

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 08/07/2025
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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. (continued on next page)

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, record review and interview, the facility failed to provide appropriate treatment and services to prevent the decline in range of motion for 1 (Resident #31) of 2 residents reviewed with limited range of motion. The findings included: Review of the facility's policy and procedure titled, Standards and Guidelines: ADL (Activities of Daily Living) Care and Services with a revised date of 01/2024 revealed, Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with . splint/brace. On 8/4/25 at 10:50 a.m., Resident #31 was observed with right hand/wrist contracture (Fingers permanently flexed towards the palm). Resident #31 was not able to answer interview questions. Review of the clinical record for Resident #31 revealed an admission date of 1/4/23. Diagnoses included hemiplegia (paralysis of one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting right dominant side and age-related cognitive decline. Review of the Quarterly Minimum Data Set (MDS) assessment with a target date of 5/9/25 revealed Resident #31's cognitive skills for daily decision making were severely impaired. Resident #31 was rarely/never understood. Resident #31 had functional limitation in range of motion of the upper and lower extremities on one side and was dependent on staff for activities of daily living. The MDS noted Resident #31 did not receive passive/ active range of motion or splint or brace assistance for at least 15 minutes in the last 7 calendar days. The care plan initiated on 4/3/24 noted Resident #31 required assistance with ADL care related to multiple factors including weakness, decreased mobility, history of CVA (stroke) with right hemiparesis, aphasia (language disorder that affects a person's ability to communicate). The goal was for the resident to maintain and/or improve current level of function. The interventions initiated on 3/3/25 and revised on 5/27/25 included passive range of motion and splint/brace application. Encourage and assist resident to participate with donning and doffing of right wrist splint/brace. Apply splint in PM (afternoon) after PROM (passive range of motion) performed and remove in AM (morning) followed by PROM (passive range of motion) as tolerated. The care plan specified the resident may remove device per preference. Review of the physician's orders revealed an order dated 5/19/25 for, PROM and Splint/Brace application: Encourage and assist resident to participate with donning and doffing of right wrist splint/brace. Apply splint in PM after PROM performed and remove in AM followed by PROM as tolerated. Review of the Certified Nursing Assistant (CNA) Kardex (provides instructions for care) revealed, ADLs/Restorative Care. PROM and splint/brace application: Encourage and assist resident to participate with donning and doffing of right splint/brace. Apply splint/brace in PM after PROM performed and remove in AM followed by PROM as tolerated. Monitor skin surfaces under device and notify physician of abnormal findings. The resident may remove device per preference. On 8/6/25 at 1:10 p.m., in an interview CNA Staff F said Resident #31's right hand and wrist were contracted. He said Resident #31 was receiving Rehabilitation Therapy about 3-4 months ago. CNA Staff F said he was trained on PROM and splint care for Resident #31. The CNA said Resident #31 did not have anything in place for the right wrist at this time. Staff F said Resident #31 has a lot of pain when he moves his hand. On 8/6/25 at 1:15 p.m., Licensed Practical Nurse (LPN) Staff A said she was not aware of any splinting device for Resident #31's contracted right hand. On 8/7/25 at 4:21 p.m., in an interview LPN Staff A said CNAs check the Kardex every day to find out about their residents. She said the nurses were responsible for making sure the CNAs are following the Kardex. On 8/7/25 at 4:25 p.m. in an interview LPN Staff G said PROM and splinting devices are reviewed at care plan meetings. LPN Staff G said the nurses are responsible for PROM and splint/brace application documentation on the Treatment Administration Record (TAR). Review of the TAR from 5/19/25 through 8/7/25 failed to reveal documentation of PROM or that the Splint was applied to Resident #31's right wrist as ordered. On 8/7/25 at 9:21 a.m., in an interview the Director of Nursing (DON) verified Resident #31 had an order dated 5/19/25 for passive range of motion and splint application to the right wrist. She verified the lack of documentation Resident #31 received the range of motion or the splint was applied to the resident's right wrist as ordered.