

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  09/30/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>51165</p> <p>Based on observations, review of facility documentation, and resident and staff interviews, it was determined that the facility failed to ensure that a safe, functional, and comfortable environment was maintained for two of ten residents observed.</p> <p>Findings:</p> <p>Observation conducted on September 30, 2024 at 9:40 a.m. revealed Resident R3's dresser located in the front right side of room had a top handle broken off shelf, the second draw shelf was broken and did not have a cover, which left Resident R3's clothes exposed. The shelf cover was leaning up against the wall near the window.</p> <p>An interview conducted on September 30, 2024 at 10:08 a.m. with Resident R4 revealed Resident R4's bed was not functioning properly. Resident R4 was unable to elevate the foot of his bed. Resident R4 stated he reported the bed not functioning properly to a nurse aide.</p> <p>Interview on September 30, 2024 at 11:15 a.m. with Employee E1, Nursing Home Administrator, confirmed Resident R3's shelf was broken and Resident R4's foot of bed did not elevate.</p> <p>28 Pa. Code 202.28(b)(3) Management</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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