

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

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395783                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY<br>COMPLETED<br><br>12/10/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Peters Township Post Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>113 West McMurray Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                 |
| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is<br>disputing this citation. | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, facility provided documents, clinical records, and staff interviews, it was determined the facility failed to ensure a resident was free from mental abuse and intimidation for one of two residents reviewed (Resident R63), which resulted in psychosocial harm and mental anguish related to the reasonable person concept.</p> <p>Findings Include:</p> <p>Review of the facility policy Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating, dated 9/11/25, with a previous review date of 1/20/25, indicated that the facility will document, investigate and report all reports of resident abuse; the Administrator determines what actions are needed to protect the resident involved.</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2025, indicated that a Brief Interview for Mental Status (BIMS), is a screening test that aids in detecting cognitive impairment). The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact8-12: moderately impaired0-7: severe impairment</p> <p>Review of Resident R63's clinical record revealed Resident R63 was admitted to the facility on [DATE].</p> <p>Review of Resident R63's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 9/28/25, included diagnoses of diabetes (chronic condition where body can't make enough insulin and blood glucose (sugar) levels are high), muscle weakness, high blood pressure and vascular dementia (a decline in thinking skills causing problems with planning, memory, judgement and mood). Review of Section C: Cognitive Patterns indicated Resident R63 had a BIMS score of 12 - moderately impaired at the time of the incident (6/12/25), her score as of 9/28/25, has dropped to 6-severely impaired.</p> <p>Review of the facility provided documents dated 6/12/25, revealed that Resident R63's son was called and notified that a CNA (Certified Nurse Aide (NA) Employee E4) had been physically and verbally aggressive, when Resident R63 was interviewed she stated a woman came into my room and was mean. This woman hit me in the shoulder, so I hit her back, NA Employee E4 was calling me names and saying I was a bitch and was worthless and threatened to come back with a baseball bat.</p> <p>Review of facility investigation documents revealed via employee statement that CNA Employee E3 was in the room assisting Resident R63's roommate behind the curtain and overheard a slap, but was (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

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| <p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>unsure of who slapped who, NA Employee E3 did hear NA Employee E4 become verbally aggressive with Resident R63, NA Employee E3 immediately told nursing supervisor Registered Nurse (RN) Employee E5.</p> <p>Review of progress notes dated 6/12/25, indicated a full body audit was conducted with no new skin issues or bruising noted, followed on 6/13/25 with no issues. Resident R63 was also reassured that NA Employee E4 would not be returning to the facility and that she was safe in the facility, if needed a psych consult would be ordered. Further review of the medical record did not indicate that a psych consult was ordered.</p> <p>Review of facility submitted Report Form for Investigations of Alleged Abuse, Neglect, Misappropriation of Property form dated 6/12/25, indicated that the facility investigation substantiated the abuse investigation. NA Employee E4 had been suspended pending investigation and then was terminated at the conclusion of the investigation.</p> <p>Review of facility investigation revealed that the police were not notified of suspected abuse as per facility policy for all suspected abuse and abuse training was not conducted with staff for review after the incident.</p> <p>During a confidential interview with NA Employee E53 on 12/8/25, at approximately 10:30 a.m., indicated they were aware of the event because NA Employee E53 heard it through the grapevine but were not educated or re-educated on the facility abuse policy. NA Employee E53 could not believe that someone would speak to a resident like that.</p> <p>During an interview of 12/8/25 at 10:45 a.m., NA Employee E17 indicated to not engage a resident when things escalate, go back and try again or even see if they will respond to a different staff member. NA Employee E17 also indicated that there was no re-education on the facility abuse policy. NE Employee E17 also indicated she felt really bad for the resident.</p> <p>During an interview on 12/9/25, at approximately 1:30 p.m., the Nursing Home Administrator, Director of Nursing and Regional Director of Clinical Services confirmed the facility failed to protect Resident R63 from mental abuse and intimidation.</p> <p>28 Pa. Code 201.18 (e)(1) Management.</p> <p>28 Pa. Code 201.20 (a)(b) Staff Development.</p> <p>28 Pa. Code 201.29 (a)(c)(d) Resident Rights.</p> |                                                                                           |                                                 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on a review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly label and date food, store food in accordance with professional standards for food service safety and failed to have food service staff wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food. Findings include: Review of the facility policy Food Receiving and Storage dated 9/11/25, with a previous review date of 1/20/25, indicated that food shall be stored in a manner that complies with safe food handling practices. Review of the facility policy Food Prep and Service dated 9/11/25, with a previous review date of 1/20/25, indicated food and nutrition services staff wear hair restraints (hair net, hat, beard restraint, etc) so that hair does not contact food. During observation of the main kitchen on 12/07/25, from 9:00 a.m. through 9:15 a.m. the following was observed: Dietary Supervisor Employee E2 did not have hair restraint covering hair. Dietary Aide Employee E8 had headphones on phone talking with someone with no beard guard covering facial hair. Observation of the freezer identified two open boxes of vegetables exposed to possible frosting. Observation of the cooler identified a cart with three shelves of pudding bowls undated. During an interview on 12/7/25, at 9:15 a.m., the Dietary Supervisor Employee E2 confirmed that the facility failed to properly label and date food, store food in accordance with professional standards for food service safety and failed to have food service staff wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food. 28 Pa. Code: 211.6(c) Dietary services. |                                                                                           |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, facility records, resident, and staff interviews, it was determined that the facility failed to make certain call lights were answered timely for ten of thirteen residents as required (Resident R31, R69, R115, R700, R703, R704, R706, R707, R708, and R709). Findings include: The facility policy Answering the Call Light dated 9/11/25, indicated Answer the resident call system immediately. When answering an auditory request for assistance, identify yourself and politely respond to the resident by his/her name (e.g., This is Mrs. [NAME]. Mr. [NAME], how may I help you?). If the resident needs assistance, indicate the approximate time it will take for you to respond. During a resident group interview, on 12/7/25 at approximately 1:30 p.m., when asked does the staff respond to your call lights timely? The group asked to be confidential. The group consensus of the residents indicated, there is a wait time to get your call light answered and this occurs often. The waiting time can be 20, 30 minutes or longer. The group stated this occurs mostly in the evenings, weekends, and with agency staff. Review of Resident R704's clinical record, with a request for confidentiality (identifiers of dates and diagnosis are intentionally omitted). Review of Resident R704's most recent Minimum Data Set (MDS - a periodic assessment of care needs). Review of Section GG: Functional Abilities GG0130, indicated that Resident R704 is supervision or touch assistance with toileting hygiene (helper provides verbal cues and/or touching/steadying and /or contact guard assistance as resident completes activity), and GG0170 toilet transfers indicated that Resident R704 is supervision or touch assistance with toileting hygiene (helper provides verbal cues and/or touching/steadying and /or contact guard assistance as resident completes activity). During an interview and observation on 12/7/25, at approximately 2:00 p.m. Resident R704 stated wait times for 20 minutes or longer on different occasions when using the call light. Resident R704 stated, recently after needing to have a soiled brief changed, using the call light without response, after a while started yelling for help without response and then throwing some items out into the hall to get someone's attention and staff arrived to provide care. Resident 704 stated when this occurs it usually the evening and weekend agency staff. Review of Resident R706's clinical record, with a request for confidentiality (identifiers of dates and diagnosis are intentionally omitted). Review of Resident R706's most recent MDS. Review of Section GG: Functional Abilities GG0130, indicated that Resident R706 is dependent (helper does all of the effort), and GG0170 toilet transfers indicated that Resident R706 is dependent (helper does all of the effort). During an interview and observation on 12/7/25, at approximately 2:10 p.m. Resident R706 stated wait times of 20 minutes or more occur when using the call light usually at night and weekends it sure seems to be the agency staff. Resident R706 stated, recently after needing to have a soiled brief changed, used the call light without response, after a while started hollering for help and a staff member came in and said to keep the noise down and provided the resident care. Review of Resident R707's clinical record, with a request for confidentiality (identifiers of dates and diagnosis are intentionally omitted). Review of Resident R707's most recent MDS. Review of Section GG: Functional Abilities GG0130, indicated that Resident R707 is dependent (helper does all of the effort), and GG0170 toilet transfers indicated that Resident R706 is dependent (helper does all of the effort). During an interview and observation on 12/7/25, at approximately 2:17 p.m. Resident R707 stated wait times for 20 minutes or even longer when using the call light are not uncommon. Resident R707 stated recently her oxygen tubing fell off and onto the floor, using the call light without response, after a while started banging on her table to get a response. Staff arrived to assist Resident 707 and reportedly told the resident to keep the noise down. Resident 707 stated she was without her oxygen for approximately 30 minutes. Resident 707 stated the delays with the call lights are mainly the evenings and weekends with the agency