

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395032</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/06/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>MCMURRAY HILLS MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>249 WEST MCMURRAY ROAD MCMURRAY, PA 15317</b>		
STATE LICENSE NUMBER: <b>130102</b>				
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F 0000	INITIAL COMMENT	F 0000		
F 0656	Based on a Medicare/Medicaid Recertification, State Licensure, Civil Rights Compliance, and an Abbreviated survey in response to a complaint, completed December 6, 2024, it was determined that McMurray Hills Manor, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey.	F 0656		
SS=D				

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

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0656  SS=D	Continued from page 1  483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future	F 0656	The Facility submits this Plan of Correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges is deficient under State and/or Federal Long Term Care Regulations. This Plan of Correction should not be construed as either a waiver of the facility's right to appeal or challenge the accuracy or severity of the alleged deficiencies or an admission of past or ongoing violation of State or Federal regulatory requirements."  F-0656 1.RNAC/Designee completed diabetic comprehensive care plan on R 38 12/4/2024  2.RNAC/Designee completed audit on 12/4/2024 of current diabetic residents to have a diabetic comprehensive care plan  3.RNAC/Designee will audit new	Completion Date: <b>12/20/2024</b> Status: <b>APPROVED</b> Date: <b>12/13/2024</b>

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F 0656  SS=D	Continued from page 2  discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.  This REQUIREMENT is not met as evidenced by:	F 0656	admissions with diabetes to have a comprehensive diabetic care plan q-day weekly x 2 weeks, then monthly x 3 months  4.RNAC educated by DON/Designee on diabetic comprehensive care plans	

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F 0656  SS=D	<p>Continued from page 3</p> <p>Based on review of facility policies, clinical records, and staff interviews, it was determined that the facility failed to develop a person-centered comprehensive care plan for one of eight residents (Resident R38).</p> <p>Findings include:</p> <p>A review of the facility policy "Comprehensive Care Plans" reviewed 1/30/23 and 7/19/24, indicated the facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights. That include measurable objectives, and timeframes to meet a resident ' s medical, nursing, mental and psychosocial needs that are identified in the resident ' s comprehensive assessment.</p> <p>A review of the clinical record revealed Resident R38 was admitted to the facility on 8/7/23, with diagnoses that included diabetes, high blood pressure, and depression.</p>	F 0656		

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F 0656  SS=D	<p>Continued from page 4</p> <p>A review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 8/29/24, indicated the diagnoses remain current. Further review of the MDS Section N: Medications, Question N0350 indicated Resident R38 received insulin injections seven days a week.</p> <p>A review of the "Admission Assessment" completed 8/7/23, indicated a goal of Resident R38 was to have no complications related to diabetes.</p> <p>A review of a physician order dated 8/7/23, indicated to give glucose gel (to treat low blood sugar) give 15 gram by mouth for glucose 50-69. Review of a physician order dated 12/21/23, indicated to inject Humulin R insulin (short-acting insulin that starts within 30 minutes and peaks in two to three hours, and keeps working for eight hours) per sliding scale. If results are less than 70 follow hypoglycemic protocol.</p> <p>A review of the clinical record failed to reveal a</p>	F 0656		

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F 0656  SS=D	Continued from page 5  person-centered care plan was developed for Resident R38 to address interventions relating to diabetes care.  During an interview on 12/4/24, at 11:35 a.m. Registered Nurse Admission Coordinator (RNAC) Employee E1 confirmed Resident R38 's care plan did not include person-centered interventions for diabetes.  28 Pa. Code: 211.12 (d) (1) (5) Nursing services.	F 0656		
F 0684  SS=D		F 0684		

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F 0684  SS=D	Continued from page 6  483.25 Quality of Care  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is not met as evidenced by:	F 0684	F 0864  1.Audit completed 12/11/2024 by DON/Designee for abnormal blood sugars and MD notifications  2.All RN and LPN educated by DON/Designee on md notification and follow up related abnormal blood glucose levels.  2.DON/Designee will audit residents' diabetic glucose levels daily x 1week  3. DON/Designee will audit 10 residents blood glucose levels weekly x 4 weeks then monthly x 3 months	Completion Date: <b>12/20/2024</b> Status: <b>APPROVED</b> Date: <b>12/13/2024</b>

