

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 12/22/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on review of resident representatives' concerns, and staff interview, it was determined that the facility failed to ensure that residents have the right to communication and access to persons and services inside the facility. Findings include: Review of the facility policy Resident Rights dated 4/1/25, indicated that residents have the right to communication with and access to people and services, both inside and outside the facility. Review of a Resident Representative concern dated 11/13/25, stated I've been trying to contact someone with important issues, and I've tried for two weeks, and I keep leaving voicemails. Nobody will return my calls. I don't know how to resolve these issues because nobody will answer their phone. They don't return calls. You know it's just a terrible way to do business. Review of an additional Resident Representative concern dated 11/21/25, stated I cannot get any kind of correspondence, e-mail contact, nothing back. No phone calls, voicemails, administration office when I have concerns. I get no response. During an interview on 12/19/25, at 2:30 p.m. the Director of Nursing (DON) stated that offices for administration, including hers were moved in October from the basement to the first floor. However, this also requires a new extension for the phone lines, and this work has not been completed yet as Maintenance has been out sick. DON confirmed that she has a new phone extension, and that when all the phone lines have been moved and reassigned, they probably need to send out a new copy of key personnel with new phone numbers. DON confirmed that the current phone situation failed to ensure that residents have ease with communication to persons inside the facility. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 201.29(a) 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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on a review of facility policy, review of facility documents, resident representative concerns, resident interviews, and staff interview, it was determined that the facility failed to properly monitor food temperatures creating the potential for food borne illness in the Main Kitchen of the facility. Findings include: Review of facility policy Food: Preparation dated 4/1/25, indicated that cooks ensure that all foods are held at appropriate temperatures, greater than 135 degrees for hot holding and less than 41 degrees for cold food holding. Review of a Resident Representative concern dated 11/21/25, stated He is also receiving cold food. Review of an additional Resident Representative concern dated 12/1/25, stated The food comes out cold. Review of an additional Resident Representative concern dated 12/6/25, stated that the food is never warm. During an observation in the Main Kitchen on 12/19/25, at 11:18 a.m., the Food Temperature and Evaluation Log from December 11th through December 19, 2025 was reviewed. This log included a space where staff could record the Final Cooking Temp (temperature) of the food, the Holding Temp Start of Service, and Holding Temp End of Service. The missing data was as follows: 9 breakfast meals with no recorded food temperatures for Holding Temp Start of Service or Holding Temp End of Service 8 lunch meals with no recorded food temperatures for Holding Temp Start of Service or Holding Temp End of Service 8 dinner meals with no recorded food temperatures for Holding Temp Start of Service or Holding Temp End of Service During an interview on 12/19/25, at 11:18 a.m. Food Service Director (FSD) Employee E2 confirmed that the facility failed to record holding temperature of food. During an interview on 12/19/25, at 12:41 p.m. Resident R1 stated that the food is Mostly always cold, usually lunch. During an interview on 12/19/25, at 12:46 p.m. Resident R2 stated that food is cold most of the time. Ninety -five percent of the time it's f***** cold. During an interview on 12/19/25, at 12:53 p.m. Resident R3 stated Pretty often food is cold. During an interview on 12/19/25, at 1:09 p.m. Resident R4 stated he has gotten cold food before. During an interview on 12/19/25, at 2:39 p.m. FSD Employee E2 confirmed that the facility failed to properly monitor holding temperatures of food creating the potential for food borne illness in the Main Kitchen of the facility. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1) Management.</p>		