staff. Review of Resident R69's clinical record indicated admission to the facility on [DATE]. Review of Resident R69's MDS dated [DATE], indicated diagnoses of Parkinson's disease (brain disorder (continued on next page)</p> |                                                                                           |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>symptoms of tremors, stiffness, slow movement and balance issues), hypertension (high blood pressure), and malnutrition (imbalance of energy, protein, and other nutrients). Review of Section GG: Functional Abilities GG0130, indicated that Resident R69 is substantial/max assistance with toileting hygiene (helper does more than half the effort) and GG0170 toilet transfers indicated that Resident R69 is substantial/max assistance with toileting hygiene (helper does more than half the effort). During an interview and observation on 12/8/25, at approximately 10:07 a.m. Resident R69 stated there is a wait time when you use your call light, it can take twenty to thirty minutes depending on the time of day, it's not all the time but enough of the time. I am getting discharged so it doesn't matter to me anymore. Review of Resident R115's clinical record indicated admission to the facility on [DATE] with diagnoses of unilateral osteoarthritis, right knee (pain, stiffness, and reduced mobility) type 2 diabetes mellitus (high blood sugar) and dementia (decline in memory, thinking and social abilities). Review of Resident R115's MDS dated [DATE], contained the admission assessment documentation, additional ongoing assessment details were not yet required at the time of the survey. During an interview and observation on 12/8/25, at approximately 10:30 a.m. Resident R115 stated, you have to wait about a half hour when you ring for help, I have only been here a couple of days. Review of Resident R31's clinical record indicated initial admission to the facility on [DATE]. Review of Resident R31's MDS dated [DATE], indicated diagnoses of endocarditis (inflammation of the inner lining of the heart's chambers and valves), morbid obesity (body mass index of 40 or higher associated with health complications), and a right below knee amputation. Review of Section GG: Functional Abilities GG0130, indicated that Resident R31 is substantial/max assistance with toileting hygiene (helper does more than half the effort) and GG0170 toilet transfers indicated that Resident R31 is dependent (helper does all of the effort). During an interview and observation on 12/8/25, at approximately 10:42 a.m. Resident R31 stated his infusion pump that delivers his antibiotic will start to beep (some potential reasons for the beeping; a line blockage, air in the line, low battery, or infusion completed). Resident R31 stated it takes twenty minutes sometimes longer to have someone come in and take care of it. Resident R31 stated the regular staff here are quick to respond and work hard, it seems to be the weekend and evenings with the agency staff that you wait. During an interview on 12/8/25 at 3:30 p.m. the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed the facility failed to make certain call lights were answered timely. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12.(.)1(2)(3)(5) Nursing services. 28 Pa Code: 201.29 (l)(o) Resident rights.</p> |                                                                                           |                                                 |

Department of Health & Human Services  
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| NAME OF PROVIDER OR SUPPLIER<br><br>Peters Township Post Acute                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>113 West McMurray Road<br>McMurray, PA 15317 |                                                 |
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| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, review of facility policy and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment on two of three nursing units (Vintage and Heritage Nursing Units). Findings include: Review of the facility policy Homelike Environment dated 9/11/25, with a previous review date of 1/20/25, indicated residents are provided with a safe, clean, comfortable and homelike environment. During an observation on 12/7/25, at 9:25 a.m., the following was observed: Main hallway of Vintage nursing unit near rooms [ROOM NUMBERS] had a brown substance that was dried on floor with gnats and bugs crawling through and had been tracked further down hall. During an interview Housekeeper Employee E1 confirmed that the facility failed to provide a clean homelike environment for the residents of the Vintage nursing unit. During an observation on 12/8/25, at 9:30 a.m., the following was observed: Main hallway railing near room [ROOM NUMBER] had a brown substance on railing and wall above. The Vintage dining room had broken cabinetry. The [NAME] heater vents had bingo chips and gray fuzzy material inside vents. The shower room of Vintage nursing unit had holes on wall. During an interview on 12/8/25, at 9:38 a.m., the Nursing Home Administrator confirmed that the facility failed to provide a safe, clean, comfortable homelike environment for the residents of two of three nursing units (Vintage and [NAME] nursing units). 28 Pa. Code: 207.2(a) Administrator's responsibility. 28 Pa. Code: 201.29(k) Resident rights.