88	56.75	66.00	P 5520		
Date	Census	Actual hours	Hours required													
11/29/24	89	55.75	66.75													
12/2/24	88	56.75	66.00													

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P 5520	Continued from page 4 Evening shift: <table border="1" data-bbox="186 756 787 997"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Actual hours</th> <th>Hours required</th> </tr> </thead> <tbody> <tr> <td>11/29/24</td> <td>89</td> <td>50.00</td> <td>60.68</td> </tr> <tr> <td>12/2/24</td> <td>88</td> <td>39.75</td> <td>60.00</td> </tr> <tr> <td>12/3/24</td> <td>87</td> <td>35.00</td> <td>59.32</td> </tr> </tbody> </table> <p>During an interview on 12/4/24 at 2:00 p.m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the above shifts as required.</p>	Date	Census	Actual hours	Hours required	11/29/24	89	50.00	60.68	12/2/24	88	39.75	60.00	12/3/24	87	35.00	59.32	P 5520		
Date	Census	Actual hours	Hours required																	
11/29/24	89	50.00	60.68																	
12/2/24	88	39.75	60.00																	
12/3/24	87	35.00	59.32																	
P 5640		P 5640																		

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P 5640	Continued from page 5 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	1.The facility will ensure state-required general nursing care hours in each 24 hr period will be a minimum of 3.2 hrs of direct resident care for each resident. The facility cannot correct that we did not meet the minimum PPD of 3.2 hrs on the following dates: 11/29/24, 11/30/24, 12/1/24, 12/2/24 & 12/3/24. 2.The facility will ensure that the 3.2 state minimum direct resident care hours in each 24hr period is met. 3.The Nursing Home Administrator will re-educate the Director of Nursing, HR Director/Scheduler and RN Supervisors on regulation P5640 ensuring a minimum of 3.2 direct resident care hrs are met in each 24hr period. Resident care hrs will be reviewed at our daily staffing meeting to ensure a minimum PPD of 3.2 is scheduled to be met. The RN Nursing Supervisors will continue to review direct resident care hrs on evenings and weekends. If the facilities projection to meet the state minimum fall below a 3.2 due to call	Completion Date: 12/16/2024 Status: APPROVED Date: 12/10/2024

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P 5640	Continued from page 6	P 5640	<p>offs , No Call No Shows etc, the RN Supervisors will be responsible to ask currently working staff to pick up a shift, call off duty personnel and/or call extra support staff via staffing agencies to assist as necessary.</p> <p>4.The Nursing Home Administrator/designee will audit staffing sheets daily for three months to ensure the minimum 3.2 hrs of direct resident care for each resident is met. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee for review, recommendations, and frequency of audits.</p> <p>5.Date of compliance: 12/16//2024</p>	

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P 5640	<p>Continued from page 7</p> <p>Based on a review of nursing time schedules and staff interview, it was determined that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident on five of five days (11/29/24 through 12/3/24).</p> <p>Findings include:</p> <p>Review of staffing documents and nursing staff schedules from 11/29/24 through 12/3/24, indicated that the State required PPD minimum hours of 3.20 was not met on the following days:</p> <p>11/29/24= 3.00 PPD. 11/30/24= 3.17 PPD. 12/1/24= 3.19 PPD. 12/2/24= 2.93 PPD. 12/3/24= 3.09 PPD.</p> <p>During an interview on 12/4/24, at 2:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of 3.20 PPD</p>	P 5640		

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P 5640	Continued from page 8 hours of direct care on the above dates as required.	P 5640			



Certified End Page

KADIMA REHABILITATION & NURSING AT CHESWICK

STATE LICENSE NUMBER: 740302

SURVEY EXIT DATE: 12/04/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY