

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395084	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
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NAME OF PROVIDER OR SUPPLIER: ACCELA REHAB AND CARE CENTER AT SOMERTON	STREET ADDRESS, CITY, STATE, ZIP CODE: 650 EDISON AVENUE PHILADELPHIA, PA 19116
STATE LICENSE NUMBER: 131602	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 0000	INITIAL COMMENT	P 0000		
P 5640	<p>Based on a special monitoring survey completed on April 11, 2025, it was determined that Accela Rehab and Care Center at Somerton was not in compliance with the following Requirements the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.</p>	P 5640		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 5640	Continued from page 1 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	Preparation and /or execution of this plan does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed with federal and state law requirements. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency: The deficient practice has the potential to affect all residents. Corrective action 1. Staffing coordinator or designee will be re-educated on number of staff and ratios per state guidelines. 2. Nursing supervisor or designee to audit 4 random resident charts of the identified day, to identify any unmet resident needs due to staffing shortages. 3. Staffing coordinator or designee to audit a random day per week for staffing ratios weeklyX4 Monthlyx3 4. Results will be reviewed at the quarterly QAPI meeting.	Completion Date: 05/01/2025 Status: APPROVED Date: 04/25/2025

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P 5640	<p>Continued from page 2</p> <p>Based on a review of nursing staffing hours and staff interview, it was determined that the facility did not ensure a minimum of 3.2 nursing care hours per patient, per day, on 14 of 21 days reviewed (February 9-15, and March 5-11, 2025)</p> <p>Findings include:</p> <p>Review of nursing staff care hours provided by the facility revealed the following staff scheduled for the resident census:</p> <p>February 9, 2025, 630.5 care hours with a census of 206 residents, totaling 3.06 PPD. February 10, 2025, 628.5 care hours with a census of 203 residents, totaling 3.1 PPD. February 11, 2025, 636 care hours with a census of 202 residents, totaling 3.15 PPD. February 12, 2025, 628.5 care hours with a census of 203 residents, totaling 3.1 PPD. February 13, 2025, 621 care hours with a census of 206 residents, totaling 3.01 PPD.</p>	P 5640		

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P 5640	Continued from page 3 February 14, 2025, 628.5 care hours with a census of 209 residents, totaling 3.01 PPD. February 15, 2025, 628 care hours with a census of 208 residents, totaling 3.02 PPD. March 5, 2025, 651 care hours with a census of 211 residents, totaling 3.09 PPD. March 6, 2025, 628.5 care hours with a census of 210 residents, totaling 2.99 PPD. March 7, 2025, 695 care hours with a census of 214 residents, totaling 3.08 PPD. March 8, 2025, 635.5 care hours with a census of 214 residents, totaling 2.97 PPD. March 9, 2025, 643 care hours with a census of 213 residents, totaling 3.02 PPD. March 10, 2025, 644.5 care hours with a census of 211 residents, totaling 3.05 PPD. March 11, 2025, 661.5 care hours with a census of 211 residents, totaling 3.14 PPD. Interview with the Nursing Home Administrator, employee E1, on March 13, 2025, at 2:30 p.m., confirmed that the above staffing levels did not meet	P 5640		

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P 5640	Continued from page 4 the required minimums.	P 5640			



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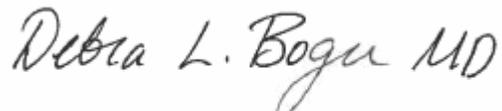
ACCELA REHAB AND CARE CENTER AT SOMERTON

STATE LICENSE NUMBER: 131602

SURVEY EXIT DATE: 04/11/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY