

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395730</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/14/2026</b>
NAME OF PROVIDER OR SUPPLIER: <b>KADIMA REHABILITATION &amp; NURSING AT LAKESIDE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>245 OLD LAKE ROAD DALLAS, PA 18612</b>		
STATE LICENSE NUMBER: <b>290902</b>				
(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 an abbreviated complaint survey and state revisit survey completed on April 14, 2026, it was determined that Kadima Rehabilitation and Nursing at Lakeside identified no deficient practice related to the reported complaint allegations under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities; however, remained out of compliance with the following 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.

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P 5520	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.) There were no ill effects suffered by the residents due to the facility's failure to meet the ratio for residents to CNAS for 3 shifts. 2.A facility wide audit was completed to ensure ratios were met. CNA sign on bonuses and wages are competitive with surrounding areas. The facility uses bonuses for employees to pick up shifts. 3.DON and Corporate HR were re-educated on staffing ratios and ensure the facility is actively recruiting to fill any open positions. The DON will review census and staffing ratios to ensure ratios are being met. 4.The DON or designee will conduct an audit of nursing care ratios weekly x 4 weeks then monthly x2 months to ensure ratios are being met. The results will be submitted to the QAPI Committee for review and analysis of need of ongoing monitoring.	Completion Date: <b>04/27/2026</b> Status: <b>APPROVED</b> Date: <b>04/23/2026</b>
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P 5520	Continued from page 1  Based on a review of nurse staffing and staff interviews, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for 3 shifts out of 21 shifts reviewed.  Findings include:  A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide the minimum nurse aide staff of 1:10 on the day shift, 1:11 on the evening shift, and 1:15 on the night shift based on the facility's census:  April 9, 2026, - 2.13 NAs on the evening shift, versus the required 2.55, for a census of 28. April 10, 2026 - 2.53 NAs on the day shift, versus the required 2.8, for a census of 28. April 10, 2026 - 2.13 NAs on the evening shift, versus the required 2.55, for a census of 28.  On the above dates mentioned, no additional excess higher-level staff were available to compensate for this deficiency.	P 5520		

Pennsylvania Department of Health

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P 5520	Continued from page 2  An interview with the Nursing Home Administrator on April 14, 2026, at 2:00 PM, confirmed the facility had not met the required NA to resident ratios on the above dates.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 3  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	1.) There were no ill effects suffered by the residents due to the facility's failure to meet the ratio for residents to LPNs for 4 shifts. 2.A facility wide audit was completed to ensure ratios were met. LPN sign on bonuses and wages are competitive with surrounding areas. The facility uses bonuses for employees to pick up shifts. 3.DON and Corporate HR were re-educated on staffing ratios and ensure the facility is actively recruiting to fill any open positions. The DON will review census and staffing ratios to ensure ratios are being met. 4.The DON or designee will conduct an audit of nursing care ratios weekly x 4 weeks then monthly x2 months to ensure ratios are being met. The results will be submitted to the QAPI Committee for review and analysis of need of ongoing monitoring.	Completion Date: <b>04/27/2026</b> Status: <b>APPROVED</b> Date: <b>04/23/2026</b>

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P 5530	Continued from page 4  Based on a review of nurse staffing and staff interviews, it was determined the facility failed to ensure the minimum licensed practical nurse staff to resident ratio was provided on each shift for 4 shifts out of 21 shifts reviewed.  Findings include:  A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide the minimum licensed practical nurse (LPN) staff of 1:25 on the day shift, 1:30 on the evening shift, and 1:40 on the night shift based on the facility's census.  April 8, 2026, -1.02 LPNs on the day shift, versus the required 1.08 for a census of 27.  April 10, 2026, -1.03 LPNs on the day shift versus the required 1.12 for a census of 28.	P 5530		

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P 5530	Continued from page 5  April 10, 2026, -0.00 LPNs on the night shift versus the required 1.00 for a census of 28.  April 12, 2026, -1.00 LPNs on the day shift versus the required 1.12 for a census of 28.  On the above dates mentioned no additional excess higher-level staff were available to compensate for this deficiency.  An interview was conducted with the nursing home administrator on April 14, 2026, at 2:00 PM to review the above findings and confirmed the facility had not met the required LPN to resident ratios on the above dates.	P 5530		
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P 5540	Continued from page 6  Nursing services.  (5) Effective July 1, 2023, a minimum of 1 RN per 250 residents during all shifts.  This REGULATION is not met as evidenced by:	P 5540	1.) There were no ill effects suffered by the residents due to the facility's failure to meet the ratio for residents to RNS for 4 shifts. 2.A facility wide audit was completed to ensure ratios were met. RN on bonuses and wages are competitive with surrounding areas. The facility uses bonuses for employees to pick up shifts. 3.DON and Corporate HR were re-educated on staffing ratios and ensure the facility is actively recruiting to fill any open positions. The DON will review census and staffing ratios to ensure ratios are being met. 4.The DON or designee will conduct an audit of nursing care ratios weekly x 4 weeks then monthly x2 months to ensure ratios are being met. The results will be submitted to the QAPI Committee for review and analysis of need of ongoing monitoring.	Completion Date: <b>04/27/2026</b> Status: <b>APPROVED</b> Date: <b>04/23/2026</b>

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P 5540	Continued from page 7  Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum registered nurse to resident ratio was provided on each shift for 4 shifts out of 21 shifts reviewed.  Findings include:  A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide the minimum registered nurse (RN) staff of 1:250 on the night shift, based on the facility's census:  April 7, 2026, 0 RNs on the night shift, versus the required 1, for a census of 27. April 11, 2026, 0 RNs on the night shift, versus the required 1, for a census of 28. April 12, 2026, 0 RNs on the night shift, versus the required 1, for a census of 28. April 13, 2026, 0 RNs on the night shift, versus the required 1, for a census of 28.  An interview with the Nursing Home Administrator on April 14, 2026, at 2:00 PM, to review the above findings confirmed the facility had not met the required RN to resident ratios on the above dates.	P 5540		



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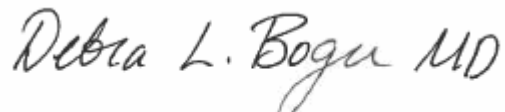
**KADIMA REHABILITATION & NURSING AT LAKESIDE**

**STATE LICENSE NUMBER: 290902**

**SURVEY EXIT DATE: 04/14/2026**

**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