

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 04/16/2026
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, review of consultation documents, interview with staff and residents, it was determined that the facility failed to ensure that consultation recommendations was reviewed and followed related to medication changes for one of 10 residents reviewed. (Resident R1). Findings include: Review of Resident R1's clinical record revealed that Resident R1 was admitted to the facility on [DATE], with diagnosis of Unspecified Intracranial Injury and Unspecified Convulsions. Review of Resident R1's April 2026 physician orders revealed an order for Lamotrigine Oral Tablet 200 MG (Lamotrigine) Give 1 tablet by mouth one time a day for Seizure-order date- 10/17/2025. Further review of Resident R1's physician's order revealed a current order of Lamotrigine Oral Tablet 25 MG Give 1 tablet by mouth one time a day for seizure-order date-10/17/2025. Review of Resident R1's MAR (medication administration record) for April 2026, revealed that Resident R1 received the daily 9AM dose of Lamotrigine Oral Tablet 200 MG. Further review of Resident R1's MAR for April 2026, revealed that Resident R1 received the daily 9AM dose of Lamotrigine Oral Tablet 25 MG Give 1 tablet by mouth. Review of Resident R1's Neurology After Visit Summary from local hospital dated April 8, 2026, revealed the following instructions from the physician: Continue Lamotrigine 200mg. (Stop the extra 25 milligram daily dose that (he/she) is receiving at the facility). Interview with Resident R1 conducted on April 16, 2026, at 10:48AM reveal that Lamotrigine has not been changed. Further Resident R1 revealed that he tried to give the After Visit Summary papers to the unit manager Employee E6, but the Employee E6 did not take it. Interview with first floor Unit Manager Employee E6 conducted on April 29, 2026, at 11:46AM revealed that the resident never gave her the after visit summary papers. Interview with Director of Nursing Employee E2 conducted on April 16 at 9:53 PM confirmed that Resident R1 went to a neurology clinic consultation visit on April 8, 2026. Further, Employee E2 revealed that the facility has problems getting information from the clinic that Resident R1 goes for consultation because the clinic gives the recommendations directly to Resident R1. Further, Employee E2 revealed that Resident R1 did not give permission for clinic to send the after visit summary papers directly to the facility. Further, Employee E1 also revealed that Resident R1 did not give facility access to (his/her) clinic portal where (his/her) clinic visit notes, recommendations and other information are available for review. Further Employee E2 also revealed that Resident R1 does not always provide the facility with the after visit summary upon (his/her) return from (his/her) clinic appointments. Further, Employee E2 revealed that they have to call the clinic every time the resident returns from a consultation visit in order for them to receive the most recent recommendations. Further interview with Employee E2, revealed that the person in charge of appointments attempted to call the local hospital after Resident R1 returned from the clinic appointment on April 8, 2026. Telephone interview with Unit Clerk Employee E7, conducted on April 16, 2026, at 12:58 PM revealed that Employee E7 called the neurology clinic on the April 10, 2026, to follow-up on the neurologist's recommendation because Resident R1 never gave her, the after visit summary for (his/her) clinic visit on April 8, 2026. Further Employee E7 revealed that she did not get a response from the clinic. Further interview with Employee E7 confirmed that she did not make a follow-up on the call. Further Employee E7 confirmed that there was no documented evidence that (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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