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F 0684  SS=D	Continued from page 7  Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to notify physicians of increased and decreased Capillary Blood Glucose (CBG) levels and failed to assess residents for hyperglycemia (high blood glucose) and hypoglycemia (low blood glucose), for two of five residents reviewed (Residents R7, and R38).  Findings include:  The Centers for Disease Control defines diabetes as: Diabetes Mellitus is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there isn't enough insulin or cells stop	F 0684		

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F 0684  SS=D	Continued from page 8  responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. Hypoglycemia is a condition that occurs when blood glucose is lower than normal, usually below 70 milligrams per deciliter (mg/dl). If left untreated, hypoglycemia may lead to weakness, confusion, unconsciousness, arrhythmias and even death. People with Diabetes Mellitus may be prescribed injectable insulin to assist in maintaining acceptable levels of CBG's. Hyperglycemia, or high blood glucose, occurs when there is too much sugar in the blood. This happens when your body has too little insulin. Hyperglycemia is blood glucose greater than 125 mg/dL while fasting (not eating for at least eight hours, or a blood glucose greater than 180 mg/dL one to two hours after eating. If you have hyperglycemia and it's untreated for long periods of time, you can damage your nerves, blood vessels, tissues and organs. Damage to blood vessels can increase your risk of heart attack and stroke, and nerve damage may also lead to eye damage, kidney	F 0684		

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F 0684  SS=D	Continued from page 9  damage and non-healing wounds.  Review of the facility policy "Notification of Change" reviewed 7/19/2024, indicated the facility will ensure to promptly inform the resident, consults the resident's physician, and notifies the resident's representative, if applicable, when there is a change requiring notification. Circumstances requiring notification include accidents, significant change is resident status, and circumstances that require a need to alter treatment.  Review of the facility policy "Hypoglycemic Management" reviewed 7/19/2024, indicated if the blood glucose reading is 70 or below, the nurse will utilize the hypoglycemic protocol as per practitioner's orders, with follow up blood glucose as indicated, and notify the practitioner of the results ordered. The blood sugar(s) and treatment will be documented as per facility protocol.  Review of the clinical record indicated Resident R7 was admitted to the facility on 7/11/2017, with	F 0684		

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F 0684  SS=D	<p>Continued from page 10</p> <p>diagnoses that included diabetes, depression, and high blood pressure.</p> <p>Review of Resident R7's Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 9/24/2024, indicated the diagnoses remain current.</p> <p>Review of a physician's order dated 8/11/2024 to 8/15/2024, indicated Accuchecks (machine used to check the blood glucose level) three times a day and at bedtime. Call MD (doctor) for blood sugar less than 80 or over 250. A physician's order dated 8/15/2024, indicated to inject Humalog (fast-acting insulin that starts to work about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours) eight units every morning and bedtime. Hold if blood glucose is less than 100. Use Freestyle Libre to obtain blood sugar.</p> <p>Review of the clinical record electronic Medication Administration Record (eMAR) revealed that the resident's CBG's were as follows:</p>	F 0684		

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F 0684  SS=D	Continued from page 11  On 8/13/2024, at 8:50 p.m. CBG was noted to be 299. On 8/14/2024, at 4:43 p.m. CBG was noted to be 273. On 8/14/2024, at 8:24 p.m. CBG was noted to be 311. On 8/28/2024, at 6:44 a.m. CBG was noted to be 53. On 12/3/2024, at 4:32 p.m. CBG was noted to be 431.  Review of the care plan dated 5/14/2019, indicated the following interventions: blood sugar as needed for symptoms of hypo/hyperglycemia, monitor/document/report signs and symptoms hyper-/hypoglycemia, diabetes medication as ordered by doctor.  Review of Resident's eMAR and clinical progress notes indicated the resident was not assessed for hypoglycemia, the blood glucose was not monitored for effectiveness of treatment, staff failed to follow	F 0684		

