

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395788	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER Sunnyview Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Sunnyview Circle Butler, PA 16001	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on review of facility documents, facility policy, and staff interviews, it was determined that the facility failed to implement written policies and procedures to ensure an employee received abuse training for one of three employees (Nurse Aide (NA) Employee E1). Findings include: Review of facility policy Abuse Policy - Prevention and Management dated 4/1/25, indicated Abuse, Neglect and Misappropriation/Exploitation of Resident Funds and Property education is completed upon hire and at least annually for all employees. Review of facility training documentation for NA Employee E1 failed to include abuse, neglect, and misappropriation training that had been completed upon hire 9/9/24. During an interview on 8/13/25, at 12:11 p.m. the Director of Nursing (DON) stated, NA Employee E1 has been re-hired at least three times, we think 9/9/24 is their most recent re-hire date. We are unable to locate documentation to indicate they received abuse training at that time. During an interview on 8/13/25, at 12:11 p.m. the DON confirmed that the facility failed to implement written policies and procedures to ensure an employee received abuse training for one of three employees (Nurse Aide (NA) Employee E1). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 201.20(b) Staff development.</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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