

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395846	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/17/2024
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NAME OF PROVIDER OR SUPPLIER: KADIMA REHABILITATION & NURSING AT CAMPBELLTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE: 2880 HORSESHOE PIKE PALMYRA, PA 17078
STATE LICENSE NUMBER: 720502	

(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		
F 0755	Based on an Abbreviated survey in response to three complaints completed on December 17, 2024, it was determined that Kadima Rehabilitation and Nursing at Campbelltown was not in 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 Care Licensure Regulations as they relate to the Health portion of the survey.	F 0755		
SS=D				

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 0755 SS=D	Continued from page 1 483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 0755	0755 1. Resident 1 was assessed for pain and administered medication. 2. A facility wide audit was completed to determine if there were any other unavailable medications. 3. The Licensed Nurses were re-educated on providing medication from the ebox and notification of the DON if medications are not available. The DON will work directly with the pharmacy to ensure medication availability. 4. The DON or designee will conduct an audit of medication availability weekly x 4 weeks then monthly x 2 months to ensure ordered medications are available. The results will be submitted to the QAPI Committee for review and analysis of need for ongoing monitoring.	Completion Date: 01/21/2025 Status: APPROVED Date: 01/02/2025

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F 0755 SS=D	Continued from page 2 This REQUIREMENT is not met as evidenced by:	F 0755		

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F 0755 SS=D	Continued from page 3 Based on clinical record review it was determined that the facility failed to ensure that a physician ordered medication was available from the pharmacy for one of six sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included an open wound of the left lower leg and lymphedema. Review of nursing documentation dated December 4, 2024, revealed that the resident was alert and oriented and able to make her needs known. On December 12, 2024, a physician ordered for staff to administer a narcotic medication, Oxycontin, every 12 hours for pain. Review of the medication administration record for December 2024, revealed that the medication was not administered on December, 14, 15, and 16 for a total of six doses. Further review of nursing documentation revealed that the medication had not been administered due	F 0755		

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F 0755 SS=D	Continued from page 4 to the medication being unavailable from the pharmacy. 28 Pa Code 211.12(d)(5) Nursing services.	F 0755		
F 0801 SS=E		F 0801		

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F 0801 SS=E	Continued from page 5 483.60(a)(1)(2) Qualified Dietary Staff §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered	F 0801	801 1. The facility cannot retroactively correct. 2. The facility is actively advertising for a dietary manager. NHA/designee will establish training for certification of a dietary manager when employed. The facility will employ a consultant Dietician and/or consultant CDM in the interim. 3. NHA/designee will educate HR department/recruitment/Dietary manager the need of a certified dietary manager in the absence of full-time dietician. 4. When hired, the Dietary Manager will provide the NHA with the completed class courses and testing results in attaining a Certified Dietary Manager certificate. The NHA and corporate CDM will monitor that a qualified DM is in place. Results will be reported to QAPI committee for review and analysis.	Completion Date: 01/21/2025 Status: APPROVED Date: 01/02/2025

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F 0801 SS=E	Continued from page 6 dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications- (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or (D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State	F 0801		

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F 0801 SS=E	Continued from page 7 requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on staff interview, it was determined that the facility failed to employ a full-time qualified dietary services manager in the absence of a full-time qualified dietitian. Findings include: In an interview conducted on December 17, 2024, at 11:00 a.m., the Administrator stated that there was not a full-time dietitian employed onsite at the facility and that the facility did not employ a qualified certified dietary manager in the absence of a full-time dietitian. 28 Pa. Code 201.18(b)(3) Management.	F 0801		

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F 0882 SS=F	<p>483.80(b)(1)-(4) Infection Preventionist Qualifications/Role</p> <p>§483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0882	<p>882</p> <ol style="list-style-type: none"> The Director of Nursing is completing the Infection Preventionist Program and will act as the interim IP until another RN is hired and completes the IP program. The facility is applying for at least one other full-time employed RN to complete the infection preventionist program. The Director of Nursing was re-educated on the Infection Preventionist requirements. The NHA will ensure at least two facility staff members are credentialed at all times. The NHA or designee will conduct a one-time audit of each Infection Preventionist's credentials to ensure they meet the monitoring criteria. The results will be submitted to the QAPI Committee for review and analysis of need for ongoing monitoring. 	<p>Completion Date: 01/21/2025 Status: APPROVED Date: 01/03/2025</p>

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F 0882 SS=F	Continued from page 9 Based on policy review and staff interview, it was determined that the facility did not have a credentialed Infection Preventionist (IP). Findings include: Review of the facility policy entitled, "Infection Control," last reviewed August 21, 2023, revealed that the facility staff was to report all infections to the IP, who would then conduct routine surveillance. In an interview on December 17, 2024, at 11:00 a.m., the Administrator stated that the facility did not have staff that was a credentialed Infection Preventionist. CFR 483.80 (b) Infection Preventionist Previously cited 7/18/24 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services	F 0882		



Certified End Page

KADIMA REHABILITATION & NURSING AT CAMPBELLTOWN

STATE LICENSE NUMBER: 720502

SURVEY EXIT DATE: 12/17/2024

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