

Pennsylvania Department of Health

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: 12/15/2025	
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
P 0000	INITIAL COMMENT	P 0000		
P 1040	<p>Based on a State Monitoring Survey completed on December 15, 2025, it was determined that Accela Rehab and Care Center at Springfield 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>	P 1040		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

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P 1040	Continued from page 1 Responsibility of licensee. (c) The licensee through the administrator shall report as soon as possible, or, at the latest, within 24 hours to the appropriate Division of Nursing Care Facilities field office serious incidents involving residents as set forth in § 51.3 (relating to notification). For purposes of this subpart, references to patients in § 51.3 include references to residents. This REGULATION is not met as evidenced by:	P 1040	Submitted all outstanding PB22's to event report portal Re-education for NHA and DON on timely submission of PB22's Audit weekly x4 and monthly x3 to be completed by corporate team to determine timely submission of all PB22's Results of audits will be submitted to monthly QAPI meeting	Completion Date: 01/10/2026 Status: APPROVED Date: 01/28/2026

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P 1040	Continued from page 2 Based on review of facility documentation and interviews with staff, it was determined that the facility failed to submit completed PB-22 forms to the Department as required for six of six reported events reviewed (Event reports 1037961, 1077343, 1040270, 1055664, 1051570 and 1096432). Findings include: The PB-22 form is used in Pennsylvania for reporting allegations of abuse, neglect, or misappropriation of property in healthcare facilities. Review of facility event report 1037961, submitted by the facility to the Department on September 23, 2024, revealed that a resident made an allegation of neglect, stating that proper care was not provided after a bowel movement. A nurse aide was identified as the alleged perpetrator. Review of facility reported event 1077343, submitted by the facility to the Department on March 4, 2025, revealed that a resident made an	P 1040		

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P 1040	<p>Continued from page 3</p> <p>allegation of abuse, stating that proper care was not provided overnight and was found wet with urine. A nurse aide was identified as the alleged perpetrator.</p> <p>Review of facility reported event 1040270, submitted by the facility to the Department on October 2, 2024, revealed that a resident made an allegation of abuse, stating that a verbal altercation occurred with the facility van driver.</p> <p>Review of facility reported event 1055664, submitted by the facility to the Department on December 10, 2024, revealed that a resident made an allegation of abuse, stating that a verbal altercation occurred with the Director of Nursing.</p> <p>Review of facility reported event 1051570, submitted by the facility to the Department on November 21, 2024, revealed that a resident made an allegation of abuse, stating that staff did not provide proper care during a bath and that drinking water was not provided. Two nurse aides were identified as the alleged perpetrators.</p>	P 1040		

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P 1040	Continued from page 4 Review of facility reported event 1096432, submitted by the facility to the Department on May 28, 2025, revealed that a resident made an allegation of abuse, stating that staff responded inappropriately when requesting pain medication. A licensed nurse was identified as the alleged perpetrator. An electronic communications was sent to the Nursing Home Administrator on September 24, 2025, informing that the PB-22 forms needed to be completed for the above event reports. Interview on November 4, 2025, at 1:00 p.m. the Nursing Home Administrator confirmed that the PB-22 forms for the above event reports had not been submitted and stated they would get completed. An electronic communications was also sent November 4, 2025, informing that the PB-22 forms needed to be completed for the above event reports.	P 1040		

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P 1040	Continued from page 5 An electronic communications was sent to the Nursing Home Administrator on November 7, 2025, informing that the PB-22 forms needed to be completed for the above event reports. Interview on November 14, 2025, at 9:51 a.m. the Director of Nursing confirmed that the PB-22 forms for the above event reports had not been submitted and stated they would get completed. An electronic communications was also sent November 14, 2025, informing that the PB-22 forms needed to be completed for the above event reports. An electronic communications was sent to the Nursing Home Administrator and the Director of Nursing on November 18, 2025, informing that the PB-22 forms needed to be completed for the above event reports. Interview was attempted on November 20, 2025, however, neither the Nursing Home Administrator nor the Director of Nursing returned calls from the Department.	P 1040		

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P 1040	Continued from page 6 Further review of facility documentation on December 15, 2025, revealed that PB-22 forms had still not been completed by the facility for the above event reports. Interview on December 15, 2025, at 9:58 a.m. the Nursing Home Administrator confirmed that the PB-22 forms for the above event reports had still not been completed.	P 1040			



Certified End Page

ACCELA REHAB AND CARE CENTER AT SPRINGFIELD

STATE LICENSE NUMBER: 580502

SURVEY EXIT DATE: 12/15/2025

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