STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395783	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peters Township Post Acute	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident observations, resident interviews and confidential staff interviews, and grievance review, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of eight of eleven residents (Resident R1, R2, R3, R4, R5, R6, R7, and R8).Findings Include: Review of the facility policy Staffing dated 9/11/25, indicated Our facility provides adequate staffing to meet needed care and services for our resident population. Review of the facility policy Answering the Call Light dated 9/11/25, indicated the facility will ensure timely responses to the resident's requests and needs. During an interview on 4/6/26, at 12:40 p.m. when asked if she thought the facility maintained sufficient staffing to care for residents, Resident R1 stated, No. My thing is, when I need to go to the bathroom, I have to wait and wait. Resident R1 confirmed that she has urinated while waiting for a bed pan to be provided. When asked about receiving showers, Resident R1 stated, I haven't had a shower in I don't know how long. I feel [NAME]. Review of Resident R1's bathing record for 3/12/26, through 4/5/26, confirmed Resident R1 has only received bed baths. During an interview and observation on 4/6/26, at 12:50 p.m. Resident R2's room smelled strongly of urine. When asked about call light response, Resident R2 stated, Depends. Quicker in the day than in the night. Resident R2 confirmed he has urinated while waiting for assistance to be provided. During an interview and observation on 4/6/26, at 12:50 p.m. when asked about call light response, Resident R3 stated, Depends on what is going on. During an interview on 4/6/26, at 12:58 p.m. Resident R4 stated that she waited nine hours to get back into bed on the previous Friday (4/3/26). Observation at this time revealed Resident R4's fingernails to have a brown substance under the nails. During an interview and observation on 4/6/26, at 1:25 p.m. when asked if she thought the facility maintained sufficient staffing to care for residents, Resident R5 stated, Not enough, especially in the evening. During an interview and observation on 4/6/26, at 1:29 p.m. when asked if she thought the facility maintained sufficient staffing to care for residents, Resident R6 stated, I think they are understaffed. During an interview and observation on 4/6/26, at 1:30 p.m. when asked if she thought the facility maintained sufficient staffing to care for residents, Resident R7 stated, I don't think so. When asked if call light response time were long, Resident R7 stated, Sometimes, yes. During an interview on 4/6/26, at 1:40 p.m. when asked if she thought the facility maintained sufficient staffing to care for residents, Resident R8 stated, No. They are way understaffed. When asked if call light response times were long, Resident R8 stated, Oh my God, yes. Hours and sometimes never. I don't know why they give them to us if they don't answer. During an interview on 4/6/26, at approximately 2:30 p.m. the Nursing Home Administrator confirmed that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of eight of eleven residents. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(e)(6) Management. 28 Pa. Code: 201.20(a) Staff development.28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.

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