

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2024
NAME OF PROVIDER OR SUPPLIER Accelerate Skilled Nursing and Rehabilitation Exto		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41765 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure initial weight was accurately taken for baseline, and reweighting was timely done to address a significant weight change for one of two residents reviewed (Resident CL1). Findings include: Review of Resident CL1's clinical record revealed Resident CL1 was admitted to the facility on [DATE], for skilled rehab. The resident was receiving a GT (Gastrostomy Tube - medical device used to provide nutrition to people who cannot obtain nutrition by mouth) feeding. Review of Resident CL1's weights and vitals revealed an admission weight of 230 pounds taken with a bed scale on April 2, 2024. On April 3, 2024, the resident's weight was 230 pounds also taken with a bed scale. On April 17, 2024, the resident's weight was 234 sitting, on April 24, 2024, the weight was 233.4 pounds taken with a mechanical lift. On April 25, 2024, Resident CL1's weight was 199.8 pounds sitting, a 33.5 (14.40) weight loss in one day. A reweight was not done until May 1, 2024, six days after a significant weight change was identified and revealed a weight of 201.8 which was still a significant weight loss. Review of Resident CL1's Dietitian's note dated April 25, 2024, at 2:45 p.m., revealed resident noted a significant weight change, weight on April 25, 2024, is likely incorrect, reweight requested. Interview with the Registered Dietitian was conducted on June 10, 2024, at 11:00 a.m. The dietitian reported that the 33.5 weight loss in a day was identified but believed that the weight was done incorrectly so a reweight was requested. The dietitian reported that nursing does re-weight and must be done within 24 hours after a significant change was identified. The dietitian was unable to explain a 33.5 pounds weight loss in one day. Interview with the licensed nurse Employee E2, conducted on June 10, 2024, at 11:30 a.m., revealed that the facility does not have a bed scale, a weighing scale used to obtain Resident CL1's baseline weight on April 2, and 3, 2024. Employee E2 also confirmed that re-weigh should have been done within 24 hours when a significant weight change was identified. The above informatio was conveyed to the Nursing Home Administrator on June 10, 2024, at 1:00 p.m. 28 Pa. Code 211.5 (f) Clinical records (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 396144	Facility ID: 396144 If continuation sheet Page 1 of 3

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 09/27/2024
Form Approved OMB
No. 0938-0391

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(c)(d)(1)(5) Nursing services		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41765 Based on a review of the facility's policy, observations, and staff interviews, it was determined that the facility failed to ensure safe and sanitary food preparation and storage in the main kitchen. Findings include: Review of the facility policy titled Food and Nutrition Services Policies and Procedures, dated May 1, 2023, revealed food is stored, prepared, and served in a safe and sanitary manner to prevent bacterial contamination and the possible spread of infection. Foods that are prepared and not placed into service are considered unused portions. Unused portions that have been properly handled, refrigerated, covered, labeled, and dated with use by dates or frozen can be served by the use by date. Observation conducted on June 10, 2024, at 9:47 a.m., revealed kitchen Employee E4 preparing food without wearing a hair and beard restraint. Observation of the kitchen walk-in refrigerator revealed the following: A barbeque sauce on a large container half consumed with an open date of April 19, 2024, with no discard date; Picante sauce on a 138-ounce container with a discard date of May 6, 2024; Grape Jelly 48 ounce with a used-by date of April 22, 2024; Dijon mustard 48 ounce with a discard date of May 29, 2024; Thousand island dressing one gallon, half consumed, no open and discard date; Marinated chicken on a big plastic container with no preparation date and used by date; and cut beans with clear liquids on a large plastic container with no preparation and used by date. Interview was conducted with the Food Service Director, Employee E5 on June 10, 2024, at 10:10 a.m. Employee E5 confirmed that Employee E4 should have a hair and beard restraint when preparing food. When asked about the marinated chicken and beans, Employee E5 reported that she/he was off on the weekend and was unable to say when the chicken and beans were prepared. The above information was discussed with the Nursing Home Administrator on June 10, 2024, at 11:00 a.m. 28 Pa. Code 201.14(a)(b) Responsibility of licensee 28 Pa. Code 201.18. Management.		