

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395827	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/30/2024
NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT POTTSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 3031 CHESTNUT HILL ROAD POTTSTOWN, PA 19465		
STATE LICENSE NUMBER: 034202				
(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 for an abbreviated complaint survey of February 28, 2024, a revisit survey for a Medicare/Medicaid Recertification Survey, State Licensure Survey, and Civil Rights Compliance Survey completed on October 25, 2024, a revisit survey for an abbreviated complaint survey completed on November 27, 2024, and a complaint investigation completed on December 30, 2024, it was determined that Kadima Rehabilitation & Nursing at Pottstown failed to follow their plan of correction and continues to be in non-compliance with the following requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care and the 28 PA. Code, Commonwealth of Pennsylvania Long Term Licensure Regulations for the Health portion of the survey process.	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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NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT POTTSTOWN STATE LICENSE NUMBER: 034202	STREET ADDRESS, CITY, STATE, ZIP CODE: 3031 CHESTNUT HILL ROAD POTTSTOWN, PA 19465
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P 5530	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5530	<p>1. The facility is unable to retroactively provide minimum LPN coverage to meet minimum required staffing ratios from December 18th through December 29th 2024.</p> <p>2. A facility audit was completed to ensure LPN minimum staffing ratios were met. Recruitment Team are recruiting more LPN and ensuring wages are competitive with surrounding area facilities. Agency Staff are being utilized to assist with meeting minimum LPN staffing ratios while recruitment continues.</p> <p>3. The Nursing Scheduler/Designee was re-educated on ensuring nursing care LPN minimum staffing ratios are met, and that the facility is actively recruiting LPNs.</p> <p>4. The Administrator or designee will conduct an audit of the nursing care LPN ratios to ensure compliance weekly for 4 weeks then monthly for 2 months. The results will be submitted to the QAPI Committee for review and analysis of need of ongoing monitoring.</p>	<p>Completion Date: 01/26/2025 Status: APPROVED Date: 01/21/2025</p>

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P 5530	Continued from page 1 Based on a review of facility staffing data, it was determined that the facility failed to ensure a minimum of one Licensed Practical Nurse (LPN) per 25 residents on the day shift and one LPN per 30 residents on evening shift for the twelve day period from December 18, 2024 through December 29, 2024. Findings include: The facility failed to meet the minimum of one LPN for 25 residents during the day shift (7:00 am to 3:00 pm) on December 19 and 22, 2024. The facility failed to meet the minimum of one LPN for 30 residents during the evening shift (3:00 pm to 11:00 pm) on December 25 and 28, 2024. This information was presented to the Nursing Home Administrator and confirmed on December 30, 2024, at 2:15 p.m.	P 5530		



Certified End Page

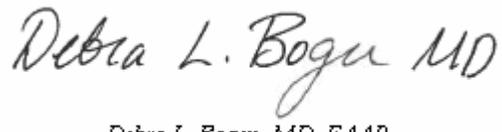
KADIMA REHABILITATION & NURSING AT POTTSTOWN

STATE LICENSE NUMBER: 034202

SURVEY EXIT DATE: 12/30/2024

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