

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2024
NAME OF PROVIDER OR SUPPLIER  Accelerate Skilled Nursing and Rehabilitation Will		STREET ADDRESS, CITY, STATE, ZIP CODE  3485 Davisville Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>38947</p> <p>Based on interviews, review of clinical records and review of resident grievances, it was determined that the facility failed to provide a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, the date the written decision was issued; and evidence that the resident was notified of the outcome of their grievance for 1 out of 3 residents reviewed (Resident R1):</p> <p>Findings include:</p> <p>Review of the facility policy, Grievance/Concern, with a revision date of January 8, 2024, indicated that the Nursing Home Administrator (NHA) will serve as the Grievance Officer who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion, leading any necessary investigations by the facility, and maintaining the confidentiality of all information associated with grievances. The policy also indicated that the NHA was responsible for issuing written grievance decisions to the resident and coordinating with state and federal agencies, as necessary regarding specific allegations.</p> <p>Continued review of the policy indicated that upon receipt of the Grievance/Concern Form, the NHA or designee will document the grievance/concern on the Grievance Concern Log, and when the grievance is logged, the NHA and appropriate department manager will be notified. Review of the policy also indicated that the department manager will contact the person filing the grievance to acknowledge receipt, investigate the grievance, and take corrective actions if needed. In addition, the policy stated that the department manager will also notify the person filing the grievance of resolution in a timely manner. The policy also indicated that if the grievance/concern is unable to be resolved satisfactory, the resident/representative will be referred to the facility's Market President for assistance.</p> <p>Review of the resident's May 2024 physician orders indicated that the resident was admitted into the facility from the hospital on May 10, 2024 for rehabilitation services with the following diagnosis: spinal stenosis; right foot drop; rotator cuff tear or rupture of left shoulder, and hypertension (high blood pressure).</p> <p>Review of a nursing note on May 22, 2024, at 2:10 p.m. indicated that the resident was discharged back to her 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Grievance/ Concern Form submitted by the resident dated May 13, 2024, indicated that Resident R1 reported the following:</p> <p>(1) Resident reported that on Friday night (May 10, 2024) a nurse aide was not very friendly. The resident explained that while helping her get changed, the nurse aide threw the resident's pants on her bed, instead of handing them to the resident.</p> <p>(2) Resident reported that it takes 45 minutes to answer her call bell</p> <p>(3) Resident reported that the a nurse aide scratched her when she was helping the resident put on her socks.</p> <p>The Grievance/Concern Form indicated that the concern was reported to Employee E3, a representative from the facility's Guest Services Department.</p> <p>Review of the Investigation section of the Grievance/Concern Form indicated that the following actions were taken to investigate the grievances/concerns:</p> <p>1. customer service education.</p> <p>2 call bell audit attached. did not take 45 minutes.</p> <p>3. wound was cleaned let nursing supervisor know.</p> <p>Review of the May 13, 2024 Grievance Concern Form filed by the resident did not include information such as, but not limited to, the steps that the facility took to investigate the grievance, including, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), or a statement as to whether the grievance was confirmed or not confirmed. If confirmed, there was no documentation to ensure that appropriate corrective action was taken regarding certain allegations of abuse and/or neglect is identified ( for example). Review of the grievances also did not include the date that the written decision was issued:</p> <p>Review of the call bell audit that was completed indicated that the audit was done on May 20, 2024, which was 7 days after Resident R1 filed the grievance. Continued review of the grievance did not include any information regarding who the nurse aide was, no documentation on any interviews conducted with the identified nurse aide or other nursing staff who worked Friday night regarding the resident's allegation against the nurse aide.</p> <p>The Findings/Conclusion of Investigation of the above referenced grievance was left blank.</p> <p>The Recommended Corrective Action section of the grievance stated, customer service education being done in June.</p> <p>The Resolution of Grievance/Concern, section that documents whether the grievance/concerns were resolved, was checked-marked yes. The section to indicate the method that was used to notify the resident and/or patient representative was left blank. The section asking for the name of the person who completed the grievance, and the date that the grievance was completed were both left blank.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Grievance/ Concern Form submitted by the resident dated May 20, 2024, indicated that Resident R1 reported the following:</p> <p>(1) Resident reported that her neighbor next door yells at night and keeps her up.</p> <p>(2) Resident reported that it took 45 minutes to answer her call bell when she was in the bathroom and needed staff to open the bathroom door to help her out of the bathroom.</p> <p>(3) Resident reported that another resident came into her room sometime after lunch on May 18, 2024, cursed at her and told her (Resident R1) to get out of her room. Resident R1 felt that this resident was being aggressive.</p> <p>The Grievance/Concern Form indicated that the concern was reported to Employee E3, a representative from the facility's Guest Services Department.</p> <p>Review of the Investigation section of the Grievance/Concern Form indicated that the following actions were taken to investigate the grievances/concerns:</p> <p>(1) Patient discharged</p> <p>(2) Conduct call bell audit</p> <p>Review of the May 20, 2024 Grievance Concern Form filed by the resident did not include information such as, but not limited to, the steps that the facility took to investigate the grievance, including, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), or a statement as to whether the grievance was confirmed or not confirmed. If confirmed, there was no documentation to ensure that appropriate corrective action was taken regarding certain allegations of abuse and/or neglect is identified ( for example). Review of the grievances also did not include the date that the written decision was issued:</p> <p>The Investigation section of the Grievance/Concern Form did not include, any evidence that any investigation was conducted regarding concerns that the resident had about her next door neighbor yelling at night and keeping her up. There was no information in the grievance indicating that resident's specific concern with call bells regarding staff not answering her call bell to assist her out of the bathroom was investigated (e.g. interviews with staff assigned to the resident on that particular shift). There was also no evidence that the resident's investigation regarding the incident of a 2nd resident who came in her room on May 18, 2024 that was listed on her grievance.</p> <p>The Findings/Conclusion of Investigation of the above referenced grievance stated (1) call bells answered timely (2) care plan updated to keep patient from room (3) neighbor discharged .</p> <p>The Recommended Corrective Action section of the grievance was left blank.</p> <p>The Resolution of Grievance/Concern section that documents whether the grievance/concerns were resolved was checked-marked yes. The section to indicate the method that was used to notify the resident and/or patient representative was left blank. The section asking for the name of the person who completed the grievance and the date that the grievance was completed were both left blank.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of the Grievance /Concern Form, did not show evidence that the resident was contacted regarding the outcome of the grievance investigations.</p> <p>During an interview with Resident R1 on June 10, 2024, at 12:43 p.m. Resident R1 reported the concerns that she reported to Employee E3 on May 13, 2024, and May 20, 2024, regarding her concerns that are listed in the above-referenced grievances. Resident R1 reported that she filed a grievance but did not receive any information from the facility regarding the outcome of her written grievances.</p> <p>During an interview with the Director of Nursing (DON) and Employee E3 on June 10, 2024, at 2:02 p.m. a discussion about the missing information in the resident's grievance instigation was reviewed. It was confirmed during this time that there was no documentation to show evidence that the resident was notified of the outcome of her two grievances.</p> <p>28 Pa. Code 201.18 (b)(1)(3)(2.1)(4) Management</p> <p>28 Pa. Code 201.29 (a) Resident Rights</p>		