

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 02/12/2026
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview and facility policy the facility failed to ensure the safe storage of medications for 3 (Residents #1, #2, and #3) of 3 residents observed with unsecured medications at bedside. The findings included: On 2/11/26 at 10:08 a.m., during the initial tour of the facility, and on 2/12/26 at 9:10 a.m., observation of Resident #1's room revealed a bottle of Melatonin 10 mg (milligrams) gummies and a bottle of (brand name) eye vitamins soft gels stored unlocked on the resident's nightstand. Photographic evidence obtained On 2/12/26 at 9:26 a.m., in an interview Licensed Practical Nurse (LPN) Staff B said the medications should not be on the resident's nightstand. She said medications should be locked in the medication cart at all times. On 2/11/25 at 9:05 a.m. during initial tour of the facility, and on 2/12/26 at 9:06 a.m., observation of Resident #2's room revealed a bottle of Allergy Nasal Mist Oxymentazoline HCl 0/05% nasal decongestant stored unsecured on the resident's overbed table. Photographic evidence obtained On 2/12/26 at 9:08 a.m., in an interview LPN Staff B said she was unaware the resident had the medication at bedside. She said the medication should not be stored on the resident's overbed table and should be locked in the medication cart at all times. On 2/11/26 at 9:49 a.m., during initial tour of the facility, and on 2/12/26 at 8:54 a.m., observation of Resident #3's room revealed a bottle of Antacid Extra Strength Tablets, a box of Aspirin Pain Reliever/Caffeine/Pain Reliever Aid Arthritis Powder and a bottle of vaporizing rub stored unlocked on the resident's overbed table. Photographic evidence obtained On 2/12/26 at 8:58 a.m., in an interview LPN Staff C said the medications should not be in the resident's room. She said the medications should be locked in the medication cart. On 2/12/26 at 1:32 p.m. in an interview the Assistant Director of Nursing (ADON) said medications should not be in any resident's room. She said if the resident has an order to self-administer medications they should be locked in a box in the resident's room. If the resident does not have an order to self-administer medications, the medications should be locked in the medication cart. On 2/12/26 at 2:09 p.m., in an interview the Director of Nursing (DON) said medications should never be left in a resident's room unlocked. She said medications should be locked at all times. Review of the facility's policy Medication Storage and Labeling issued 3/21, revised 1/24 documented Guideline: The facility stores all drug and biologicals in a safe, secure and orderly manner. Procedure: 1) Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications. 6) Compartments (including, but not limited to drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use. Unlocked medication carts are never left unattended.</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: 105389	Facility ID: 105389