STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396144	A. Building B. Wing	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accelerate Skilled Nursing and Rehabilitation Exto	501 Thomas Jones Way Exton, PA 19341

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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. 41765 Based on clinical record and laboratory documentation reviews, and staff interview, it was determined that the facility failed to ensure blood work ordered by the physician was completed for one of the 22 residents reviewed (Resident 257). Findings include: Review of Resident 257's clinical record revealed Resident 257's diagnosis list including Alzheimer's disease (irreversible, progressive degenerative disease of the brain, resulting in loss of reality contact and functioning ability), Parkinson's Disease (disorder of the central nervous system that affects movement, often include tremors), and weakness. Review of Resident 257's physician's notes dated February 7, 2024, revealed the resident was seen due to the wife's concern about the resident's increased lethargy and inability to participate in therapy. The resident was evaluated, and would momentarily respond to verbal stimuli then fall back to sleep. An order to decrease the psychotropic medication was ordered, a Neurology consult and to do blood work on February 8, 2024 Review of Resident 257's physician order sheet (POS) dated February 7, 2024, at 12:16 p.m., revealed an order for CBC (Complete Blood Count), and BMP (Basic Metabolic Panel) on February 8, 2024, for altered mental status. Review of Resident 257's laboratory documentation revealed the facility placed the request to the laboratory for the blood work to be completed on February 8, 2024. Review of Resident 257's clinical record failed to reveal the blood work ordered by the physician was completed on February 8, 2024. Further review of the clinical record also failed to reveal the physician was notified of the missed blood work. Interview with the Corporate Nurse, Employee E3 conducted on March 15, 2024, at 10:00 a.m., confirmed the laboratory did not come to the facility to take the resident's blood and therefore blood work order was not completed. The facility failed to ensure Resident 257 had physician ordered ordered laboratory blood work completed. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396144	A. Building B. Wing	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accelerate Skilled Nursing and Rehabilitation Exto	501 Thomas Jones Way Exton, PA 19341

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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.5(f) Clinical Records 28 Pa. Code 211.12(d)(1)(5) Nursing Services