

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395545</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER: <b>ACCELA REHAB AND CARE CENTER AT SPRINGFIELD</b>  STATE LICENSE NUMBER: <b>580502</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>850 PAPERMILL ROAD GLENSIDE, PA 19038</b>
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(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
F 0000	<p>INITIAL COMMENT</p> <p>Based on an Abbreviated Survey in response to four complaints, completed on December 10, 2024, it was determined that Accela Rehabilitation and Care Center at Springfield, was in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. However the facility was not in compliance with the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.</p>	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>Admin and DON will conduct random audits of resident charts, during those days identified as having fallen below required ratios, to ensure no negative outcomes in care.</p> <p>The Admin will conduct a random audit weekly to ensure facility is compliant with staffing ratios. Audit will be for x3 weeks.</p> <p>And monthly audit x4 months.</p> <p>Results will be reported to QAPI.</p>	<p>Completion Date: <b>01/02/2025</b> Status: <b>APPROVED</b> Date: <b>01/03/2025</b></p>

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P 5520	Continued from page 1  Based on review of nursing staff schedules, punch reports and interviews with staff, it was determined that the facility failed to maintain required staffing ratios, including one nurse aide per 10 residents during the day shift, one nurse aide per 11 residents during the evening shift and one nurse aide per 15 residents during the overnight shift, on seven of twenty-one days reviewed (October 20; November 15, 16, 17; and December 4, 7, 8, 2024).  Findings include:  Review of facility census data revealed that on October 20, 2024, the facility census was 88, which required 66.00 hours of nurse aides during the day shift. Review of the nursing time schedules and punch reports revealed 64.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on November 15, 2024, the facility census was 102,	P 5520		

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P 5520	Continued from page 2  which required 69.55 hours of nurse aides during the evening shift. Review of the nursing time schedules and punch reports revealed 68.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on November 16, 2024, the facility census was 102, which required 76.50 hours of nurse aides during the day shift. Review of the nursing time schedules and punch reports revealed 64.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on November 16, 2024, the facility census was 102, which required 69.55 hours of nurse aides during the evening shift. Review of the nursing time schedules and punch reports revealed 64.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to	P 5520		

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P 5520	Continued from page 3  compensate this deficiency.  Review of facility census data revealed that on November 17, 2024, the facility census was 102, which required 76.50 hours of nurse aides during the day shift. Review of the nursing time schedules and punch reports revealed 72.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on November 17, 2024, the facility census was 102, which required 69.55 hours of nurse aides during the evening shift. Review of the nursing time schedules and punch reports revealed 52.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on December 4, 2024, the facility census was 94, which required 47.00 hours of nurse aides during	P 5520		

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P 5520	Continued from page 4  the overnight shift. Review of the nursing time schedules and punch reports revealed 40.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on December 7, 2024, the facility census was 98, which required 73.50 hours of nurse aides during the day shift. Review of the nursing time schedules and punch reports revealed 56.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on December 7, 2024, the facility census was 98, which required 66.82 hours of nurse aides during the evening shift. Review of the nursing time schedules and punch reports revealed 62.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.	P 5520		

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P 5520	Continued from page 5  Review of facility census data revealed that on December 8, 2024, the facility census was 98, which required 73.50 hours of nurse aides during the day shift. Review of the nursing time schedules and punch reports revealed 64.00 hours of nurse aide care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Staffing calculations, nursing staff schedules and staff punch reports were reviewed with the Nursing Home Administrator on December 10, 2024, at 5:30 p.m. The Nursing Home Administrator confirmed that the required staffing ratios for nurse aides were not met on the above dates.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 6  Nursing services.  (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.  This REGULATION is not met as evidenced by:	P 5530	Admin and DON will conduct random audits of resident charts, during those days identified as having fallen below required ratios, to ensure no negative outcomes in care.  Scheduler will be reeducated on required staffing ratios for LPN's. Scheduler will be educated for staffing ratios for CNA's as relates to tag 5520.  The Admin will conduct a random audit weekly to ensure facility is compliant with staffing ratios. Audit will be for x3 weeks.  And monthly audit x4 months.  Results will be reported to QAPI.	Completion Date: <b>01/10/2025</b> Status: <b>APPROVED</b> Date: <b>01/06/2025</b>

