

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Accela Rehab and Care Center at Somerton		STREET ADDRESS, CITY, STATE, ZIP CODE 650 Edison Avenue Philadelphia, PA 19116	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975</p> <p>Based on observations, review of resident records, and interviews with staff it was determined that the facility failed to maintain clinical records that were complete and accurately documented for one of nine residents reviewed. (Resident R1)</p> <p>Findings Include:</p> <p>Review of resident Minimum Data Set (MDS) revealed an admitted [DATE]. The resident was admitted with a diagnosis of pulmonary embolism, seizures, tachycardia, chronic viral hepatitis, respiratory failure, hypocalcemia, depression, anxiety, hypertension, alcohol dependence with withdrawal, insomnia, bilateral primary osteoarthritis, adjustment disorder, and basal cell carcinoma of the skin.</p> <p>Review of Resident R1's record revealed the resident had a Level of Care determination on April 18, 2024 after an assessment was completed at the facility on March 25, 2024 and the determination was that the resident was Nursing Facility Ineligible.</p> <p>Review of Resident R1's all progress notes revealed at no time was this determination discussed with Resident R1.</p> <p>Interview with social services director Employee E3 on June 13, 2023 at 1:15 p.m. confirmed there was no documentation to prove that the social worker discussed the resident's ineligibility with him.</p> <p>Review of Resident R1's record revealed the resident was given a discharge notice on May 8, 2024. Review of the discharge notice revealed there was no reason checked off as to why the transfer or discharge was appropriate for the resident.</p> <p>Review of the resident's discharge summary revealed the discharge summary was incomplete. The discharge instruction sheet revealed the facility listed the housing as arrangement for the resident as refused to provide.</p> <p>28 Pa. Code:211.5(b) Clinical records.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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