

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 07/03/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, and interviews with staff, it was determined that the facility failed to ensure that a resident was free of significant medication error related to the administration of antihypertensive medication outside of parameters ordered by the physician for one of 5 residents reviewed (Resident R1). Findings include: Review of clinical record for Resident R16 revealed that the resident was admitted to the facility on [DATE], with diagnosis including heart failure (Heart failure can occur if the heart cannot pump or fill adequately. Symptoms include shortness of breath, fatigue, swollen legs, and rapid heartbeat) and primary hypertension (also known as high blood pressure, is a condition where the force of blood against artery walls is consistently too). Review of physician order for Resident R1 dated March 10, 2025, revealed an order for Carvedilol (A medication that can treat hypertension) tablet 6.25 milligrams (mg), give 6.25 mg by mouth for hypertension; hold for heart rate less than 60 or systolic blood pressure less than 110. Review of Resident R1's medication administration record for the month of April 2025, revealed the medication administration for Carvedilol as follows: On April 1, 2025, systolic blood pressure was 92 (BP-92/60) and the medication was documented as administered at 5:30 p.m. On April 2, 2025, systolic blood pressure was 108 (BP-108/66) and the medication was documented as administered at 8:30 a.m. On April 2, 2025, systolic blood pressure was 85 (BP-92/60) and the medication was documented as administered at 5:30 p.m. Review of clinical record for Resident R1 did not reveal any documentation for holding the medication on the above dates as ordered by the physician. During an interview with Director of Nursing, Employee E2, on July 3, 2025, at 11:54 a.m., confirmed that the blood pressure medication, Carvedilol was given when the blood pressure was significantly low which should have held as ordered by the physician. Director of Nursing also confirmed that giving hypertensive medication when resident's blood pressure is low could have serious effect on resident's health. 28 Pa. Code 211.12(d)(1) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services</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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