</p> |                                                                                           |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Peters Township Post Acute                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>113 West McMurray Road<br>McMurray, PA 15317 |                                                 |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical records, facility documents, and staff interviews it was determined that the facility failed to fully investigate allegations of physical/verbal abuse and an injury to one of three residents (Resident R63). Finding include:Review of the facility policy Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating dated 9/11/25, previously reviewed 1/20/25, indicated all reports of resident abuse (including injuries of unknown origin), neglect, exploitation or theft/misappropriation of resident property are reported to local, state and federal agencies (as requested by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported.Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2025, indicated that a Brief Interview for Mental Status (BIMS), is a screening test that aids in detecting cognitive impairment). The BIMS total score suggests the following distributions:13-15: cognitively intact8-12: moderately impaired0-7: severe impairment Review of the clinical record indicated Resident R63 was admitted to the facility on [DATE].Review of Minimum Data Set (MDS-periodic assessment of resident care needs) dated 9/28/25, included diagnoses of diabetes (chronic condition where body can't make enough insulin and blood glucose (sugar) levels are high), muscle weakness, high blood pressure and vascular dementia (a decline in thinking skills causing problems with planning, memory, judgement and mood). Review of Section C: Cognitive Patterns indicated Resident R63 had severe cognitive impairment.Review of the facility provided investigation documents dated 6/12/25, revealed that Resident R63's son was called and notified that a CNA (Certified Nurse Aide (CNA) Employee E4) had been physically and verbally aggressive, when Resident R63 was interviewed she stated a woman came into my room and was mean. This woman hit her in the shoulder, so she hit her back, Employee E4 was calling me names and saying Resident R63 was a bitch and was worthless and threatened to come back with a baseball bat.Review of facility investigation documents revealed another CNA (Employee E3) was in the room and overheard a slap but was unsure of who slapped who but did hear Employee E4 become verbally aggressive with Resident R63, Employee E3 immediately told nursing supervisor Employee E5.Review of facility submitted Report Form for Investigations of Alleged Abuse, Neglect, Misappropriation of Property dated 6/12/25, indicated that the facility investigation substantiated the abuse investigation.Review of facility investigation revealed that the police were not notified of suspected abuse, resident/family were not given option to file a report as per facility policy for all suspected abuse and abuse training was not conducted with staff after the incident.During an interview on 12/9/25, at approximately 1:30 p.m. the Nursing Home Administrator (NHA), Director of Nursing (DON) and Regional Director of Clinical Services (RD) confirmed that the facility failed to protect residents from a staff member physically and verbally abusing a resident for one of three residents.28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(e)(1) Management.28 Pa. Code 201.20(a)(b) Staff Development.28 Pa Code 201.29(a)(c)(d) Resident Rights.</p> |                                                                                           |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Peters Township Post Acute                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>113 West McMurray Road<br>McMurray, PA 15317 |                                                 |
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| F 0583<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Keep residents' personal and medical records private and confidential.<br><br>Based on review of facility policy, observation, and staff interviews, it was determined that the facility failed to maintain the confidentiality of residents' medical information on one of two nursing floors. Findings include: Review of the facility's Resident Rights Policy dated 9/11/25, indicated the unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues. During an observation on 12/7/25, at approximately 9:15 a.m. an unsecured/unlocked bin containing resident records, was identified in the second-floor nursing unit conference room. The conference room was not locked or labeled in a manner to restrict access to the room or its contents. During an interview on 12/7/25, at 10:30 a.m. the Nursing Home Administrator and Director of Nursing confirmed the above observation that the facility failed to maintain the confidentiality of residents' medical information as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.29(c.3) Resident Rights. 28 Pa. code: 211.5(b) Medical records. |                                                                                           |                                                 |

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| F 0641<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility clinical records, observations and staff interview, it was determined that the facility failed to make certain that resident assessments were accurate for one of four residents (Resident R15). Findings include: Review of CMS's RAI Version 3.0 Manual Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS - periodic assessment of resident care needs) assessments, dated October 2024, define MDS as a core set of screening, clinical, and functional status data elements, including common definitions and coding categories, which form the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid. Review of facility policy Care Plans, Comprehensive Person-Centered reviewed 9/11/25, indicated the care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. The comprehensive care plan includes measurable objectives