

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: 08/12/2025
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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 cannot correct that the facility failed to provide one nurse assistant (NA) per 10 residents on the daylight shift on 8-4-25 & 8-11-25 and one nursing assistant per 11 residents on the evening shift on 8-3-25 & 8-10-25 and one nursing assistant per 15 residents on the night shift on 8-11-25 as required. 2. The facility will ensure that nurse aide staffing ratios of 1:10 on day shift, 1:11 on evening shift and 1:15 on night shift Open positions will continue to be posted on various platforms. We will continue with a weekly retention and recruitment meeting. We have help wanted signs on our property. We posted an ad in our local township summer 2025 newsletter that gets distributed to over 3000 homes and businesses in our township. We have reached out to the union to inquire about financial benefits for the members to pursue CNA training and CCAC to explore CNA class options to partner with CCAC and to post help wanted ads on the college bulletin boards.	Completion Date: 09/16/2025 Status: APPROVED Date: 09/02/2025

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P 5520	Continued from page 2	P 5520	<p>We offer a sign on bonus and bonuses as incentives to our staff to pick up shifts. We offer "Refer a Friend" bonus to our staff. We utilize staffing agencies to fill needed shifts. We will 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 P5520 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</p>	

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P 5520	Continued from page 3	P 5520	necessary. 4. The HR Director/designee will audit staffing sheets daily for three months to ensure nurse aide staffing ratios are being met. The audits will be reported to the Quality Assurance Performance Improvement Committee for review, recommendations, and frequency of audits. 5. Date of compliance: 9-16-2025	

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P 5520	<p>Continued from page 4</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 day shift on two of ten days (8/4/25 and 8/11/25), one NA per 11 residents on the evening shift on two of ten days (8/3/25 and 8/10/25) and one NA per 15 residents on the night shift on one of ten days (8/11/25) as required.</p> <p>Findings include:</p> <p>A review of facility staffing documents provided by the facility from 8/2/25 through 8/11/25 revealed the facility failed to provide NA on the following shifts as required:</p> <p>Day shift:</p> <table border="0" data-bbox="185 1438 786 1512"> <tr> <td>Date</td> <td>Census</td> <td>Actual hours</td> <td>Hours required</td> </tr> </table>	Date	Census	Actual hours	Hours required	P 5520		
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P 5520	Continued from page 5	P 5520																														
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">8/4/25</td> <td style="width:15%;">105</td> <td style="width:15%;">72.50</td> <td style="width:15%;">78.75</td> </tr> <tr> <td>8/11/25</td> <td>105</td> <td>56.25</td> <td>78.75</td> </tr> </table> <p>Evening shift:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Date required</td> <td style="width:15%;">Census</td> <td style="width:15%;">Actual hours</td> <td style="width:15%;">Hours</td> </tr> <tr> <td>8/3/25</td> <td>108</td> <td>68.00</td> <td>73.64</td> </tr> <tr> <td>8/10/25</td> <td>104</td> <td>64.00</td> <td>70.91</td> </tr> </table> <p>Night shift:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Date required</td> <td style="width:15%;">Census</td> <td style="width:15%;">Actual hours</td> <td style="width:15%;">Hours</td> </tr> <tr> <td>8/11/25</td> <td>105</td> <td>46.50</td> <td>52.50</td> </tr> </table> <p>During an interview on 8/12/25 at 3:40 pm., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the above shifts as required.</p>	8/4/25	105	72.50	78.75	8/11/25	105	56.25	78.75	Date required	Census	Actual hours	Hours	8/3/25	108	68.00	73.64	8/10/25	104	64.00	70.91	Date required	Census	Actual hours	Hours	8/11/25	105	46.50	52.50			
8/4/25	105	72.50	78.75																													
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P 5530		P 5530		
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P 5530	Continued from page 7 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	<p>1. The facility will ensure state-required LPN ratios are met during the overnight shift. The facility cannot correct that LPN staffing ratios of 1:40 were not met on the overnight shift on 8-10-25.</p> <p>2. The facility will ensure that the LPN staffing ratio of 1:40 are met during the overnight shift. Open positions will continue to be posted on various platforms. We will continue with a weekly retention and recruitment meeting. We have help wanted signs on our property. We posted an ad in our local township summer 2025 newsletter that gets distributed to over 3000 homes and businesses in our township. We offer a sign on bonus and bonuses as incentive to pick up shifts. We offer "Refer a Friend" bonus to our staff. We utilize staffing agencies to fill needed shifts. We will 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</p>	Completion Date: 09/16/2025 Status: APPROVED Date: 09/02/2025

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P 5530	Continued from page 8	P 5530	<p>Nursing, HR Director/Scheduler and RN Supervisors on regulation P5530 and ensuring LPN staffing ratios are met during the overnight 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 LPN ratios on the overnight shift 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 HR Director/designee will audit staffing sheets daily for three months to ensure LPN staffing ratios are being met during the overnight shift. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee for review,</p>	

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P 5530	Continued from page 9	P 5530	recommendations, and frequency of audits. 5. Date of compliance: 9-16-2025	

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P 5530	Continued from page 10 Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 40 residents on the night shift on one of ten days (8/10/25). Findings include: Review of facility census data and nursing time schedules from 8/2/25 through 8/11/25, revealed the following LPN staffing shortage: Night shift: Census Actual hours Hours required 8/10/25 104 16.00 20.80 During an interview on 8/12/25, at 3:40 pm. the Nursing Home Administrator confirmed the facility failed to provide the minimum of LPN's on the above day as required.	P 5530		

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P 5640		P 5640		
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P 5640	Continued from page 12 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 August 3,4,5,9,10 & 11, 2025. 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 offs , No Call No Shows etc, the RN	Completion Date: 09/16/2025 Status: APPROVED Date: 09/02/2025

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P 5640	Continued from page 13	P 5640	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 HR Director/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. 5. Date of compliance: 9-16-2025	

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P 5640	Continued from page 14 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 six of ten days reviewed (8/3/25, 8/4/25, 8/5/25, and 8/9/25 through 8/11/24). Findings include: Review of staffing documents and nursing staff schedules from 8/2/25 through 8/11/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following days: 8/3/25= 2.97 PPD. 8/4/24= 2.99 PPD. 8/5/25= 3.01 PPD. 8/9/25= 3.19 PPD. 8/10/25= 3.00 PPD. 8/11/25= 2.82 PPD. During an interview on 8/12/25, at 3:40 p.m. the	P 5640		

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P 5640	Continued from page 15 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: 08/12/2025

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