

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Peters Township Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 113 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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review, resident and staff interviews, it was determined that the facility failed to make certain discharge planning is part of the resident care plan for one of five residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Discharge Summary and Plan dated 1/20/25, indicated every resident has an individualized discharge plan, which begins at admission and is part of the comprehensive care plan.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 4/28/25, included diagnoses of hip fracture, hypertension (high blood pressure), and cerebrovascular disease (condition that affects blood flow to the brain).</p> <p>During an interview with Resident R1 on 6/12/25, at 11:00 a.m., the following was stated: I want to go home when my physical therapy is done. My son lives with me, we want to get services at home.</p> <p>Review of Resident R1's clinical record revealed no documented evidence that the facility had a care plan for discharge or discharge planning.</p> <p>During an interview on 6/12/25, at approximately 1:00 p.m. the Director of Nursing and Registered Nurse Assessment Coordinator (RNAC) Employee E1 confirmed the facility failed to make certain discharge planning, is part of the resident care plan for one of five residents (Resident R1).</p> <p>28 Pa. Code: 201.29 (a)(c)(3)(2) Resident rights.</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
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