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F 0684  SS=D	Continued from page 12  interventions of the care plan, and the physician was not notified of abnormal results on the above listed dates.  Review of a clinical record indicated Resident R38 was admitted to the facility on 8/7/2023, with diagnoses that included diabetes, depression, and high blood pressure.  Review of the MDS dated 8/29/2024, indicated the diagnoses remain current.  Review of physician's orders dated 8/7/2023, Glucose Oral Gel give 15 grams by mouth as needed for glucose 50-69. An order dated 9/19/2023, indicated Glucose Oral Gel give 30 grams by mouth as needed for low blood glucose. Further review of the physician orders dated 4/22/2024, indicated Freestyle Libre 14-day Sensor (continuous glucose system sensor), one unit every 14 days for blood glucose monitoring. An order dated 12/21/2023, indicated to inject Humulin R insulin (short-acting insulin that starts within 30	F 0684		

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F 0684  SS=D	<p>Continued from page 13</p> <p>minutes and peaks in two to three hours, and keeps working for eight hours) per sliding scale on every Monday, Wednesday, Friday, and Sunday, if below 70 follow hypoglycemic protocol, if greater than 400 call MD.</p> <p>Review of Resident 38's eMAR revealed that the resident's CBG's were as follows:</p> <p>On 12/1/2024, at 5:20 a.m. the CBG was noted to be 54.</p> <p>A review of Resident R38's care plan dated 7/30/2024, indicated the following interventions: Monitor/document/report as needed signs and symptoms of hyper-/hypoglycemia.</p> <p>Review of Resident R38's eMAR and clinical progress notes indicated the resident was not assessed for hyper-/hypoglycemia, failed to follow interventions of the care plan, blood sugar was not rechecked, physician orders were not followed, and the physician was not notified of abnormal results.</p>	F 0684		

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F 0684  SS=D	Continued from page 14  During an interview on 12/4/2024, at 1:50 p.m. Licensed Practical Nurse (LPN) Employee E2 stated for blood glucose results under 70, they would give juice and/or snacks, and recheck the blood glucose in 15 minutes. If blood glucose was greater than 400, they would check the orders for parameters, they would give the ordered dose of insulin, call the doctor, and document in the nurse's notes.  During an interview on 12/4/2024, at 1:55 p.m. LPN Employee E5 stated if the blood glucose was under 70, they would give a snack or juice. If the blood glucose was greater than 350 - 400, they would give the ordered insulin, call the doctor, and recheck the blood glucose in 15-30 minutes. They would document in the nurse's notes.  During an interview on 12/4/2024, at 2:02 p.m. LPN Employee E3 stated if the blood glucose was less than 70, they would give juice or snacks. If blood glucose was over 400, they call the doctor	F 0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395032</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/06/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>MCMURRAY HILLS MANOR</b>  STATE LICENSE NUMBER: <b>130102</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>249 WEST MCMURRAY ROAD MCMURRAY, PA 15317</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0684  SS=D	Continued from page 15  and follow the orders received. They would document in nurse's notes.  During an interview on 12/4/2024, at 2:45 a.m. the Director of Nursing confirmed the facility failed to notify the doctor of a change in condition, failed to document an assessment or interventions used related to blood glucose, and failed to follow physicians orders for Residents R7, and R38.  28 Pa. Code 201.18 (b)(1) Management.  28 Pa. Code 201.29(d) Resident rights.  28 Pa. Code 211.10 (c)(d) Resident care policies.  28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services.	F 0684		



# Certified End Page

**MCMURRAY HILLS MANOR**

**STATE LICENSE NUMBER: 130102**

**SURVEY EXIT DATE: 12/06/2024**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

Handwritten signature of Jeanne Parisi in black ink.

*Jeanne Parisi*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Debra L. Bogen MD in black ink.

*Debra L. Bogen, MD, FAAP*  
*Secretary of Health*



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY