

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 05/29/2025
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>Based on review of clinical records, facility policy, and interviews with staff, it was determined that the facility failed to maintain clinical records that were complete and accurately documented for one of four residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Facility policy titled Advance Directives, revised 2016, revealed upon admission the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. If the resident is incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may be provided the resident's legal representative. The facility will conduct ongoing review of the resident's decision-making capacity and communicate significant changes to the resident's legal representative.</p> <p>Clinical record review revealed Resident R1 was admitted to the facility December 14, 2020 with a diagnosis of malignant neoplasm of brain (cancerous tumors), chronic obstructive pulmonary disease (lung disease causing restricted airflow and breathing problems), and chronic kidney disease (affects ability to filter waste from blood).</p> <p>Review of Resident R1's Minimum Data Set (MDS- mandated assessment of a resident's abilities and care needs), dated February 24, 2025, revealed Resident R1 had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition.</p> <p>Review of Resident R1's clinical record revealed Resident R1's code status was changed from full code (receive life sustaining measure) to do not resuscitate (DNR) on March 04, 2025.</p> <p>Review of Resident R1's Pennsylvania Orders for Life Sustaining Treatment form (POLST- medical order that documents a patient's preferences for life sustaining treatment) revealed Resident R1's form was updated to DNR on March 04, 2025 and signed by Resident R1's family member.</p> <p>Clinical record review revealed Resident R1 was own responsible party and did not have a legal representative.</p> <p>(continued on next page)</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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on May 29, 2025 at 11:25 a.m. with Unit Manager, Employee E1, revealed Resident R1 previously did not want family involved in plan of care, but recently agreed to have family member updated on status. Resident R1 also verbally agreed to have family member sign documentation on his/her behalf.</p> <p>Review Resident R1's nutrition follow up progress note, dated March 04, 2025, stated Resident continues to have poor PO (by mouth) intake and exhibits a poor nutrition prognosis despite multiple interventions. Family member updated on resident's prognosis and current plan of care. Enteral feeding consult for possible PEG placement discussion refused per resident. At this time resident would benefit from PEG placement consult or hospice/palliative if PEG refused. Family member only opting for code change.</p> <p>Review of unit manager progress note, dated March 04, 2025, stated Resident's family member in facility to speak with unit manager and nurse practitioner related to resident's recent health decline. At this time resident's family member wishes to change resident's code status from full code to DNR. POLST form updated and verified with nurse practitioner.</p> <p>Further review of Resident R1's progress notes revealed no indication that Resident R1 agreed with code status change or agreed to have family member sign documentations on his/ her behalf.</p> <p>Interview on May 29, 2025 at 11:45 a.m. with Nurse Practitioner, Employee E2, revealed he/she did observe Resident R1 nod head and agree with change of code status. Nurse Practitioner, Employee E2, confirmed Resident R1's agreement to code status change and agreement for family member to sign documentation should be documented in Resident R1's clinical record.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		