

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 03/06/2026
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, and staff interviews, it was determined that the facility failed to provide adequate treatment and care for a midline catheter (a thin flexible tube inserted into a vein in the upper arm with the tip positioned just below the armpit) for one of two residents (Resident R2). Findings include: Review of the facility policy Midline Catheter Care and Maintenance last reviewed 1/27/26, indicated Registered Nurses and Licensed Practical Nurses who have completed a State Board Approved Basic Intravenous (IV) Certification Course that includes care and maintenance of central lines are permitted to infuse through midlines, flush midlines, perform dressing changes and change the end cap. Midline catheters need to be flushed with normal saline 10 cubic centimeters (cc) after each intermittent infusion, after discontinuing a continuous IV or every shift when not in use. Review of Resident R2's admission record indicated the resident was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - periodic assessment of care needs) dated 11/12/25, indicated diagnoses of hypertension (high blood pressure), diabetes (high sugar in the blood) and left tibia fracture (long bone of lower leg). Review of nursing progress notes dated 1/2/26, at 6:19 p.m. indicated IV infusion company notified for midline placement. Review of Resident R2's physician orders dated 1/3/26, at 12:00 a.m. indicated cefazolin sodium intravenous solution reconstituted 2 grams intravenously every 8 hours for wound infection for 7 Days. The orders failed to include the type of IV access, flushing the IV, dressing changes for the IV or changing the IV end cap. Review of nursing progress note dated 1/3/26, at 1:41 p.m. indicated resident tolerating IV. Midline flushing easily. During an interview on 3/6/26, at 3:40 p.m. the Director of Nursing confirmed that the Resident R2's physician orders did not include the type of IV access, flushing the IV, dressing changes for the IV or changing the IV end cap and that the facility failed to provide adequate treatment and care for a midline catheter for one of two residents (Resident R2). 28 Pa. Code 211.9(a)(1)(k) Pharmacy services. 28 Pa. Code 211.10 (c)(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</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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