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P 5530	Continued from page 7  Based on review of nursing staff schedules, punch reports and interviews with staff, it was determined that the facility failed to maintain required staffing ratios, including one LPN (Licensed Practical Nurse) per 25 residents during the day shift, one LPN per 30 residents during the evening shift, and one LPN per 40 residents during the overnight shift, on three of twenty-one days reviewed (October 20; and November 16, 17, 2024).  Findings include:  Review of facility census data revealed that on October 20, 2024, the facility census was 88, which required 28.16 hours of LPNs during the day shift. Review of the nursing time schedules and punch reports revealed 24.00 hours of LPN care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on November 16, 2024, the facility census was 102,	P 5530		

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P 5530	Continued from page 8  which required 32.64 hours of LPNs during the day shift. Review of the nursing time schedules and punch reports revealed 32.00 hours of LPN care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on November 16, 2024, the facility census was 102, which required 27.20 hours of LPNs during the evening shift. Review of the nursing time schedules and punch reports revealed 24.00 hours of LPN care was provided during the shift. No additional excess higher-level staff were available to compensate this deficiency.  Review of facility census data revealed that on November 17, 2024, the facility census was 102, which required 32.64 hours of LPNs during the day shift. Review of the nursing time schedules and punch reports revealed 32.00 hours of LPN care was provided during the shift. No additional excess higher-level staff were available to compensate this	P 5530		

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P 5530	Continued from page 9  deficiency.  Staffing calculations, nursing staff schedules and staff punch reports were reviewed with the Nursing Home Administrator on December 10, 2024, at 5:30 p.m. The Nursing Home Administrator confirmed that the required staffing ratios for LPNs were not met on the above dates.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 10  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	Admin and DON will conduct random audits of resident charts, during those days identified as having fallen below required minimum direct care, to ensure no negative outcomes in care.  Scheduler will be reeducated on required staffing for minimum direct care hours per resident.  The Admin will conduct a random audit weekly to ensure facility is compliant with staffing ratios. Audit will be for x3 weeks.  And monthly audit x4 months.  Results will be reported to QAPI.	Completion Date: <b>01/10/2025</b> Status: <b>APPROVED</b> Date: <b>01/06/2025</b>

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P 5640	Continued from page 11  Based on review of nursing time schedules, punch reports and staff interviews, it was determined that the facility failed to provide a minimum of 3.20 hours of direct nursing care per resident on seven of twenty-one days reviewed (November 15, 16, 17, 19; and December 2, 7, 8, 2024).  Findings include:  Review of facility census data, punch reports and nursing time schedules revealed that on November 15, 2024, the facility census was 102, and a total of 320.00 direct nursing staff hours were provided, which equaled 3.14 hours of direct nursing care per resident.  Review of facility census data, punch reports and nursing time schedules revealed that on November 16, 2024, the facility census was 102, and a total of 296.00 direct nursing staff hours were provided, which equaled 2.90 hours of direct nursing care per resident.	P 5640		

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P 5640	<p>Continued from page 12</p> <p>Review of facility census data, punch reports and nursing time schedules revealed that on November 17, 2024, the facility census was 102, and a total of 296.00 direct nursing staff hours were provided, which equaled 2.90 hours of direct nursing care per resident.</p> <p>Review of facility census data, punch reports and nursing time schedules revealed that on November 19, 2024, the facility census was 101, and a total of 320.00 direct nursing staff hours were provided, which equaled 3.17 hours of direct nursing care per resident.</p> <p>Review of facility census data, punch reports and nursing time schedules revealed that on December 2, 2024, the facility census was 94, and a total of 296.00 direct nursing staff hours were provided, which equaled 3.15 hours of direct nursing care per resident.</p> <p>Review of facility census data, punch reports and nursing time schedules revealed that on December</p>	P 5640		

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P 5640	Continued from page 13  7, 2024, the facility census was 98, and a total of 290.00 direct nursing staff hours were provided, which equaled 2.96 hours of direct nursing care per resident.  Review of facility census data, punch reports and nursing time schedules revealed that on December 8, 2024, the facility census was 98, and a total of 304.00 direct nursing staff hours were provided, which equaled 3.10 hours of direct nursing care per resident.  Staffing calculations, nursing staff schedules and staff punch reports were reviewed with the Nursing Home Administrator on December 10, 2024, at 5:30 p.m. The Nursing Home Administrator confirmed that the required staffing minimum of 3.20 hours of direct nursing care per resident were not met on the above dates.	P 5640		



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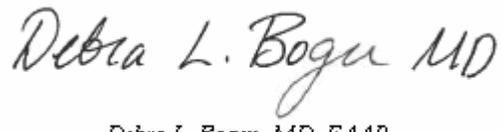
**ACCELA REHAB AND CARE CENTER AT SPRINGFIELD**

**STATE LICENSE NUMBER: 580502**

**SURVEY EXIT DATE: 12/10/2024**

**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