

Pennsylvania Department of Health

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: 01/03/2025
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NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT CHESWICK STATE LICENSE NUMBER: 740302	STREET ADDRESS, CITY, STATE, ZIP CODE: 3876 SAXONBURG BLVD CHESWICK, PA 15024
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(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
P 5520		P 5520		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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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: Daylight shift on (12/25/24 through 12/30/24 and 1/1/25), evening shift on (12/22/24 and 12/26/24 through 12/31/24), and night shift on (12/16/24, 12/18/24, 12/21/24, 12/22/24, and 12/26/24 through 12/29/24) 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. We will continue with a weekly retention and recruitment meeting. 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	Completion Date: 01/20/2025 Status: APPROVED Date: 01/21/2025

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P 5520	Continued from page 2	P 5520	<p>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 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 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.</p> <p>5.Date of compliance: 1/20/2025</p>	

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P 5520	Continued from page 3 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 seven of 17 days (12/25/24 through 12/30/24 and 1/1/25), one NA per 11 residents on the second shift on seven of 17 days (12/22/24 and 12/26/24 through 12/31/24), and one NA per 15 residents on the night shift on eight of 17 days (12/16/24, 12/18/24, 12/21/24, 12/22/24, and 12/26/24 through 12/29/24) as required. Findings include: A review of facility staffing documents provided by the facility from 12/16/24 through 1/1/25, revealed the facility failed to provide NA on the following shifts as required: Daylight shift: Date Census Actual hours Hours	P 5520		

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P 5520	Continued from page 4 required <table style="width:100%; border-collapse: collapse;"> <tr><td>12/25/24</td><td>94</td><td>65.00</td><td>70.50</td></tr> <tr><td>12/26/24</td><td>98</td><td>51.75</td><td>73.50</td></tr> <tr><td>12/27/24</td><td>99</td><td>61.50</td><td>74.25</td></tr> <tr><td>12/28/24</td><td>99</td><td>55.25</td><td>74.25</td></tr> <tr><td>12/29/24</td><td>99</td><td>56.00</td><td>74.25</td></tr> <tr><td>12/30/24</td><td>99</td><td>68.00</td><td>74.25</td></tr> <tr><td>1/1/25</td><td>98</td><td>65.00</td><td>73.50</td></tr> </table> Evening shift: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Actual hours</th> <th>Hours</th> </tr> </thead> <tbody> <tr><td>12/22/24</td><td>92</td><td>57.50</td><td>62.73</td></tr> <tr><td>12/26/24</td><td>98</td><td>42.75</td><td>66.82</td></tr> <tr><td>12/27/24</td><td>99</td><td>47.50</td><td>67.50</td></tr> <tr><td>12/28/24</td><td>99</td><td>46.00</td><td>67.50</td></tr> <tr><td>12/29/24</td><td>99</td><td>57.25</td><td>67.50</td></tr> <tr><td>12/30/24</td><td>99</td><td>46.50</td><td>67.50</td></tr> <tr><td>12/31/24</td><td>99</td><td>48.25</td><td>67.50</td></tr> </tbody> </table>	12/25/24	94	65.00	70.50	12/26/24	98	51.75	73.50	12/27/24	99	61.50	74.25	12/28/24	99	55.25	74.25	12/29/24	99	56.00	74.25	12/30/24	99	68.00	74.25	1/1/25	98	65.00	73.50	Date	Census	Actual hours	Hours	12/22/24	92	57.50	62.73	12/26/24	98	42.75	66.82	12/27/24	99	47.50	67.50	12/28/24	99	46.00	67.50	12/29/24	99	57.25	67.50	12/30/24	99	46.50	67.50	12/31/24	99	48.25	67.50	P 5520		
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P 5520	Continued from page 5 Night shift: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date</th> <th style="text-align: left;">Census</th> <th style="text-align: left;">Actual hours</th> <th style="text-align: left;">Hours required</th> </tr> </thead> <tbody> <tr><td>12/16/24</td><td>88</td><td>41.50</td><td>44.00</td></tr> <tr><td>12/18/24</td><td>87</td><td>40.75</td><td>43.50</td></tr> <tr><td>12/21/24</td><td>92</td><td>39.50</td><td>46.00</td></tr> <tr><td>12/22/24</td><td>92</td><td>39.50</td><td>46.00</td></tr> <tr><td>12/26/24</td><td>98</td><td>42.00</td><td>49.00</td></tr> <tr><td>12/27/24</td><td>99</td><td>34.25</td><td>49.50</td></tr> <tr><td>12/28/24</td><td>99</td><td>40.75</td><td>49.50</td></tr> <tr><td>12/29/24</td><td>99</td><td>48.75</td><td>49.50</td></tr> </tbody> </table> <p>During an interview on 1/3/25 at 10:46 a.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	12/16/24	88	41.50	44.00	12/18/24	87	40.75	43.50	12/21/24	92	39.50	46.00	12/22/24	92	39.50	46.00	12/26/24	98	42.00	49.00	12/27/24	99	34.25	49.50	12/28/24	99	40.75	49.50	12/29/24	99	48.75	49.50	P 5520		
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P 5640	Continued from page 6 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: 12/16/24, 12/21/24, 12/22/24, 12/25/24 through 12/28/24, and 12/30/24 through 1/1/25. 2.The facility will ensure that the 3.2 state minimum direct resident care hours in each 24hr period is met. . Open positions will continue to be posted on platforms to attract new hires. We will continue with a weekly retention and recruitment meeting. 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	Completion Date: 01/20/2025 Status: APPROVED Date: 01/21/2025

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P 5640	Continued from page 7	P 5640	<p>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 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: 1/20/2025</p>	

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P 5640	Continued from page 8 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 ten of 17 days (12/16/24, 12/21/24, 12/22/24, 12/25/24 through 12/28/24, and 12/30/24 through 1/1/25). Findings include: Review of staffing documents and nursing staff schedules from 12/16/24 through 1/1/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following days: 12/16/24= 3.14 PPD. 12/21/24= 3.04 PPD. 12/22/24= 3.04 PPD. 12/25/24= 3.07 PPD. 12/26/24= 2.53 PPD. 12/27/24= 2.57 PPD. 12/28/24= 2.60 PPD.	P 5640		

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P 5640	Continued from page 9 12/30/24= 2.80 PPD. 12/31/24= 3.06 PPD. 1/1/25= 3.05 PPD. During an interview on 1/3/25, at 10:46 a.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of 3.20 PPD hours of direct care on the above dates as required	P 5640		



Certified End Page

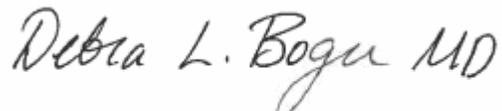
KADIMA REHABILITATION & NURSING AT CHESWICK

STATE LICENSE NUMBER: 740302

SURVEY EXIT DATE: 01/03/2025

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