

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395788</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/16/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>SUNNYVIEW NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>107 SUNNYVIEW CIRCLE BUTLER, PA 16001</b>		
STATE LICENSE NUMBER: <b>970102</b>				
(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
K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #970102 Component 02 Skilled Building and Intermediate Building</p> <p>Based on an Abbreviated Survey, as part of a complaint investigation completed on January 16, 2025, it was determined that Sunnyview Nursing and Rehabilitation Center was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a three-story, Type II (222), fire resistive building, with a basement, that is fully sprinklered.</p>	K 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.

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K 0920  SS=F	<p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0920	<p>All resident rooms will be inspected to ensure the electrical power cords and surge protectors are maintained and utilized properly.</p> <p>Letters will be sent to residents and/or responsible representatives informing them of the proper use of electrical power cords/surge protectors within the Center. Staff education will be completed by the Staff Educator/designee of the proper use of electrical power cords/surge protectors.</p> <p>Center audits will be conducted by the Managers/Designee in resident rooms three times per week for one month to ensure the electrical power cords and surge protectors are maintained and utilized properly. Audit findings will be discussed during our Quality Assurance meeting.</p>	<p>Completion Date: <b>02/28/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>01/29/2025</b></p>

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K 0920  SS=F	Continued from page 2  Based on observation and interview, the facility failed to maintain electrical power cords and surge protectors in three of three wings on the second floor.  Findings include:  Observation on January 16, 2025, between 10:05 a.m. and 11:10 a.m., revealed the following electrical power cord deficiencies: A. (10:05 a.m.) Second floor, West Cardinal Wing, resident room 230 had two multi-outlet, two prong extension cords plugged into a receptacle; B. (10:11 a.m.) Second floor, West Cardinal Wing, resident room 231 had multiple surge protectors in use with multi-port timer plugs and other various items plugged in. The facility failed to supply evidence the power strips were adequate for the number and types of devices being powered, and that there was no potential for overloading the outlets; C. (10:15 a.m.) Second floor, West Cardinal Wing, resident room 239 had a multi-outlet, two prong	K 0920		

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K 0920  SS=F	Continued from page 3  extension cord plugged into a receptacle; D. (10:24 a.m.) Second floor, West Cardinal Wing, resident room 238 had a multi-outlet, two prong extension cord plugged into a receptacle; E. (10:29 a.m.) Second floor, East Cardinal Wing, resident room 243 had a cord with damaged insulation for the adjustable hospital bed; F. (10:30 a.m.) Second floor, East Cardinal Wing, resident room 245 had two two-prong extension cords plugged into a power strip. Additionally, the facility failed to supply evidence the power strips were adequate for the number and types of devices being powered and that there was no potential for overloading the outlets; G. (10:35 a.m.) Second floor, East Cardinal Wing, resident room 248 had a three prong to two prong adapter in use; H. (10:38 a.m.) Second floor, East Cardinal Wing, resident room 252 had an extension cord plugged into an outlet; I. (10:40 a.m.) Second floor, East Cardinal Wing, resident room 249 had damaged cord insulation for the adjustable hospital bed;	K 0920		

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K 0920  SS=F	Continued from page 4  J. (10:43 a.m.) Second floor, South Cardinal Wing, resident room 207 had an extension cord plugged into an outlet; K. (10:45 a.m.) Second floor, South Cardinal Wing, resident room 205 had a surge protector plugged into a surge protector. Additionally, the facility failed to supply evidence the power strips were adequate for the number and types of devices being powered and that there was no potential for overloading the outlets.  Interview with the maintenance director on January 16, 2025, at 10:45 a.m., confirmed the power cord and surge protector deficiencies at the time of the survey.	K 0920		



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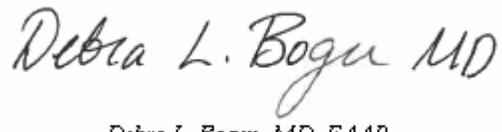
**SUNNYVIEW NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 970102**

**SURVEY EXIT DATE: 01/16/2025**

**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