

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2025
NAME OF PROVIDER OR SUPPLIER  McMurray Hills Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  249 West McMurray Road McMurray, PA 15317	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical records, and staff interview it was determined that the facility failed to provide a treatment as per physician's order for one of three residents with wounds (Resident R1). Findings include: Review of the facility policy Wound Treatment Management last reviewed on 9/1/2025, indicated that wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. Treatments will be documented on the Treatment Administration Record or in the electronic health record. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included spinal fusion of neck and upper back vertebrae, high blood pressure, and falls. Review of a MDS (Minimum Data Set- a periodic assessment of care needs) dated 8/7/25, indicated the diagnoses remained current. Review of Resident R1's physician orders dated 9/17/25, indicated cleanse cervical (upper back/neck) incision with NSS (normal saline) pat dry, apply calcium alginate Ag (promotes wound healing) to wound bed, cover with border dressing, and change daily. Review of Resident R1's Treatment Administration Record (TAR) dated September 2025, indicated that the above treatment was not documented as completed on 9/19, and 9/20/25. There was no further documentation in the electronic record that treatment was completed on 9/19, and 9/20/25. During an interview on 10/10/25, at 4:30 p.m., The Director of Nursing (DON) confirmed the above findings and that the facility failed to provide treatment for a wound as per physician's order for Resident R1. 28 Pa. Code: 211.10(a)(c)(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(2)(5) Nursing Services.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 395032	If continuation sheet Page 1 of 1