and timeframes, describes that services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Review of the clinical record indicated that Resident R15 was admitted to the facility on [DATE], with diagnoses that included diabetes, depression, and obstructive and reflux uropathy (urine flow is blocked, causing back up and kidney damage). Review of the MDS dated [DATE], indicated the diagnoses remain current. Review of physician orders dated 3/6/25, indicated resident R15 had an indwelling foley catheter (a hollow flexible tube that is inserted through a narrow opening in the body cavity for removing fluid). Review of physician orders indicated on 6/16/25, the order was discontinued due to hospitalization. Further review of Resident R15's physician orders failed to indicate the indwelling foley catheter was re-inserted. Review of the MDS dated [DATE], Section H: Bladder and Bowel, Question H0100 Appliances, indicated Resident R15 had an indwelling catheter. Review of the MDS dated [DATE], Section H: Bladder and Bowel, Question H0100 Appliances, indicated Resident R15 had an indwelling catheter. Review of Resident R15's care plan dated 3/6/25, interventions were still active for an indwelling catheter. During an interview on 12/8/25, at 9:25 a.m. the Registered Nurse Assessment Coordinator (RNAC) Employee E7 confirmed the facility failed to complete an accurate assessment for Resident R15. 28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p> |                                                                                           |                                                 |

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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to properly secure the Intravenous (IV) medication and supply cart for one of four carts observed (IV medication and supply cart). Findings include: Review of the facility policy Storage of Medications reviewed 9/11/25, indicated medications and biologicals are stored safely, securely, and properly. The medication supply is accessible only to licensed nursing personnel. Drugs and biologicals used in the facility are stored in locked compartments. Only persons authorized to prepare and administer medications are permitted to access medications. Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access. During an observation on 12/7/25, at 9:10 a.m. the IV medication and supply cart was located in the unlocked conference room with the cart unlocked and the key left in the lock. The cart included the following medications and supplies: - One bag IV levofloxacin (antibiotic) 250 milligrams (mg)/50 milliliter (ml) D5W (5 % dextrose in water). - Two bags of levofloxacin 500 mg/100 ml of D5W. - Three bags of metronidazole (antibiotic) 500 mg/100 mg normal sterile saline (NSS). - 20 IV needles sized 20 G (gauge - size number is related to the thickness of the needle). - Six IV needles sized 22 G. - Seven IV needles sized 24 G. - One butterfly IV needle sized 20G. - Five IV start kits. - Ten IV-line supplies- 18 NACL (sodium chloride) 0.9% 100 ml bags- Four NACL 0.9% 250 ml bags- Two lactated ringers (used to restore body fluids and lost electrolytes) 1000 ml bags. - Two potassium chloride (KCL) 20 mEq (milliequivalent - unit for measuring electrolytes in medicine). - Three NACL 0.45% 1000 ml bags- Two D5W 1000 ml bags. During an interview on 12/7/25, at 10:01 a.m. the Infection Preventionist Employee E6 confirmed the IV medication and supply cart should be secured when unattended. 28 Pa. Code: 211.9(a)(1)(k) Pharmacy services. 28 Pa. Code: 211.10(c) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.</p> |                                                                                           |                                                 |

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395783                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY<br>COMPLETED<br><br>12/10/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Peters Township Post Acute                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>113 West McMurray Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                 |
| F 0575<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | <p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>Based on observations and a staff interview, it was determined the facility failed to post contact information, Adult Protective Services (APS), Medicaid Fraud Unit, and a statement the resident may file a complaint with the State Agency as required, in the building two of two locations where postings are located (first and second floor hallways). Findings include: The facility must post, in a form and manner accessible and understandable to residents, resident representatives; a list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit. Observations conducted on 12/8/25, at approximately 11:30 a.m., in the hallways in and around the nursing units, revealed the facility did not have the required elements (agency name, address, email address, and phone number) of Adult Protective Services (APS), Medicaid Fraud Unit, and a statement the residents may file a complaint with the State Agency posted or accessible to residents or resident representatives. During rounds and an interview with the Nursing Home Administrator (NHA) on 12/9/25, at 8:30 a.m., the NHA confirmed the facility failed to post required information for Adult Protective Services (APS), Medicaid Fraud Unit, and a statement the residents may file a complaint with the State Agency as required, in the building. 28 Pa. Code: 201.14(a)Responsibility of licensee. 28 Pa. Code: 201.18(e) Management.</p> |                                                                                           |                                                 |