

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: <u> </u>	(X3) DATE SURVEY COMPLETED: 02/07/2025
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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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(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 5530	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 is unable to retroactively provide minimum LPN coverages to meet minimum required staffing ratios for 1/26/25 & 2/1/25.</p> <p>2. A facility audit was completed to ensure LPN minimum staffing ratios were being met daily. Recruitment Team are continuing the efforts to recruit 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>	Completion Date: 03/03/2025 Status: APPROVED Date: 02/19/2025

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

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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 30 residents on evening shift for two days for the period of January 26, 2025 through February 4, 2025. Findings include: A review of facility staffing data for the ten day period of January 26, 2025 through February 4, 2025, revealed the following dates and shifts that did not meet the minimum requirements of one LPN per 30 residents on evening shift. Evening shift 1/26/2025 2/1/2025 The aforementioned data was confirmed with the Nursing Home Administrator on February 6, 2025 in a telephone interview.	P 5530		

Pennsylvania Department of Health

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P 5530	Continued from page 2	P 5530			



Certified End Page

KADIMA REHABILITATION & NURSING AT POTTSTOWN

STATE LICENSE NUMBER: 034202

SURVEY EXIT DATE: 02/07/2025

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