

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: 01/28/2025
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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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F 0000	<p>INITIAL COMMENT</p> <p>Based on a revisit survey completed on January 28, 2025, it was determined that Cheswick Rehabilitation and Wellness Center, LLC failed to correct the deficiencies cited during the survey of January 3, 2025, under the requirements of the 28 Pa, Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p>	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.

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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 daylight shift on three of seven days(1/20/25 through 1/23/25), one NA per 11 residents on the second shift on four of seven days (1/20/25 1/21/25, 1/22/25 and 1/24/25), and one NA per 15 residents on the night shift on three of seven days (1/20/25 through 1/23/25) as required. 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 various platforms including CCAC to attract new hires. We will continue with a weekly retention and recruitment meeting. We have help wanted signs on our property. We increased bonuses as incentive to pick up shifts. We utilize agency to fill needed shifts. We added a \$2.00/hr shift differential for Nurse Aides on the evening shift. We will	Completion Date: 02/24/2025 Status: APPROVED Date: 02/07/2025

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P 5520	Continued from page 2	P 5520	<p>continue to review referrals to ensure we can meet their needs prior to accepting.</p> <p>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 Supervisors will be responsible to ask currently working staff to pick up a shift, call our 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</p>	

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P 5520	Continued from page 3	P 5520	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: 2/24/2025	

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P 5520	Continued from page 4 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 three of seven days (1/20/25 through 1/23/25), one NA per 11 residents on the second shift on four of seven days (1/20/25 1/21/25, 1/22/25 and 1/24/25), and one NA per 15 residents on the night shift on three of seven days (1/20/25 through 1/23/25) as required. Findings include: A review of facility staffing documents provided by the facility from 1/20/25 through 1/26/25, revealed the facility failed to provide NA on the following shifts as required: Daylight shift: Date Census Actual hours Hours required	P 5520		

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P 5520	Continued from page 5 1/20/25 100 44.50 75.00 1/22/25 100 52.50 75.00 1/23/25 100 72.75 75.00 Evening shift: Date Census Actual hours Hours required 1/20/25 100 47.75 68.18 1/21/25 101 45.75 68.86 1/22/25 100 60.25 68.18 1/24/25 99 55.50 67.50 Night shift: Date Census Actual hours Hours required 1/20/25 100 38.25 50.00 1/21/25 101 28.25 50.50 1/22/25 100 49.00 50.00	P 5520		

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P 5520	Continued from page 6 During an interview on 1/28/25 at 10:05 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 5520		
P 5640		P 5640		

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P 5640	Continued from page 7 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: (1/20/25 through 1/23/25 and 1/26/25). 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 various platforms including CCAC to attract new hires. We will continue with a weekly retention and recruitment meeting. We have help wanted signs on our property. We increased bonuses as incentive to pick up shifts. We utilize agency to fill needed shifts. We added a \$2.00/hr shift differential for Nurse Aides on the evening shift and increased hourly rates for every LPN who was hired under our "No Benefits" rate. We will continue to review referrals to ensure we can meet their needs prior to accepting.	Completion Date: 02/24/2025 Status: APPROVED Date: 02/07/2025

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P 5640	Continued from page 8	P 5640	<p>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 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</p>	

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P 5640	Continued from page 9	P 5640	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. 5.Date of compliance: 2/24/2025	

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P 5640	Continued from page 10 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 seven days (1/20/25 through 1/23/25 and 1/26/25). Findings include: Review of staffing documents and nursing staff schedules from 1/20/25 through 1/26/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following days: 1/20/25= 2.38 PPD. 1/21/25= 2.81 PPD. 1/22/25= 2.70 PPD. 1/23/25= 3.05 PPD. 1/26/25= 3.15 PPD. During an interview on 1/28/25, at 10:05 a.m. the Nursing Home Administrator confirmed that the	P 5640		

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P 5640	Continued from page 11 facility failed to provide a minimum of 3.20 PPD hours of direct care on the above dates as required.	P 5640			



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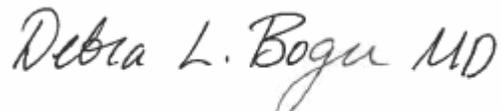
KADIMA REHABILITATION & NURSING AT CHESWICK

STATE LICENSE NUMBER: 740302

SURVEY EXIT DATE: 01/28/2025

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