

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: 01/25/2025
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 0801 SS=E	Based on a Revisit survey completed on January 25, 2025, 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.	F 0801		

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 0801 SS=E	Continued from page 1 483.60(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	0801 1. The facility cannot retroactively correct. 2. The facility actively advertised for a Certified Dietary Manager and one was hired and started on February 25, 2025. The facility has hired a full-time Registered Dietitian as well. 3. NHA/designee will educate HR department /recruitment of the need for a Dietary Manager in the absence of a 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 QUAPI committee for review and analysis.	Completion Date: 02/24/2025 Status: APPROVED Date: 02/28/2025

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F 0801 SS=E	Continued from page 2 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 3 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:	F 0801		

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F 0801 SS=E	Continued from page 4 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 January 25, 2025, at 10:30 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. CFR 483.60(a) Staffing Previously cited 12/17/24	F 0801		
F 0882 SS=F		F 0882		

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F 0882 SS=F	Continued from page 5 483.80(b)(1)-(4) Infection Preventionist Qualifications/Role §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: §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; §483.80(b)(2) Be qualified by education, training, experience or certification; §483.80(b)(3) Work at least part-time at the facility; and §483.80(b)(4) Have completed specialized training in infection prevention and control. This REQUIREMENT is not met as evidenced by:	F 0882	1. A full-time Infection Preventionist has been hired and will be working with both Kadima at Campbelltown and Palmyra. She is an RN and has the required certification for the position of IP. 2. The company will also hire a second nurse to complete the Infection Preventionist course so that there will always be a backup ensuring the problem does not recur. 3 The DON or designee will monitor Infection Control credentials as well as any issues weekly for 4 weeks and then monthly for 2 months to ensure compliance compliance.	Completion Date: 02/24/2025 Status: APPROVED Date: 02/11/2025

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F 0882 SS=F	Continued from page 6 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 January 25, 2025, at 10:30 a.m., the Administrator stated that the facility had no staff that were credentialed infection preventionists. CFR 483.80 (b) Infection Preventionist Previously cited 7/18/24, 12/17/24 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services.	F 0882		

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P 5520	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<ol style="list-style-type: none"> 1. The facility is unable to retroactively ensure NA to resident ratios are met on the cited dates. 2. The facility will maintain NA to resident ratios. 3. The DON was re-educated on ensuring NA to resident ratios are met. There will be a daily staffing meeting to review the current day and future dates NA ratios. 4. The NHA or designee will complete an audit of NA to resident ratios daily x 7 days then weekly x 4 weeks to ensure ratios are met. Results will be submitted to the QAPI Committee for review and analysis of need for ongoing monitoring. 	<p>Completion Date: 02/24/2025</p> <p>Status: APPROVED</p> <p>Date: 02/07/2025</p>

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

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P 5520	Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for 19 of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from January 4 through 24, 2025, revealed the following: The facility failed to meet the minimum NA to resident ratio of one NA for ten residents on day shift (7:00 a.m. to 3:00 p.m.) on January 4, 5, 6, 7, 11, 12, 13, 17, 18, 19, 20, 21, 22, 23, and 24, 2025. The facility failed to meet the minimum NA to resident ratio of one NA for 11 residents on evening shift (3:00 p.m. to 11:00 p.m.) on January 4, 5, 6, 7, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, and 24, 2025. The facility failed to meet the minimum NA to	P 5520		

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P 5520	Continued from page 2	P 5520		
P 5530	resident ratio of one NA for 15 residents on night shift (11:00 p.m. to 7:00 a.m.) on January 10, 12, 17, and 18, 2025. 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. The facility is unable to retroactively ensure LPN to resident ratios are met on the cited dates. 2. The facility will maintain LPN to resident ratios. 3. The DON was re-educated on ensuring LPN to resident ratios are met. There will be a daily staffing meeting to review the current day and future dates LPN ratios. 4. The NHA or designee will complete an audit of LPN to resident ratios daily x 7 days then weekly x 4 weeks to ensure ratios are met. Results will be submitted to the QAPI Committee for review and analysis of need for ongoing monitoring.	Completion Date: 02/24/2025 Status: APPROVED Date: 02/07/2025

