

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Advanced Care Center of Butler		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Technology Drive Butler, PA 16001	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure the activities program is directed by a qualified professional.</p> <p>36115</p> <p>Based on a review of facility documents and staff interviews it was determined that the facility failed to provide a qualified professional to direct the activities program for three of three months (9/24, 10/24, and 11/24).</p> <p>Findings include:</p> <p>During an interview on 11/6/24, at 11:30 am the Interim Nursing Home Administrator and Executive Director Employee E2 confirmed that the facility's Activities Director was a former Certified Nurse Assistant (CNA) (CNA Employee E3) that the facility promoted to the Activities Director position. The Interim Nursing Home Administrator also confirmed that CNA Employee E3 had been enrolled in course work to obtain certification to become a Activity Professional.</p> <p>The facility failed to provide documented evidence that CNA Employee E3 is licensed or registered by the State as an Activity Professional, is eligible for certification as a therapeutic recreation specialist, has two years of experience within the last 5 years one of which was full time in a therapeutic activities program, a qualified occupational therapist or occupational therapy assistant.</p> <p>A review of facility documents revealed an invoice from the National Certification Council of Activities Professionals indicated that on 9/20/24, CNA Employee E3 was enrolled in coursework of Standardized Curriculum for Activity Professional Certification.</p> <p>During an interview on 11/15/24, at 1:58 pm the Interim Nursing Home Administrator confirmed that CNA Employee E3 failed to regulation requirements for the position of Activities Director and the facility failed to provide a qualified professional to direct the facility's activities department.</p> <p>PA Code: 201.18(b)(3) Management</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 396149	Facility ID: 396149 If continuation sheet Page 1 of 3

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>36115</p> <p>Based on a review of facility staffing documents and staff interviews, it was determined that the facility failed designate a registered nurse (RN) as the director of nursing on a full time basis for three of three weeks. (10/20/24 - 10/26/24, 10/27/24 - 11/2/24, and 11/3/24 - 11/9/24).</p> <p>Findings include:</p> <p>During an interview on 11/6/24, at 9:00 am Registered Nurse (RN) Employee E6 confirmed that the Director of Nursing was assigned to function as a staff nurse and provide direct resident care on this date and was not functioning as the Director of Nursing (DON).</p> <p>A review of the facility's staff deployment sheets provided by the facility revealed that the Director of Nursing was assigned to provide direct resident care as follows:</p> <p>* week of 10/20/24, through 10/26/24, assigned as a staff nurse on 10/20/24 resulting in failing to function as a full time Director of Nursing for this time period</p> <p>* week of 10/27/24, through 11/2/24, assigned as a staff nurse on 10/31/24 and 11/2/24, resulting in failing to function as a full time Director of Nursing for this time period.</p> <p>* week of 11/3/24, through 11/9/24, assigned as a staff nurse on 11/3/24, 11/5/24, 11/6/24, and 11/7/24, resulting in to function as a full time Director of Nursing for this time period.</p> <p>During an interview on 11/15/24, at 1:58 pm the Interim Nursing Home Director confirmed that on 10/20/24, 10/31/24, 11/2/24, 11/3/24, 11/5/24, 11/6/24, and 11/27/24, the Director of Nursing was assigned to duties associated with a staff nurse and providing direct residnet care which resulted in the facility failing to have a full time Director of Nursing as required.</p> <p>PA Code: 211.12(b)(c) Nursing services</p>		

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<p>F 0844</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>36115</p> <p>Based on a review of regulations, documents submitted to the State agency and staff interviews it was determined that the facility failed to notify the State agency of a change in the facility's Nursing Home Administrator (NHA) at the time of the change.</p> <p>Findings include:</p> <p>42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities, section 483.70 (k) (2) indicates: The facility must provide written notice to the State Agency responsible for licensing the facility at the time of change, if a change occurs in (iv) the facility's administrator or director of nursing.</p> <p>During a file review on 11/5/24, it was revealed that the Nursing Home Administrator (NHA) was NHA Employee E4.</p> <p>During an interview on 11/6/24, at 9:00 am Registered Nurse Employee E6 confirmed that NHA Employee E4 was on a medical leave of absence and that the administrator for the facility was Interim NHA Employee E5.</p> <p>During an interview on 11/6/24, at 11:30 am Interim NHA Employee E5 confirmed that she was the facility's NHA due to the medical leave of absence of NHA Employee E4</p> <p>A review of a facility letter dated 11/11/24, revealed that the facility in this letter was notifying the State Agency of the change in Administration. The letter indicated that NHA Employee E4 began a medical leave of absence on 10/24/24, at which time Interim NHA Employee E5 became the facility's administrator.</p> <p>During an interview on 11/15/24, at 1:58 pm Interim NHA Employee E5 confirmed that on 11/11/24, the facility notified by written letter the State Agency of the change of administrators which failed to meet the requirement of notification at the time of the change.</p> <p>PA Code: 201.14(a) Responsibility of licensee.</p>		