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>Based on record review and staff interviews the facility failed to ensure a Registered Nurse (RN) provided services for 8 consecutive hours for 2 of 14 days of staffing reviewed (7/20/25 and 7/27/25). The findings included: Review of the facility provided form Calculating state Minimum Nursing Staff for Long Term Care Facilities for 7/20/25 through 8/2/25 revealed on 7/20/25 and 7/27/25 the facility fell below the required 8 consecutive hours worked for Registered Nurse. The form noted: On 7/20/25, the number of Registered Nurse hours worked was 7.87 hours. On 7/27/25, the number of Registered Nurse hours worked was 5.42 hours. On 8/7/2025 at 12:58 p.m., in an interview Labor Coordinator Staff D said the facility has a Registered Nurse 8 hours a day and provided Registered Nurse Staff E's time sheet for 7/19/25, 7/20/25, and 7/27/25. Review of Registered Nurse Staff E's time sheets revealed on 7/19/25 RN Staff E clocked in at 2:47 p.m., and clocked out on 7/20/25 at 7:06 a.m. The total number of hours worked on 7/20/25 from 12:00 a.m. to 7:06 a.m. were 7 hours and 6 minutes. On 7/27/2025, RN Staff E clocked in at 5:35 p.m. and clocked out on 7/28/2025 at 7:37 a.m. The total number of RN hours worked on 7/27/2025 was 6 hours and 25 minutes. On 8/7/2025 at 1:56 p.m., in an interview Labor Coordinator Staff D said no other RN worked on 7/20/25 and 7/27/25. She confirmed there were no call offs for those days. She said it was a mistake. On 8/7/2025 at 3:50 p.m., in an interview the Nursing Home Administrator verified the number of RN hours worked on 7/20/25 and 7/27/25 fell below the required 8 consecutive hours. He said he needed to speak to the scheduler and come up with a plan. He said they needed to change the way they do scheduling to accommodate the rates to meet the resident's needs.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observations, interviews and records review the facility failed to ensure expired medications were removed from 2 (Colonial 1 and Heritage) of 4 medication carts reviewed for medication storage. The findings included: Review of facility Standards and Guidelines: Medication Administration policy (last revised 1/2024) states the expiration/beyond use date on the medication label is checked prior to administering. On 8/5/2025 at 9:00 a.m., observation of the Colonial 1 medication cart revealed one bottle of Acetaminophen with an expiration date of 5/2025. Photographic evidence obtained. On 8/5/2025 at 9:28 a.m., observation of the Heritage medication cart revealed one bottle of Lorazepam topical gel 0.5 milligram per milliliter for Resident #4. The packaging specified, Do not use after 7/10/25. Photographic evidence obtained. On 8/5/25 in an interview the Director of Nursing said there should not be expired medications in the medication carts. She said they check the medication carts on Sundays and will have to work on following through with the medication carts checks.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observations, record review and interviews, the facility failed to ensure a medication error rate below 5%. The facility medication error rate was 8% out of 25 opportunities. Review of facility Standards and Guidelines: Medication Administration policy (last revised 1/2024) states medications are administered in accordance with prescriber orders, including any required time limit. The policy further states if a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's Attending Physician or the facility's Medical Director to discuss the concerns. Review of facility Standards and Guidelines: Physician Orders policy (last revised 1/2024) states Physician orders should be followed as prescribed, and if not followed, this should be recorded in the resident's medical record during that shift. The physician should be notified and the responsible party if indicated. On 8/6/25 at 9:15 a.m., Licensed Practical Nurse (LPN) Staff A was observed administering 6 different medications to Resident #22, including: One tablet of Metoprolol Succinate ER (Extended release 24 Hour), 25 milligrams. One tablet of Klor-Con M20 (Potassium Chloride Extended Release). LPN Staff A crushed both extended release medications, mixed them in pudding and administered them to the resident. Review of the physician's orders revealed the following instructions, May crush or dilute medications as needed unless contraindicated. According to Drugs.com, extended-release tablet crushing is contraindicated and crushing may lead to the medicine being released too early. On 8/7/2025 at 10:02 a.m., the Consultant Pharmacist was asked about the may crush or dilute medications as needed unless contraindicated for the 2 medications. The Consultant Pharmacist said they are crushing them? Yes, they should not be doing that. The Consultant Pharmacist said that would be a contraindication. On 8/7/2025 at 10:24 a.m., the Director of Nursing said they are not allowed to crush extended-release tablets. When informed the Metoprolol and Potassium extended-release tablets were crushed, she said neither of the medications should be crushed. She said they should have got different orders. She said, sometimes we can get a capsule or liquid or a tablet we can give more often. She said those two medications should not have been crushed.</p>		