



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>03/05/2025</b>
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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
P 5640	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<p>DON/designee completed education with the scheduler to schedule the staffing for 3.20 and above to maintain required PPD. An off-shift scheduler will be reeducated on after hours call ins 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.</p>	<p>Completion Date: <b>03/19/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>03/17/2025</b></p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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>03/05/2025</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>		
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P 5640	Continued from page 1  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 on three of six days ( 2/28/25, 3/1/25 and 3/2/25).  Findings include:  Review of staffing documents and nursing staff schedules from 2/25/25 through 3/2/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following days:  2/28/25= 3.12 PPD. 3/1/25= 2.87 PPD. 3/2/25= 2.97 PPD.  During an interview on 3/5/25, at 12:50 p.m. the Director of Nursing confirmed that the facility failed to provide a minimum of 3.20 PPD hours of direct care on the above dates as required.	P 5640		



# Certified End Page

**SUNNYVIEW NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 970102**

**SURVEY EXIT DATE: 03/05/2025**

**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