

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: 07/08/2025
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 July 8, 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, which met on 7.16.2025. Nursing leadership did all things reasonably possible to meet the required ratios through bonuses, day off on another day, split shifts. We call /text 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. Our Human Resource Clerk is scheduled to attend the Career link job fair and meet with the organizer on 7/21/25. An off-shift scheduler continues to perform scheduling duties after hours to maintain ratio. Staff and supplemental staffing have been reminded of the importance of them reporting to work as assigned. A weekend Manager program has	Completion Date: 07/29/2025 Status: APPROVED Date: 07/17/2025

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P 5520	Continued from page 2	P 5520	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 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 one of 21 days (6/15/25), one nurse aide per 11 residents on evening shift for five of 21 days (6/20/25, 6/22/25, 6/27/25, 6/28/25, and 6/29/25), and one nurse aide per 15 residents on night shift, on two of 21 days (6/15/25 and 6/22/25). Findings include: Review of facility census data and nursing time schedules from 6/15/25 through 7/5/25, revealed the following NA staffing shortages. Day Shift: Date Census Full Time Equivalent (FTE) Present FTE Required 6/15/25 213 17.20 21.30	P 5520		

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P 5520	Continued from page 4 Evening Shift: <table border="1"> <thead> <tr> <th>Date</th> <th>Census</th> <th>FTE Present</th> <th>FTE Required</th> </tr> </thead> <tbody> <tr> <td>6/20/25</td> <td>216</td> <td>18.37</td> <td>19.64</td> </tr> <tr> <td>6/22/25</td> <td>218</td> <td>19.30</td> <td>19.82</td> </tr> <tr> <td>6/27/25</td> <td>213</td> <td>18.80</td> <td>19.36</td> </tr> <tr> <td>6/28/25</td> <td>213</td> <td>17.87</td> <td>19.36</td> </tr> <tr> <td>6/29/25</td> <td>213</td> <td>17.73</td> <td>19.36</td> </tr> </tbody> </table> Night Shift: <table border="1"> <thead> <tr> <th>Date</th> <th>Census</th> <th>FTE Present</th> <th>FTE Required</th> </tr> </thead> <tbody> <tr> <td>6/15/25</td> <td>213</td> <td>13.00</td> <td>14.20</td> </tr> <tr> <td>6/22/25</td> <td>217</td> <td>13.30</td> <td>14.47</td> </tr> </tbody> </table> During an interview on 7/8/25 at 11:16 a.m. the Director of Nursing confirmed that the facility failed to provide a minimum of one nurse aide per 10 residents during the day shift, one nurse aide per 11	Date	Census	FTE Present	FTE Required	6/20/25	216	18.37	19.64	6/22/25	218	19.30	19.82	6/27/25	213	18.80	19.36	6/28/25	213	17.87	19.36	6/29/25	213	17.73	19.36	Date	Census	FTE Present	FTE Required	6/15/25	213	13.00	14.20	6/22/25	217	13.30	14.47	P 5520		
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P 5520	Continued from page 5 residents on evening shift, and one nurse aide per 15 residents on night shift as required 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	The Center continues to have retention and recruitment activities in place which met on 7/16/2025. 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. Our Human Resource Clerk is scheduled to attend the Career link job fair and meet with the organizer on 7/21/25. 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 reporting to work as assigned. A weekend Manager program has been	Completion Date: 07/29/2025 Status: APPROVED Date: 07/17/2025

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P 5530	Continued from page 7	P 5530	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	<p>Continued from page 8</p> <p>Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 25 residents during the day shift on one of 21 days (6/21/25), and one LPN per 40 residents during the night shift on two of 21 days (6/27/25 and 7/5/25).</p> <p>Findings include:</p> <p>Review of facility census data and nursing time schedules from 6/15/25 through 7/5/25, revealed the following LPN staffing shortages.</p> <p>Day Shift:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Full Time Equivalents (FTE)</th> </tr> </thead> <tbody> <tr> <td>Present</td> <td>FTE Required</td> <td></td> </tr> <tr> <td>6/21/25</td> <td>216</td> <td>6.23</td> </tr> <tr> <td></td> <td>8.64</td> <td></td> </tr> </tbody> </table> <p>Night Shift:</p>	Date	Census	Full Time Equivalents (FTE)	Present	FTE Required		6/21/25	216	6.23		8.64		P 5530		
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Date	Census	FTE Present	FTE Required													
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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	DON/designee completed education with the scheduler to schedule the staffing for 3.20 and above to maintain required PPD. An off-shift scheduler continues 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: 07/29/2025 Status: APPROVED Date: 07/17/2025

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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 nine of 21 days (6/15/25, 6/20/25, 6/21/25, 6/22/25, 6/23/25, 6/25/25, 6/28/25, 6/29/25, and 7/2/25). Findings include: Review of facility census data and nursing time schedules from 6/15/25 through 7/5/25, 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: <table border="1"> <thead> <tr> <th>Date</th> <th>Census</th> <th>PPD</th> </tr> </thead> <tbody> <tr> <td>6/15/25</td> <td>213</td> <td>2.77</td> </tr> <tr> <td>6/20/25</td> <td>216</td> <td>3.02</td> </tr> <tr> <td>6/21/25</td> <td>217</td> <td>2.82</td> </tr> <tr> <td>6/22/25</td> <td>218</td> <td>2.72</td> </tr> <tr> <td>6/23/25</td> <td>218</td> <td>3.18</td> </tr> </tbody> </table>	Date	Census	PPD	6/15/25	213	2.77	6/20/25	216	3.02	6/21/25	217	2.82	6/22/25	218	2.72	6/23/25	218	3.18	P 5640		
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P 5640	Continued from page 12 6/25/25 218 3.13 6/28/25 213 2.89 6/29/25 213 2.86 7/2/25 209 3.10 During an interview on 7/8/25, at 11:16 a.m. the Director of Nursing confirmed that the facility failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on nine of 21 days as required.	P 5640			



Certified End Page

SUNNYVIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 970102

SURVEY EXIT DATE: 07/08/2025

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