

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2023
NAME OF PROVIDER OR SUPPLIER Accelerate Skilled Nursingandrehabilitation Phila		STREET ADDRESS, CITY, STATE, ZIP CODE 1526 Lombard Street Philadelphia, PA 19146	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>41471</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to complete a discharge summary, which included a recapitulation of the resident's stay, the course of illness, corresponding treatment, discharge instructions, and a post-discharge care plan for one of three records reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Discharge and Transfer, dated November 15, 2022, revealed, If patient is discharging home, an assisted living center or other community based/home alternative setting:</p> <ul style="list-style-type: none"> -A Discharge Transition Plan is given to the patient, family member, or legal representative. - -A copy of the Discharge Transition Plan will be placed in the patient's medical record. <p>A review of the clinical record revealed that Resident R1 was admitted to the facility with diagnoses including joint replacement surgery and post traumatic stress disorder.</p> <p>Review of clinical records revealed that Resident R1 was discharged home on October 15, 2023.</p> <p>A review of Resident R1's clinical record revealed a document My Transition Home dated October 12, 2023, which included 12 sections including, nursing services, therapy services, dietary services, social service, activities, medication, equipment I use when I go home, concern for my next physician visit, contacts and discharge preparation. Further review of the document revealed that all the sections of the document except activities and appointment sections were not initiated.</p> <p>At the time of the survey ending December 19, 2023, there was no documented evidence that a complete discharge summary which included a recapitulation of the resident's stay, the course of illness, corresponding treatment, discharge instructions, and a post-discharge care plan was provided to the resident or the resident's representative. The documented discharge summary did not include an accurate and current description of the clinical status of the resident and sufficiently detailed, individualized care instructions to ensure that the resident transitions safely from the facility to home.</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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview conducted on December 19, 2023, at 2:00 p.m., the social worker stated all residents who discharged home received a completed My Transition Home which was the facility summary and instruction for the resident post discharge. Social Worker confirmed that the My Transition Home for Resident R1 was not able to provide evidence that a discharge summary was accurately and fully completed.</p> <p>28 Pa. Code 211.12 (a)(c)(d)(3)(5) Nursing services</p> <p>28 Pa. Code 201.25 Discharge policy</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>41471</p> <p>Based on a review of clinical records and staff interview, it was determined that the facility failed to provide care and services regarding bathing for one of three residents (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's MDS assessment (Minimum Data Set--MDS assessment: a periodic assessment of resident care needs) dated October 5, 2023, indicated that the resident required set up assistance for shower/bath and personal hygiene.</p> <p>Review of Resident R1's care plan initiated on October 5, 2023 indicated that the resident had altered musculoskeletal status and the resident was at fall risk. The care plan also indicated to provide transfer and ambulation assistance as needed.</p> <p>Review of Resident R1's shower and bed bath documentation dated the week of October 5, 2023, through October 15, 2023 did not indicate a shower was provided.</p> <p>During an interview on December 19, 2023, at 1:36 p.m. with Infection Control Nurse Employee E4 stated facility offered shower to all the residents two times a week. Employee E4 confirmed there was no documented evidence that the facility provided shower for Resident R1.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>41471</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that laboratory studies were promptly obtained as ordered by the physician for one of three clinical records reviewed (Resident R2).</p> <p>Findings include:</p> <p>Review of Resident R2's physician progress note dated December 8, 2023, revealed that the resident had hematuria (blood in urine) and ordered for lab work CBC (Complete Blood Count) in the morning.</p> <p>Review of Resident R2's physician progress note dated December 11, 2023, revealed that the requested blood work CBC/BMP(Basic Metabolic Pattern) was still pending and the lab work was not sent over the weekend.</p> <p>Review of physician order for Resident R2 dated December 8, 2023, revealed orders to check CBC and BMP in the morning and notify physician with the results to follow up for anemia (A condition in which the blood doesn't have enough healthy red blood cells) and electrolytes.</p> <p>Review of clinical record for Resident R2 revealed no evidence that the requested lab work was not completed until December 12, 2023, until the physician re-requested the lab.</p> <p>Interview with the Assistant Director of Nursing on December 19, 2023 at 2:15 p.m., confirmed. that Resident R2's labs were not completed as ordered by the physician.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p> <p>28 Pa. Coded 211.12(d)(5) Nursing services</p>