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	04/25/2024

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30934 Based on clinical record review and staff and family interviews it was determined the facility failed to provide ADL care to dependent resident for 2 of ten residents reviewed. (Residents 1 and 5) Findings Include: Interview with Resident 1's Power of Attorney on April 24, 2024 at 10:30 a.m. revealed the resident has not had a shower since admission. Review of Resident 1's clinical record revealed the resident was admitted to the facility on [DATE]. Review of Resident 1's Plan of Care response history for bathing revealed the resident was not documented as having received a shower since admission. Review of Resident 5's Clinical record revealed the resident was admitted to the facility on [DATE] and discharged on [DATE]. Review of an allegation reported to the state agency from Resident 5's family member on April 2, 2024 revealed the resident had only been showered one while at the facility. Review of Resident 5's Documentation Survey Report, for March and April 2024 revealed the resident was documented as only receiving one shower on evening shift of March 21, 2024. Interview with the Director of Nursing on April 25, 2024 at 10:30 a.m. revealed that each resident was assigned shower days and should be showered at least twice a week. Resident 1 and Resident 5 had no documented evidence that showers were provided as scheduled. 28 Pa. Code 211.5 (f) Clinical records 28 Pa. Code 211.12(c)(d)(1)(5) Nursing services

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	04/25/2024

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30934 Based on clinical record review and staff interview it was determined the facility failed to provide pharmacy services for one of ten residents reviewed. (Resident 2) Findings include: Review of Resident 2's clinical record revealed the resident was admitted to the facility on [DATE]. Review of Resident 2's physician orders revealed admission orders for Symbicort (inhaler) inhalation to be given two times a day at 9 p.m. and 9 a.m. and an order for Adderall (treats attention deficit hyperactivity disorder - ADHD) three times a day at 8 a.m., 12 noon, and 4 p.m. Review of Resident 2's Medication Administration Record (MAR) for March 2024 revealed the resident was not administered the Symbicort from admission until discharge the afternoon of March 24, 2024. Review of Resident 2's progress notes revealed a MAR note on March 23, 2024 at 10:11 p.m. stating the Symbicort was not administer and was on order from the hospital. Further review of Resident 2's progress notes revealed a MAR note on March 24, 2024 at 9:21 a.m. stating Symbicort was not administered and was awaiting deliver from the pharmacy. Further review of Resident 2's MAR revealed the resident was not administered the Adderall from admission until discharge. Review of Resident 2's progress notes revealed a MAR not on March 24, 2024 at 9:20 a.m. stating Medication not available in facility omnicell (emergency medication storage system) spoke with pharmacy to verify medication to be sent with delivery. Interview with the Director of Nursing on April 25, 2024 at 10:30 a.m. confirmed the medications were not administered as ordered by the physician because they were not delivered from the pharmacy timely. 28 Pa. Code 211.9(a)(1) Pharmacy Services 28 Pa. Code 211.12(3)(5) Nursing Services 28 Pa. Code 201.14(a)(b) Responsibility of licensee 28 Pa. Code 201.18. Management.