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P 5530	Continued from page 3 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed practical nurse (LPN) to resident ratios for 20 of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from January 4 through 24, 2025, revealed the following: The facility failed to meet the minimum LPN to resident ratio of one LPN for 25 residents on day shift (7:00 a.m. to 3:00 p.m.) on January 17, 2025. The facility failed to meet the minimum LPN to resident ratio of one LPN for 30 residents on evening shift (3:00 p.m. to 11:00 p.m.) on January 11, 12, 14, 15, 16, 17, 18, and 19, 2025. The facility failed to meet the minimum LPN to resident ratio of one LPN for 40 residents on night shift (11:00 p.m. to 7:00 a.m.) on January 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, and 24, 2025.	P 5530		

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P 5540	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	5540 1. The facility is unable to retroactively ensure RN to resident ratios are met on the cited dates. 2. The facility will maintain RN to resident ratios. 3. The DON was re-educated on ensuring RN to resident ratios are met. There will be a daily staffing meeting to review the current day and future dates RN ratios. 4. The NHA or designee will complete an audit of RN to resident ratios daily x 7 days then weekly x 4 weeks to ensure ratios are met. Results will be submitted to the QAPI Committee for review and analysis of need for ongoing monitoring.	Completion Date: 02/24/2025 Status: APPROVED Date: 02/07/2025

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P 5540	Continued from page 5 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed registered nurse (RN) to resident ratios for two of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from January 4 through 24, 2025, revealed the following: The facility failed to meet the minimum RN to resident ratio of one RN for 250 residents on January 14 and 15, 2025.	P 5540		
P 5640		P 5640		

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P 5640	Continued from page 6 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	1. The facility is unable to retroactively ensure minimum PPD hours of Direct Care are met on the cited dates. 2. The facility will maintain minimum PPD hours of direct care. 3. The DON was re-educated on ensuring minimum PPD hours of direct care. There will be a daily staffing meeting to review the current day and future dates PPD hours of direct care. 4. The NHA or designee will complete an audit of PPD hours of direct care daily x 7 days then weekly x 4 weeks to ensure ratios are met. Results will be submitted to the QAPI Committee for review and analysis of need for ongoing monitoring.	Completion Date: 02/24/2025 Status: APPROVED Date: 02/07/2025

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P 5640	Continued from page 7 Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for 19 of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from January 4 through 24, 2025, revealed the following total nursing care hours below minimum requirements: January 4, 2025: 2.67 care hours per resident. January 5, 2025: 2.67 care hours per resident. January 6, 2025: 2.64 care hours per resident. January 7, 2025: 2.72 care hours per resident. January 10, 2025: 3.04 care hours per resident. January 11, 2025: 2.43 care hours per resident. January 12, 2025: 2.35 care hours per resident. January 13, 2025: 2.86 care hours per resident. January 14, 2025: 2.61 care hours per resident. January 15, 2025: 2.69 care hours per resident. January 16, 2025: 2.90 care hours per resident.	P 5640		

Pennsylvania Department of Health

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P 5640	Continued from page 8 January 17, 2025: 2.29 care hours per resident. January 18, 2025: 2.36 care hours per resident. January 19, 2025: 2.42 care hours per resident. January 20, 2025: 1.76 care hours per resident. January 21, 2025: 3.10 care hours per resident. January 22, 2025: 2.61 care hours per resident. January 23, 2025: 2.85 care hours per resident. January 24, 2025: 2.75 care hours per resident.	P 5640			



Certified End Page

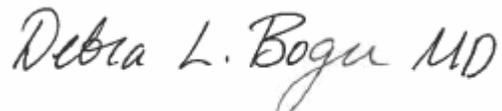
KADIMA REHABILITATION & NURSING AT CAMPBELLTOWN

STATE LICENSE NUMBER: 720502

SURVEY EXIT DATE: 01/25/2025

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