

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Birchwood Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 12th St Sarasota, FL 34237	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37256</p> <p>Based on observation and interview, the facility failed to provide housekeeping and maintenance services to ensure a clean, sanitary and comfortable environment for 4 (Rooms #210, #214, #115, #110) of 13 rooms observed, 1(200 hall) of 4 halls observed, and 1 (Resident #1) of 3 residents interviewed.</p> <p>The findings included:</p> <p>1. During a tour of the facility on 3/6/25, multiple environmental issues were observed with wallpaper, flooring, cove base, and walls including:</p> <p>Floors in the activity room in the 200 hall were stained and cracked.</p> <p>photographic evidence obtained</p> <p>room [ROOM NUMBER] had cove base missing and peeling away from the walls.</p> <p>photographic evidence obtained</p> <p>Handrail in the 200 hall had a dried black substance on it.</p> <p>photographic evidence obtained</p> <p>Common hallways had peeling wallpaper with orange discoloration in spots.</p> <p>photographic evidence obtained</p> <p>room [ROOM NUMBER]'s wall was cracking, missing plaster and paint, cove based peeling from wall in which someone had placed a screw to hold it in.</p> <p>photographic evidence obtained</p> <p>rooms [ROOM NUMBERS] with dirty scuffed walls.</p> <p>photographic evidence obtained</p> <p>(continued on next page)</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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Corners and crevices where the floors meet the walls/cove base with caked in imbedded dirt. photographic evidence obtained</p> <p>2. On 3/6/25 at 10:15 a.m., in an interview Resident #1 said his bed did not work properly and had been that way since he came to the facility a few months prior. He explained the control to move the head of the bed up and down did not work and he had to get of bed, get to his walker at the foot of the bed, where he could sit on his walker and adjust the bed with the buttons on the footboard of the bed. He said it was difficult for him. Resident #1 said he had told many staff and everyone knew about it. At this time, it was observed the remote to operate the bed was between the mattress and the foot board. The cord was wadded up and the control was hanging towards the floor at the foot of the bed.</p> <p>The control was not working and did not adjust the bed's position.</p> <p>Resident #1 said he had asked multiple people, including the Administrator to clean it . Everyone said they'd send someone right back, but it had never been cleaned.</p> <p>photographic evidence obtained</p> <p>On 3/6/25 at 10:17 a.m., Certified Nurse Assistant (CNA) Staff A was observed entering Resident #1's room. In an interview he said the bed control had been broken at least 2-3 days. He attempted to use the controller. He wiggled and moved the cord around, he was able to get the foot of the bed to move, but not the head. When asked if he had reported the issue, he said Maintenance said they replaced the bed.</p> <p>On 3/6/25 at 10:39 a.m., in an interview the Maintenance Director said he didn't know Resident #1's bed control was not working. The Maintenance Director went to Resident #1's room and used the bed control to raise the head of the bed. He was not able to lower the head of the bed with the control. The Maintenance Director removed the bed control and said he'll look into it.</p> <p>On 3/6/25 at 12:00 p.m., in an interview the Administrator verified the environmental concerns. He said he was not aware of the problem with Resident #1's bed. He thought staff had been entering work orders in their computerized work order program, but apparently the process hadn't been working.</p>