

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>03/18/2025</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
F 0000	INITIAL COMMENT  Based on an Abbreviated Survey in response to two complaints, completed on March 18, 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.

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P 5520		P 5520		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:
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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. We call unscheduled staff and supplemental staffing agencies to provide addition staff when shortages are noted. 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. An off-shift scheduler was hired to perform scheduling duties after hours to maintain ratio. 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	Completion Date: <b>04/01/2025</b> Status: <b>APPROVED</b> Date: <b>03/28/2025</b>

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P 5520	Continued from page 2	P 5520	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 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 21 days (3/8/25, and 3/9/25), one nurse aide per 11 residents on evening shift for one of 21 days (3/10/25), and one nurse aide per 15 residents on night shift for four of 21 days (3/6/25, 3/8/25, 3/12/25, and 3/14/25).  Findings include:  Nursing time schedules for the time frame of 2/25/25 through 3/17/25, revealed the following NA staffing shortages.  Day shift:  3/8/25      census 204      18.23 present      20.40 required. 3/9/25      census 204      19.10 present      20.40 required.	P 5520		

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P 5520	Continued from page 4  Evening shift:  3/10/25 census 204 17.50 present 18.55 required.  Night shift:  3/6/25 census 209 12.97 present 13.93 required. 3/8/25 census 205 13.30 present 13.67 required. 3/12/25 census 206 12.90 present 13.73 required. 3/14/25 census 207 11.90 present 13.80 required.  During an interview on 3/18/25, at 2:45 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of one nurse aide (NA) per 10 residents during the day shift for two of 21 days (3/8/25, and 3/9/25), one nurse aide per 11 residents on evening shift for one of 21 days (3/10/25), and one nurse aide per 15 residents on	P 5520		

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P 5520	Continued from page 5  night shift for four of 21 days (3/6/25, 3/8/25, 3/12/25, and 3/14/25), with no additional excess higher-level staff to compensate this deficiency.	P 5520			



# Certified End Page

**SUNNYVIEW NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 970102**

**SURVEY EXIT DATE: 03/18/2025**

**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