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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395545 | (X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____ | (X3) DATE SURVEY COMPLETED: 04/07/2025 |
|--------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|

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| NAME OF PROVIDER OR SUPPLIER: ACCELA REHAB AND CARE CENTER AT SPRINGFIELD | STREET ADDRESS, CITY, STATE, ZIP CODE: 850 PAPERMILL ROAD GLENSIDE, PA 19038 |
| STATE LICENSE NUMBER: 580502 | |

| (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 | INITIAL COMMENT | F 0000 | | |
| F 0812 | Based on an Abbreviated survey in response to two complaints completed on April 7, 2025, it was determined that Accela Rehabilitation and Care Center at Springfield was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations. | F 0812 | | |
| SS=E | | | | |

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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| F 0812 SS=E | Continued from page 1 483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: | F 0812 | Corrective action All items in dry storage and fridges reviewed. All discolored and old foods removed. Proper labeling added. Potentially affecting all residents All dietary staff reeducated on policy of delivery, labeling and dating. FSD will review all foods bi-weekly x4 weeks to ensure labeling policy is being followed. Followed by monthly audit x3 results of audits will be reported to QAPI | Completion Date: 04/20/2025 Status: APPROVED Date: 04/23/2025 |
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| F 0812 SS=E | Continued from page 2 Based on observations, interviews with staff, and a review of facility procedures, it was determined that the facility failed to store food in accordance with professional standards for food service safety. Facility Policy: The review of the facility's policy titled " Food Receiving and Storage", undated reported under bulletin #7. "Dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by" date). Such foods will be rotated using a "first in-first out" system." On April 7, 2025, at 9:25 a.m., a kitchen tour was conducted with the Dietary Director, Employee E6, who confirmed the observation of three large bags of hamburger buns, 44 loaves of bread, and two bags of hot dog buns-all of which were unlabeled. Employee E6 reported that the facility received a shipment on Saturday, April 5, 2025, and that the weekend staff had failed to label the items. | F 0812 | | |

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| F 0812 SS=E | Continued from page 3 During the tour of the main walk-in refrigerator, a large salad bowl was observed containing lettuce with visibly discolored, pink edges and was also unlabeled. Additionally, cut vegetables such as tomatoes and green peppers were observed to be chopped in containers without labels. A bowl of watermelon and opened packages of salami and ham were also observed unlabeled. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3) Management | F 0812 | | |



Certified End Page

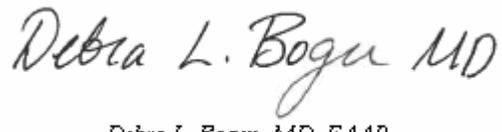
ACCELA REHAB AND CARE CENTER AT SPRINGFIELD

STATE LICENSE NUMBER: 580502

SURVEY EXIT DATE: 04/07/2025

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