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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>396017 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>05/07/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Accelerate Skilled Nursing and Rehabilitation Will |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3485 Davisville Road<br>Hatboro, PA 19040 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38735</p> <p>Based on clinical record review and interviews with staff, it was determined that the facility failed to ensure a safe and orderly discharge planning process for five of seven discharge records reviewed. (Resident R1, R2, R3, R4 and R5)</p> <p>Findings include:</p> <p>Clinical record review for Resident R1 revealed that this resident was admitted to the facility on [DATE], from an acute care hospital for treatment and rehabilitation after recovering from pneumonia and respiratory failure.</p> <p>Review of Resident R1's electronic medical record revealed an April 18, 2024, progress note written by Licensed nurse, Employee E8, at 10:51 p.m. indicating that Resident R1 was discharged . Further review revealed a note written on April 19, 2024, at 5:15 p.m., a day after the resident was discharged , by Employee E9, Respiratory Therapist (RT), indicating that she spoke to the durable medical equipment (DME) supplier who informed me that they did not receive the original order for trach set up supplies other then her spare trach, inner cannula and suction. She also indicated that she informed Resident R1's daughter of this and later spoke with her again learning that the equipment sent was not correct, that the facility needed to fill out a tracheostomy form and fax it to the DME supplier, and that when the RT spoke with the DME she was told that the facility should not have discharged the resident until all the equipment and supplies were delivered.</p> <p>Review of Resident R1's Care Plan revealed an intervention written on March 26, 2024, to assess future placement setting to determine if resident's needs can be met.</p> <p>Interview with the Administrator and Director of Nursing on May 8, 2024, at 2:20 p.m. revealed that they had daily conversation with the resident's daughter, who was the POA (Power of Attorney), and that Resident R1's care was complicated, and that prior to discharge the supplies were put into a system called Parachute that gets DME suppliers who can deliver the needed supplies to the stated address. The Administrator confirmed that the discharge planning was not adequate and that there were many last minute concerns that complicated the discharge.</p> <p>Review of Resident R2's electronic medical record revealed that this resident was admitted to the facility on [DATE], from an acute care hospital for treatment and rehabilitation after a motorcycle accident.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of Resident R2's electronic medical record revealed an April 26, 2024, progress note written by Employee E5, LPN, at 5:00 p.m. indicating that Resident R2 was discharged home that morning with mother, received meds, scripts and all personal belongings. Further review revealed a note written on April 27, 2024, at 12:55 p.m., a day after the resident was discharged, by Employee E10, RN, indicating that Resident R2 received a total of 47 tablets of immediate release Oxycodone 5mg to be sent home, approved by Employee E11, Nurse Practitioner (NP).</p> <p>Further review of Resident R2's clinical record revealed a note written on April 29, 2024, three days after the resident was discharged, by Employee E12, social services (SS), indicating DME was ordered and subsequently had to be reordered, and that the original referral for homecare was refused by that home care provider and that Resident R2 would have to contact insurance adjuster for possible agency referral.</p> <p>Interview with the Administrator and Director of Nursing on May 8, 2024, at 2:20 p.m. revealed that Resident R2 had encountered problems getting his prescriptions fill at his local pharmacy due to a name change by the provider who had been married over a year prior but that this was the first prescription that this pharmacy had with her new name causing the delay in medication delivery. The Administrator also confirmed that this discharge could have gone better.</p> <p>Clinical record review for Resident R3 revealed that this resident was admitted to the facility on [DATE], from an acute care hospital for treatment and rehabilitation after recovering from recent colostomy (an opening (stoma) in the large intestine (colon), or the surgical procedure that creates one. This opening, often in conjunction with an attached ostomy system, provides an alternative channel for feces to leave the body) with wound vac (negative-pressure wound therapy (NPWT), also known as a vacuum assisted closure (VAC), is a therapeutic technique using a suction pump, tubing, and a dressing to remove excess exudate and promote healing in acute or chronic wounds).</p> <p>Review of facility documentation revealed a Grievance/Concern form submitted by Resident R3's son and daughter indicating that they were not given enough colostomy bags at discharge, and that the resident was supposed to have a specific home health care agency, but that when they called they had not heard about their mother, and that due to these issues their mother's home health care was delayed. Facilities findings indicated that new insurance made it hard to get home care and a hospital bed. Facilities recommended corrective action was to have social work check to see if homecare accepts resident's insurance before discharge.</p> <p>Review of Resident R3's electronic medical record revealed a February 28, 2024, progress note written by Licensed nurse, Employee E13, at 10:52 a.m. indicating that the resident was discharged to an assisted living facility (ALF). Review of February 28, 2024, progress note written by Employee E12, Social Services (SS), at 2:18 p.m. indicating SS made multiple calls to various DME companies to find a company that accepts the insurance so a bed can be ordered and delivered. SS did not have success. SS spoke to a DME rep who offered renting the bed or purchasing an adjustable bed and mattress from a furniture store, which she suggested was the better and cheaper option. SS spoke with Resident R3's daughter and updated her on the situation and the family was concerned since patient discharged prior to her medical appointment today with the intention of going to the ALF after her appointment. SS suggested possible stay with a family member for a day or two until the bed can be delivered.</p> <p>(continued on next page)</p> |  |  |

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