

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: 03/18/2025
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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
F 0000	INITIAL COMMENT	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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F 0000	<p>Continued from page 1</p> <p>Based on a follow-up survey completed on March 18, 2025, it was determined that Kadima Rehabilitation & Nursing at Pottstown corrected all the federal deficiencies cited 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 and a follow-up survey completed on February 6, 2025, under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care but continues to be in non-compliance with the following requirements for the Commonwealth of Pennsylvania Long Term Licensure Regulations for the Health portion of the survey process.</p>	F 0000		

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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. A comprehensive facility audit will be undertaken to ensure that the minimum staffing ratios for Certified Nursing Assistants (CNAs) are consistently met on a daily basis. The Recruitment Team is proactively enhancing recruitment efforts to attract additional CNAs while also assessing and adjusting wages to remain competitive with those offered by nearby healthcare facilities. 2. To support the staffing requirements, agency staff is currently being utilized to fill gaps and maintain compliance with the established minimum staffing ratios. We are actively engaging with local nursing schools to build relationships and identify potential candidates from their graduating CNA classes. This networking initiative aims to create a robust pipeline of qualified applicants. 3. In addition, the Nursing Scheduler/Designee will undergo a thorough re-education process to reinforce the importance of adhering	Completion Date: 03/20/2025 Status: APPROVED Date: 03/24/2025

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P 5520	Continued from page 2	P 5520	<p>to the minimum staffing ratios for CNAs. This training will focus on strategies and protocols to maximize staffing efficiency and ensure adequate coverage at all times.</p> <p>4. To monitor compliance, the Administrator or an appointed designee will conduct regular audits aimed at confirming adherence to staffing ratios. These audits will take place daily, weekly, and then monthly for a period of three months. The findings from these audits will be meticulously compiled and submitted to the Quality Assurance and Performance Improvement (QAPI) Committee for thorough review and analysis. This ongoing evaluation will help determine the necessity for continued monitoring and any potential adjustments to our staffing strategies moving forward</p>	

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P 5520	<p>Continued from page 3</p> <p>Based on a review of facility staffing data, it was determined that the facility failed to ensure a minimum of one nurse aide per 10 residents on the day shift for nine days, a minimum of one nurse aide per 11 residents on the evening shift for one day and a minimum of one nurse aide per 15 residents on the night shift for five days for the ten day period from March 3 through March 12, 2025.</p> <p>Findings include:</p> <p>Review of facility staffing data for the period of March 3 through March 12, 2025, revealed the following dates and shifts that did not meet the requirements of one nurse aide per 10 residents on the day shift, one nurse aide per 11 residents on the evening shift and one nurse aide for 15 residents on the night shift.</p> <p>Day shift 3/3/2025 3/4/2025</p>	P 5520		

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P 5520	Continued from page 4 3/5/2025 3/6/2025 3/7/2025 3/8/2025 3/9/2025 3/10/2025 3/11/2025 Evening shift 3/9/2025 Night shift 3/5/2025 3/6/2025 3/8/2025 3/9/2025 3/11/2025 The aforementioned data was conveyed to the Nursing Home Administrator in a telephone interview on March 18, 2025.	P 5520		



Certified End Page

KADIMA REHABILITATION & NURSING AT POTTSTOWN

STATE LICENSE NUMBER: 034202

SURVEY EXIT DATE: 03/18/2025

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