

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395788</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/30/2025</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>				
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F 0000	INITIAL COMMENT  Based on an Abbreviated Survey in response to a complaint, completed on January 30, 2025, 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	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. Employment advertisement will be placed in our local newspaper of the opportunities at the Center. We call 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. A nurse aid class is starting on 2/17/2025 that has 10 students participating. 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. Staff and supplemental staffing have been reminded of the importance of them	Completion Date: <b>02/25/2025</b> Status: <b>APPROVED</b> Date: <b>02/14/2025</b>

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P 5520	Continued from page 2	P 5520	reporting to work as assigned. A weekend Manager program has been 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 day and night 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 schedules, nursing staffing documents and staff interview, it was determined that the facility failed to provide the State required minimum of one nurse aide per 10 residents during the day shift and one nurse aide per 15 residents on the overnight shift.  Findings include:  A review of 3-week nurse staffing schedules (1/7/25, through 1/27/25,) did not include the State required minimum of one Nurse Aide (NA) per 10 residents on the daylight shift for the following days: 1/26/25, needed 154.50 had 140.75. Census was 206.  A review of 3-week nurse staffing schedules (1/7/25, thru 1/27/25,) did not include the State required minimum of one nurse aid per 15 residents on the overnight shift for the following days: 1/26/25, needed 104.00 had 78.25. Census was 208.	P 5520		

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P 5520	Continued from page 4  During an interview on 1/30/25, at 2:42 p.m. the Director of Nursing confirmed that the facility failed to provide the State required minimum of one nurse aide per 10 residents during the day shift and one nurse aide per 15 residents on the overnight shift.	P 5520			
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P 5530	Continued from page 5  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	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, ect. 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. The facility will continue to ensure the schedule reflects the required staffing ratios and address call offs. LPN students are doing their clinical rotations on-site in efforts to recruit for employment. An off-shift scheduler was hired to perform scheduling duties after hours to maintain ratio. Employment advertisement will be placed in our local newspaper of the opportunities at the Center. Staff and supplemental staffing have been reminded of the importance of them reporting to work	Completion Date: <b>02/25/2025</b> Status: <b>APPROVED</b> Date: <b>02/14/2025</b>

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P 5530	Continued from page 6	P 5530	as assigned. A weekend Manager program has been 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 7  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 the night shift for 2 of 21 days (1/25/25, and 1/26/25,).  Findings include:  Review of the nursing schedules and census information for 1/7/25, through 1/27/25, revealed that the facility failed to meet the following:  1/25/25, needed 39.56 had 30.50. Census was 211. 1/26/25, needed 39.00 had 31.25. Census was 208.  During an interview on 1/30/25, at 2:42 p.m. the Director of Nursing confirmed that the facility failed to provide a minimum of one licensed practical nurse (LPN) per 40 residents on the night shift for 2 of 21	P 5530		

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P 5530	Continued from page 8  days (1/25/25, and 1/26/25,).	P 5530		
P 5640	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	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. Employment ads will be placed in the local newspaper. 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: <b>02/25/2025</b> Status: <b>APPROVED</b> Date: <b>02/14/2025</b>

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P 5640	Continued from page 9  Based on a review of nursing time schedules and staff interview it was determined that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident for 2 out of 21 days reviewed (1/7/25, through 1/27/25,) as required.  Findings include:  Review of staffing documents and nurse schedules for 3 weeks (1/7/25 - 1/27/25) indicated that required PPD minimum hours of 3.20 was not met on the following days: 1/25/25 had 2.99 1/26/25 had 2.74  During an interview on 1/30/25, at 2:42 p.m. the Director of Nursing confirmed that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident for 2 out of 21 days reviewed (1/7/25, through 1/27/25,) as required.	P 5640		



# Certified End Page

**SUNNYVIEW NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 970102**

**SURVEY EXIT DATE: 01/30/2025**

**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