STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395788	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyview Nursing and Rehabilitation Center	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of clinical records and staff interview it was determined that the facility failed to make certain that a resident received the necessary services to treat pressure ulcers (injuries to the skin and underlying tissue resulting from prolonged pressure to the skin) for one of two residents (Residents R1).Findings include: Review of the admission record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS- a periodic assessment of care needs) dated 1/11/26, indicated the diagnoses of high blood pressure, muscle weakness, and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Review of Resident R1's clinical record revealed a physician's order dated 1/13/26, stated to cleanse stage two pressure wound (pressure injury with a partial thickness loss of skin presenting as a shallow open injury with a red/pink wound bed or an intact or open/ruptured serum filled blister) to coccyx (tailbone) with wound cleanser, pat dry, triad (a paste used to treat wounds), cover with bordered gauze daily. Review of Resident R1's Treatment Administration Record (TAR) indicated that Resident R1 did not receive the above treatment on 1/15/26, or on 1/23/26. During an interview on 2/5/26, at 1:01 p.m. the Director of Nursing confirmed that the facility failed to provide pressure ulcer treatments as ordered for Resident R1. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10 (c)(d) Resident care policies.28 Pa. Code: 211.12 (d)(1)(2)(5) 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of resident record review, resident interview, and staff interviews, it was determined to facility failed to provide a trauma survivor with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of three residents (Resident R2). Findings include: Review of Resident R1's record indicated the resident was admitted on [DATE]. Diagnoses included post-traumatic stress disorder (PTSD - a psychiatric disorders that may occur in persons that have witnessed a traumatic event causing intense, disturbing thoughts and feelings related to the experience), multiple sclerosis (autoimmune disease that affects the central nervous system) and asthma. Review of physician orders dated 1/8/26, included Duloxetine HCl (PTSD) and buspirone HCl (Anxiety). Interview with Resident R1 on 2/5/26 at 10:30 a.m. indicated there was a male nurse aide (NA) that would come in the middle of the night (3 a.m.) to check if she needed to use the restroom. Resident R1 stated this happened multiple times and this made her very uncomfortable. Resident R1 revealed she was in the military and has PTSD from being raped in the middle of the night. Review of Resident R1's Trauma Informed Care Evaluation (a data collection tool that gathers information on traumatic events and aids in identifying and addressing the resident's needs) indicated no triggers. Review of Resident R1's Care Plan indicated no triggers for PTSD. During an interview on 2/5/26, at 12:30 p.m. Social Worker Employee E1 confirmed the facility failed to provide a trauma survivor with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1) Management.