

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 05/13/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on review of facility policy, observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment for one of five floors (Rehabilitation (Rehab) floor). Findings include: Review of facility policy Resident Rights last reviewed 1/27/26, indicated Federal and State law guarantee certain basic rights to all residents of the facility. These rights include but are not inclusive of: safe and home-like environment. Be informed of safety or clinical restrictions or limitations of visitation. During an observation completed on 5/13/26, at 11:20 a.m. it was discovered that construction was being completed in the Rehab Units. The doors were blocked off with plastic sheeting and signs were up not to enter. Housekeeper Employee E5 was in the hallway and upon asking how to access the unit replied by taking the South elevator to the basement level and walking through the basement to the North elevator at the other end of the building and taking that elevator back up to the 1st floor to the Rehab Unit. During an observation completed on 5/13/26, at 11:25 a.m. Upon entering the unit it was discovered that the lounge area had plastic sheeting hanging from the ceiling. A construction crew were actively working on removing the floors in front of the nurse's station. The doorways to the resident hallways had plastic sheeting over them in front of the doors. Black foam like material was placed on the floor to the right of nursing station. It was very loud due to the equipment being used to remove the floors. The air was thick with dust. During an interview completed on 5/13/26, at 12:53 p.m. Licensed Practical Nurse (LPN) Employee E6 was sitting at a table in the lounge area with a laptop computer. Upon asking LPN Employee E6 concerning the construction replied they started today behind the nurse's station I don't want to sit out there inhaling all that dust and all the noise, it has made and impact with the residents. It is hard for the families to come in to visit. I don't want to sit out there. During an interview completed on 5/13/26, at 12:56 p.m. Resident R3 was in her room with the door shut. Upon asking Resident R3 about the construction replied Isn't all that something? It is very loud; I have been keeping the door shut it helps with the noise. During an interview completed on 5/13/26, at 1:03 p.m. Nurse Aid (NA) Employee E8 was in the hallway. (NA) Employee E8 observed utilizing a N-95 face mask. Upon asking concerning the construction and any impact on the residents replied I have asthma, so I am using a face mask. Some of the residents are having therapy in the rooms, they can go to the gym if they need to. During an interview completed on 5/13/26, at 1:10 p.m. upon asking Resident R4 concerning the construction replied, I keep the door shut because of the noise. During an interview completed on 5/13/26, at 1:15 p.m. upon asking Resident R5 concerning construction replied, We tried to go to the therapy gym, but they wouldn't let us in, so we did it in here. We were on the way and had to come back. The one therapist is wearing a mask because of the dust. During an interview completed on 5/13/26, at 1:24 p.m. upon asking Resident R6 concerning the construction replied, I'm going home on Saturday, oh the noise today, I went to the gym, I shut the door it helps keep the noise down. During an interview completed on 5/13/26, at 1:30 p.m. upon asking Resident R2 concerning the construction replied, it is a mess, the noise is bothering me it's awful and the dust is horrible you can see it. I stay mostly in my room. No gym today they can't get through, we walk in the hall or in my room. I think they should have moved the nurse's station and us out of here. I just keep (continued on next page)		

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the door closed. I don't care how many sheets of plastic you put up, it's still dusty. The therapist is wearing ear plugs; we should have all been moved. During an interview completed on 5/13/26, at 2:45 p.m. upon asking the Nursing Home Administrator concerning the construction replied it started on Monday, the demolition should be done today, hopefully it's all completed by next week and confirmed the facility failed to provide a clean, safe, comfortable, and homelike environment for one of five floors (Rehab floor). 28 Pa. Code: 201.18(b)(3)		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on review of facility policy, controlled medication shift reconciliation records and staff interviews, it was determined that the facility failed to implement procedures to promote accurate accounting of controlled medications on three of six medication carts reviewed (Sunflower Unit East Hall Medication Cart, Sunflower Unit [NAME] Hall Medication Cart and Dogwood Unit East Hall Medication Cart). Findings include: Review of facility policy Drug Diversion Prevention and Narcotic Management last reviewed 1/27/26, indicated it is the policy of this facility to set forth standards related to preventing the diversion of medications. Medications classified by the Drug Enforcement Administration (DEA) as controlled substances are subject to special handling, storage, disposal, and record keeping; these will be addressed in this policy. Control/schedule II-V medication will be counted with two (2) professional nurses at the beginning and end of each shift. In the event of a situation where the nurse must leave the facility before the end of the shift, the DON/designee will assign a nurse to complete the inventory count with the nurse leaving prior to the end of the shift. Documentation that a count was completed and accurate will be completed at the beginning and end of each shift. Control/schedule II -V medications will be logged into a bound book or a separate master index page/control log once received from the pharmacy as well as individual countdown records. Any discrepancy in a shift-to-shift narcotic count must be immediately communicated to the Director of Nursing. During an observation completed on 5/13/26, at 10:15 a.m. the Narcotic Count Record for the Sunflower Unit East Hall Medication Cart revealed the oncoming nurse for the afternoon shift failed to sign the sheet during shift change on 5/10/26. During an interview completed on 5/13/26, at 10:20 a.m. Licensed Practical Nurse (LPN) Employee E4 confirmed the oncoming nurse for the afternoon shift failed to sign the sheet during shift change on 5/10/26. During an observation completed on 5/13/26, at 10:33 a.m. the Narcotic Count Record for the Sunflower Unit [NAME] Hall Medication Cart revealed the oncoming nurse for the day shift failed to sign the sheet during shift change on 5/12/26, and the oncoming nurse for the afternoon shift failed to sign the sheet during shift change on 5/12/26. During an interview completed on 5/13/26, at 10:36 a.m. Registered Nurse (RN) Employee E1 confirmed the oncoming nurse for the day shift failed to sign the sheet during shift change on 5/12/26, and the oncoming nurse for the afternoon shift failed to sign the sheet during shift change on 5/12/26. During an observation completed on 5/13/26, at 2:20 p.m. the Narcotic Count Record for the Dogwood Unit East Hall Medication Cart revealed the oncoming nurse for the day shift failed sign the sheet during shift change on 5/10/26. During an interview completed on 5/13/26, at 2:22 p.m. the Director of Nursing confirmed that the oncoming nurse for the day shift failed sign the sheet during shift change on 5/10/26, and that the facility failed to implement procedures to promote accurate accounting of controlled medications on three of six medication carts reviewed (Sunflower Unit East Hall Medication Cart, Sunflower Unit [NAME] Hall Medication Cart and Dogwood Unit East Hall Medication Cart). 28 Pa Code: 201.18 (b)(1)(3) Management. 28 Pa. Code: 211.12(d)(1)(5) Nursing services		