

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396017</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/09/2024</b>
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NAME OF PROVIDER OR SUPPLIER: <b>WILLOW GROVE POST ACUTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3485 DAVISVILLE ROAD HATBORO, PA 19040</b>
STATE LICENSE NUMBER: <b>069002</b>	

(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 0842	Based on an Abbreviated Survey in response to two complaints, completed on December 9, 2024, it was determined that Accelerate Skilled Nursing and Rehabilitation was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process	F 0842		
SS=D				

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 0842  SS=D	Continued from page 1  483.20(f)(5), 483.70(h)(1)-(5) Resident Records - Identifiable Information  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 0842	Resident 1 no longer resides in the Center.  An initial 30-day lookback audit will be conducted for all current residents to ensure that the licensed nursing staff has completed the treatment administration records.  The Director of Nursing/designee will educate licensed nursing staff on the policy related to treatment administration record documentation.  The Director of Nursing/designee will conduct random audits of resident treatment administration records weekly x 3 weeks and then monthly x 2 to ensure professional staff has completed the treatment administration documentation. The director of Nursing or designee will report all findings to be discussed in QAPI meeting x 3 months.	Completion Date: <b>01/21/2025</b> Status: <b>APPROVED</b> Date: <b>01/03/2025</b>

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F 0842  SS=D	Continued from page 2  (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.  §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.  §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.  §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.	F 0842		

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F 0842  SS=D	Continued from page 3  This REQUIREMENT is not met as evidenced by:	F 0842		

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F 0842  SS=D	Continued from page 4  Based on review of clinical record and review of facility provided documentation, and interview with staff, it was determined facility failed to ensure complete documentation related to treatment administration for one of three clinical records reviewed. (Resident R1)  Findings include:  Review of facility's policy 'Treatments,' revised on 06/01/2021, indicates that a licensed nurse or medical technician will perform treatment as ordered, and document administration on 'Treatment Administration Record' (TAR), patient's response, patient's refusal of treatment, and notification of physician.  Review of Resident R1's clinical record revealed a physician order obtained on July 11, 2024 for Hydrocortisone External Cream 2% to be applied to upper chest and back topically two times a day for rash with start date of 07/11/2024 at 11:00 PM	F 0842		

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F 0842  SS=D	Continued from page 5  and discontinued date of 07/18/2024 at 10:18 AM.  Review of Resident R1's TAR revealed no documented evidence of the administration of Hydrocortisone cream on July 12, 2024 morning and evening shift, July 13, 2024 evening shift, July 14, 2024 evening shift, July 16, 2024 evening shift, July 17, 2024 evening shift.  Further review of Resident R1's clinical record revealed no evidence of documentation of Resident R1's refusal of treatment or any other reason for why treatment was not completed on dates mentioned above.  28 Pa. Code 211.10(c) Resident care policies  28 Pa. Code 211.12(d)(1) Nursing services	F 0842		
F 0919  SS=E		F 0919		

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F 0919  SS=E	Continued from page 6  483.90(g)(1)(2) Resident Call System  §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from-  §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities.  This REQUIREMENT is not met as evidenced by:	F 0919	Resident call system works properly, and call bells are answered timely.  Initial whole house audit of the resident's call bell system (bathroom and bedside) will be completed to ensure function by the Maintenance Director/designee. A Center-wide Walk through was completed and all activated call bells were being addressed timely.  NHA/designee will educate Center employees on timely response to call bells.  Weekly Weekend audits x 4 then monthly x 2 are to be conducted at random locations to ensure the call bell system is working. NHA/designee will report all findings to be discussed in QAPI meeting x 3 months.	Completion Date: <b>01/21/2025</b> Status: <b>APPROVED</b> Date: <b>01/03/2025</b>

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F 0919  SS=E	Continued from page 7  Based on resident interviews and review of facility policy, it was deteremined that the facility failed to ensure that there was a routine process to ensure that the call bells systems was fncition and that call bells were answered in a timely manner during the weekends on two two nursing floors. (1st and 2nd Floor)  Findings include:  Review of facility's policy 'Call Lights,' revised on 06/01/2021, states that "...patients will have a call light or alternative communication device within their reach at all times when unattended. Staff will respond to call lights and communication devices promptly."  Interview with Residents R2 and R3 on Monday, December 9, 2024 at 10:00AM, on second floor unit, revealed complaints related to late responses from nursing staff when using call bells.	F 0919		

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F 0919  SS=E	Continued from page 8  Review of facility provided grievance log for months of November 2024 and December 2024 revealed a concern, dated November 11, 2024, related to "long call bell wait times." Concern dated December 6, 2024 was related to "call bells were on but nursing staff were on their phones."  Review of facility provided call bell audits completed for months of November 2024 and December 2024 on the 1st and 2nd Floor revealed that five audits were completed during day shift and two audits completed during evening shift.  Further review of facility provided call bell audits revealed that audits were excluded from being completed on weekends.  28 Pa. Code 201.18(b)(3) Management	F 0919		



# Certified End Page

**WILLOW GROVE POST ACUTE**  
**STATE LICENSE NUMBER: 069002**  
**SURVEY EXIT DATE: 12/09/2024**

**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