

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Accela Rehab and Care Center at Springfield		STREET ADDRESS, CITY, STATE, ZIP CODE 850 Papermill Road Glenside, PA 19038	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46993</p> <p>Based on observations, and interview with residents and staff, it was determined that facility did not ensure to provide safe and comfortable temperature levels for 19 out of 55 rooms observed (Rooms 110, 109, 135, 136, 138, 102, 103, 116, 117, 119, 118, 120, 132, 135, 133, 136, 137, 238, and 225)</p> <p>Findings include:</p> <p>Review of facility policy 'Homelike Environment,' revised February 2021, indicates that the facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: comfortable and safe temperatures (71F - 81F)</p> <p>Review of facility policy 'Emergency Generator or Alternate Energy Source,' revised April 2019, indicates that temperature regulation for resident health, safety and comfort (between 71- and 81-degrees Fahrenheit), as well as to protect supplies and subsistence needs, will be maintained by the alternate power source.</p> <p>Observations of first floor unit, room [ROOM NUMBER], on January 21, 2025, at 10:39 am, revealed Resident R4 under multiple amounts of blankets, wearing gloves and hat. Further observations revealed cool air dispensing from a vent. Finding confirmed with facility's maintenance assistant, employee E5.</p> <p>Interview with R4 revealed that previously a portable heater was brought to her room, and it was taken away.</p> <p>Further interview with R4 revealed that she dialed 8869 to brig up concern regarding no heat in her room but no one was available to pick up the phone.</p> <p>Review of room temperature log completed by E5, on the morning of January 21, 2025, at 10:30 am, revealed the following temperatures: 64F in room [ROOM NUMBER], 68F in room [ROOM NUMBER], 63F in room [ROOM NUMBER], 63F in room [ROOM NUMBER], 65F in room [ROOM NUMBER], 63F in room [ROOM NUMBER], 61.3F in room [ROOM NUMBER].</p> <p>Interview with Resident R2 on January 21, 2025, at 11:00 am, room [ROOM NUMBER], revealed that a portable heater was in her room last week, and was taken away.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with regional maintenance director, employee E4, revealed that decrease in temperature was caused by facility staff adjusting and decreasing temperature on thermostat on 2nd floor unit.</p> <p>Review of second temperature log completed on January 21, 2025, at 1:30 pm, revealed the following temperatures: 68.1F in room [ROOM NUMBER], 67.3F in room [ROOM NUMBER], 68F in room [ROOM NUMBER], 68.2F in room [ROOM NUMBER], 68.2F in room [ROOM NUMBER], 68.4F in room [ROOM NUMBER], 67.8F in room [ROOM NUMBER], 67.8F in room [ROOM NUMBER].</p> <p>Completed temperature checks on first and second floor units with facility's assistant administrator, employee E1, at 3:00 pm, with following room temperatures: 66.7F in room [ROOM NUMBER], 69.2F in room [ROOM NUMBER], 69.2F in room [ROOM NUMBER], 67.1F in room [ROOM NUMBER], 68F in room [ROOM NUMBER].</p> <p>28 Pa Code 201.18(b)(1)(2)(3) Management</p> <p>28 Pa Code 201.29(a) Resident Rights</p>		