

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395545	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Accela Rehab and Care Center at Springfield		STREET ADDRESS, CITY, STATE, ZIP CODE  850 Papermill Road Glenside, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0623  Level of Harm - Potential for minimal harm  Residents Affected - Some	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>39344</p> <p>Based on clinical record reviews and interviews with staff, it was determined that the facility failed to notify the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers and discharges for five of six residents reviewed (Residents R1, R2, R4, R5 and R6).</p> <p>Findings include:</p> <p>Clinical record review for Resident R1 revealed a nurse's note, dated July 22, 2024, at 7:34 p.m. which indicated that the resident was transferred to a local hospital related to mental health issues and causing injuries to facility staff.</p> <p>Continued record review for Resident R1 revealed a nurse's note, dated August 31, 2024, at 8:42 p.m. which indicated that the resident was transferred to a local hospital via emergency medical services related to mental health issues and attempted self harm.</p> <p>Clinical record review for Resident R2 revealed a nurse's note, dated July 15, 2024, at 10:03 p.m. which indicated that the resident had worsening behaviors, would not follow commands and was a danger to himself and others. The physician was notified and ordered for the resident to be transferred to a local hospital for evaluation.</p> <p>Clinical record review for Resident R4 revealed a nurse's note, dated May 30, 2024, at 6:58 a.m. which indicated that the resident was sent to a local hospital related to swelling and blisters on his legs. There was no indication if the transfer was facility or resident initiated. The resident did not return and was ultimately discharged from the facility.</p> <p>Clinical record review for Resident R5 revealed nurse's notes, dated July 25, 2024, at 3:11 and 3:20 p.m. which indicated that the resident had swelling to both of her legs and was transferred to a local hospital for evaluation. There was no An unannounced onsite Abbreviated Survey was conducted September 24, 2024, at the facility. Observations were made of all resident care areas and interviews were conducted with residents and staff. Census 95.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395545	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Accela Rehab and Care Center at Springfield		STREET ADDRESS, CITY, STATE, ZIP CODE  850 Papermill Road Glenside, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Upon entry to the facility, the lobby area was observed to be clean. No odors were observed. Furniture was clean; no stains, soilage or odors were observed. Continued observations of common areas throughout the facility revealed that shared furniture and equipment was clean; no stains, soilage or odors were observed. Observations of residents' rooms revealed that beds, furniture and curtains were clean.</p> <p>Resident was interviewed and stated that he was upset because a resident urinated on a chair in the lobby, that the chair would not be able to be disinfected and that the chair should be thrown away. Resident also reported that his bedside curtain was dirty and needed to be removed. Observation, at the time of the interview, revealed that there was a small smudge/discoloration along the edge of the resident's curtain. The curtain was otherwise clean and in good repair.</p> <p>Review of facility grievances revealed that no grievances were filed related to the above concerns. Other grievances related to cleanliness/housekeeping were reviewed and were addressed in a timely manner. Interview with the Director of Social Work revealed that she was unaware of any concerns related to the above allegations.</p> <p>Interview with the Director of Environmental Services revealed that common/shared areas in the building are cleaned and disinfected daily. The Director of Environmental Services stated that the facility uses RTU Oxivir, which is a ready-to-use disinfectant (bactericidal, fungicidal, tuberculocidal and meets bloodborne pathogen standards for decontaminating surfaces soiled with blood and body fluids). The RTU Oxivir is used daily for all common/shared areas, including furniture, chairs, cushions and equipment. The Director of Environmental Services stated that all common/shared areas are deep cleaned on weekends. All resident rooms are cleaned on a daily basis, during which curtains are checked and replaced if needed. Resident rooms undergo carbolization (deep cleaning) every other month which includes curtain cleaning and replacement as needed.</p> <p>This complaint was unsubstantiated with no deficient practices identified.</p> <p>9/24/24 Spoke with resident during onsite survey.if the transfer was facility or resident initiated. The resident did not return and was ultimately discharged from the facility.</p> <p>Clinical record review for Resident R6 revealed a nurse's note, dated August 19, 2024, at 8:16 p.m. which indicated that the resident was transferred to a local hospital due to a hip fracture. There was no indication if the transfer was facility or resident initiated.</p> <p>Further record reviews for Residents R1, R2, R4, R5 and R6 revealed that no documentation was available for review at the time of the survey to indicate that the Office of the State Long-Term Care Ombudsman was notified of the facility-initiated emergency transfers and discharges.</p> <p>Interview on September 24, 2024, at 12:30 p.m. Employee E5, Director of Social Work, confirmed that no documentation was available for review to indicate that the Office of the State Long-Term Care Ombudsman was notified of the facility-initiated emergency transfers and discharges for Residents R1, R2, R4, R5 and R6.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(2) Management</p> <p>(continued on next page)</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/23/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395545	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Accela Rehab and Care Center at Springfield		STREET ADDRESS, CITY, STATE, ZIP CODE  850 Papermill Road Glenside, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0623  Level of Harm - Potential for minimal harm  Residents Affected - Some	<p>An unannounced onsite Abbreviated Survey was conducted September 24, 2024, at the facility. Observations were made of all resident care areas and interviews were conducted with residents and staff. Census 95.</p> <p>Upon entry to the facility, the lobby area was observed to be clean. No odors were observed. Furniture was clean; no stains, soilage or odors were observed. Continued observations of common areas throughout the facility revealed that shared furniture and equipment was clean; no stains, soilage or odors were observed. Observations of residents' rooms revealed that beds, furniture and curtains were clean.</p> <p>Resident was interviewed and stated that he was upset because a resident urinated on a chair in the lobby, that the chair would not be able to be disinfected and that the chair should be thrown away. Resident also reported that his bedside curtain was dirty and needed to be removed. Observation, at the time of the interview, revealed that there was a small smudge/discoloration along the edge of the resident's curtain. The curtain was otherwise clean and in good repair.</p> <p>Review of facility grievances revealed that no grievances were filed related to the above concerns. Other grievances related to cleanliness/housekeeping were reviewed and were addressed in a timely manner. Interview with the Director of Social Work revealed that she was unaware of any concerns related to the above allegations.</p> <p>Interview with the Director of Environmental Services revealed that common/shared areas in the building are cleaned and disinfected daily. The Director of Environmental Services stated that the facility uses RTU Oxivir, which is a ready-to-use disinfectant (bactericidal, fungicidal, tuberculocidal and meets bloodborne pathogen standards for decontaminating surfaces soiled with blood and body fluids). The RTU Oxivir is used daily for all common/shared areas, including furniture, chairs, cushions and equipment. The Director of Environmental Services stated that all common/shared areas are deep cleaned on weekends. All resident rooms are cleaned on a daily basis, during which curtains are checked and replaced if needed. Resident rooms undergo carbolization (deep cleaning) every other month which includes curtain cleaning and replacement as needed.</p> <p>This complaint was unsubstantiated with no deficient practices identified.</p> <p>9/24/24 Spoke with resident during onsite survey.</p>		