

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395788	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/26/2024
NAME OF PROVIDER OR SUPPLIER: SUNNYVIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 SUNNYVIEW CIRCLE BUTLER, PA 16001		
STATE LICENSE NUMBER: 970102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to a complaint, completed on December 26, 2024, it was determined that Sunnyview Nursing and Rehabilitation Center was in compliance with the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities; however, the facility was not in compliance with the 28. Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Pennsylvania Department of Health

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P 5520		P 5520		

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	A follow-up review was completed on 12/27/2024 for NA ratio numbers. The Center continues to have retention and recruitment activities in place. Nursing leadership did all things reasonably possible to meet the required ratios through bonuses, day off on another day, split shifts, extra day pay. All unscheduled staff were contacted, and supplemental staffing were contacted to send replacement staff. Ancillary staff were available and assisted in various tasks such as call bell attendant, delivery and removal of meal trays, delivery of water, bed making and performance of other tasks within their scope of practice. There were no negative outcomes to residents. The facility will continue to ensure the schedule reflects the required staffing ratios and address call offs. An off-shift scheduler was hired to perform scheduling duties after hours to maintain ratio. Re-education will be conducted by the NHA/designee to the new Human Resource Director on calculating Ratios. Staff and	Completion Date: 01/14/2025 Status: APPROVED Date: 01/08/2025

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P 5520	Continued from page 2	P 5520	supplemental staffing have been reminded of the importance of them reporting to work as assigned. A weekend Manager program is being implemented, which will add extra monitoring on the weekends. No residents were affected. To monitor and maintain ongoing compliance, the DON/designee will audit 5 staffing sheets x 4 Weeks to ensure CNA ratios are being met on all shifts. Audit results will be reviewed with QAPI Committee meeting monthly to determine the need for further audits.	

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P 5520	Continued from page 3 Based on review of nursing time schedules and staff interviews, it was determined that the facility administrative staff failed to provide a minimum of one nurse aide (NA) per 10 residents during the day shift for two of 14 days (12/20/24, and 12/25/24), one nurse aide per 11 residents on evening shift for two of 14 days (12/23/24, and 12/24/24), and one nurse aide per 15 residents on night shift for three of 14 days (12/15/24, 12/17/24, and 12/25/24). Findings include: Nursing time schedules for the time frame of 12/12/24 through 12/25/24, revealed the following NA staffing shortages. Day shift: 12/20/24 census 212 17.47 present 21.20 required. 12/25/24 census 206 16.33 present	P 5520		

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P 5520	Continued from page 4 20.60 required. Evening shift: 12/23/24 census 204 16.33 present 18.55 required. 12/24/24 census 207 18.27 present 18.82 required. Night shift: 12/15/24 census 212 13.10 present 14.13 required. 12/17/24 census 211 13.13 present 14.07 required. 12/25/24 census 207 13.60 present 13.80 required. During an interview on 12/26/24, at 3:21 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed provide a	P 5520		

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P 5520	Continued from page 5 minimum of one nurse aide (NA) per 10 residents during the day shift for two of 14 days (12/20/24, and 12/25/24), one nurse aide per 11 residents on evening shift for two of 14 days (12/23/24, and 12/24/24), and one nurse aide per 15 residents on night shift for three of 14 days (12/15/24, 12/17/24, and 12/25/24), with no additional excess higher-level staff to compensate this deficiency.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 6 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	A follow-up review was completed on 12/27/2024 for LPN ratio numbers. The Center continues to have retention and recruitment activities in place. Nursing leadership did all things reasonably possible to meet the required ratios through bonuses, day off on another day, split shifts, extra day pay. All unscheduled staff were contacted, and supplemental staffing were contacted to send replacement staff. Ancillary staff were available and assisted in various tasks such as call bell attendant, delivery and removal of meal trays, delivery of water, bed making and performance of other tasks within their scope of practice. There were no negative outcomes to residents. The facility will continue to ensure the schedule reflects the required staffing ratios and address call offs. An off-shift scheduler was hired to perform scheduling duties after hours to maintain ratio. Re-education will be conducted by the NHA/designee to the new Human Resource Director on calculating Ratios. Staff and	Completion Date: 01/14/2025 Status: APPROVED Date: 01/08/2025

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P 5530	Continued from page 7	P 5530	supplemental staffing have been reminded of the importance of them reporting to work as assigned. A weekend Manager program is being implemented, which will add extra monitoring on the weekends. No residents were affected. To monitor and maintain ongoing compliance, the DON/designee will audit 5 staffing sheets x 4 Weeks to ensure LPN Night shift ratios are being met. Audit results will be reviewed with QAPI Committee meeting monthly to determine the need for further audits.	

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P 5530	Continued from page 8 Based on review of nursing time schedules and staff interviews it was determined that the facility administrative staff failed to provide a minimum of one Licensed Practical Nurse (LPN) per 40 residents on night shift for three of 14 days (12/19/24, 12/24/24, and 12/25/24). Findings include: Nursing time schedules for the time frame of 12/12/24 through 12/25/24, revealed the following LPN staffing shortage. Night shift: 12/19/24 census 212 4.67 present 5.30 required. 12/24/24 census 206 4.70 present 5.15 required. 12/25/24 census 207 5.10 present 5.18 required. During an interview on 12/26/24, at 3:21 p.m. the	P 5530		

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P 5530	Continued from page 9 Nursing Home Administrator and Director of Nursing confirmed that the facility failed to provide a minimum of one Licensed Practical Nurse (LPN) per 40 residents on night shift for three of 14 days (12/19/24, 12/24/24, and 12/25/24), with no additional excess higher-level staff to compensate this deficiency.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 10 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	A follow-up review on 12/27/2024 of the nursing schedules and census information. DON/designee completed education with the scheduler to schedule the staffing for 3.20 and above to maintain required PPD. An off-shift scheduler was hired to perform scheduling duties after hours in an attempt to maintain PPD. Nursing supervisors will be educated to make phone calls to replace call offs and no shows. To monitor and maintain ongoing compliance, the DON/designee will audit 5 schedules weekly x 2 weeks to ensure staffing PPD is 3.20 or above. Audit results will be reviewed with QAPI Committee meeting monthly to determine the need for further audits.	Completion Date: 01/14/2025 Status: APPROVED Date: 01/08/2025

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P 5640	Continued from page 11 Based on review of nursing time schedules and staff interviews it was determined that the facility administrative staff failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on four of 14 days (12/14/24, 12/15/24, 12/23/24, and 12/25/24). Findings include: Review of the nursing schedules and census information for 12/12/24 through 12/25/24, revealed that the facility failed to maintain 3.20 hours of general nursing care (PPD) to each resident in a 24-hour period on the following dates: 12/14/24 census 213 PPD 3.10 12/15/24 census 212 PPD 2.99 12/23/24 census 204 PPD 3.11 12/25/24 census 207 PPD 2.95 During an interview on 12/26/24, at 3:21 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility administrative	P 5640		

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P 5640	Continued from page 12 staff failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on four of 14 days (12/14/24, 12/15/24, 12/23/24, and 12/25/24), as required.	P 5640			



Certified End Page

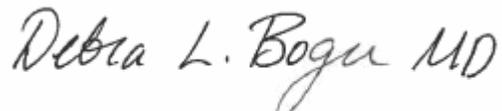
SUNNYVIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 970102

SURVEY EXIT DATE: 12/26/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY