

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 03/27/2025
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews with staff, it was determined that the facility failed to ensure that a care environment was maintained for one of eight residents reviewed that provided her with the privacy and dignity that she was entitled to. (resident R2)</p> <p>Findings include:</p> <p>An observation tour was conducted of the nursing care unit located on the second floor of the facility. During the tour Resident R2 was visited in her assigned room. Resident R2 is a female patient admitted to the facility on [DATE], for skilled nursing care.</p> <p>It was observed that Resident R2 shared a bathroom with the occupants of the adjacent room. The residents occupying the other room were both males. The entry doors on the bathroom did not have a locking mechanism to ensure privacy.</p> <p>During interview at the time of the observation Licensed nurse, Employee E5 confirmed that the a common bathroom was shared by Resident R2, a female patient, and residents R4 & R5, two male patients.</p> <p>An interview was conducted with the facility administrator on March 27, 2025, at 2:00 p.m. The administrator stated that it was not facility policy to have female and male residents share a bathroom.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) 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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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, and interviews with residents and staff, it was determined that the facility did not ensure to provide adequate overbed lighting for one of eight residents. (Resident R2)</p> <p>Findings include:</p> <p>Observations on March 27, 2025, on the nursing care unit located on the second floor of the facility revealed that the overbed light in room [ROOM NUMBER], above the bed occupied by Resident R2 was not functioning.</p> <p>An interview was conducted with Licensed nurse, Employee E5, on March 27, 2025, at 11:00 a.m. confirmed that the overbed light above the bed occupied by Resident R2 was not operational.</p> <p>28 Pa Code 201.18(a) Management</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 201.18(b)(3) Management</p> <p>28 Pa Code 201.18(d) Management</p> <p>28 Pa Code 201.29(a) Resident Rights</p>