STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395651	A. Building B. Wing	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Birchwood Rehabilitation & Healthcare Center	395 Middle Road Nanticoke, PA 18634

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48276 Based on a review of clinical records, select facility policy, observations and staff interview it was determined the facility failed to ensure the resident environment was free from potential accident hazards for two out of two nursing units observed (100 and 200 halls). Findings included: A review of facility policy titled Self-Administration of Medications, last revised February 2021, revealed residents have the right to self-administer medication if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. The policy indicates that if it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. A clinical record review revealed Resident 1 was admitted to the facility on [DATE], with diagnoses that included diabetes (a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces). During an observation on December 10, 2024, at 8:53 AM, in resident room [ROOM NUMBER], a white plastic cup was observed with one white tablet on Resident 1's bedside table. Resident 1 was observed sitting near the table eating breakfast. A clinical record review revealed Resident 4 was admitted to the facility on [DATE], with diagnoses that include cirrhosis (a chronic liver disease that occurs when healthy liver tissue is replaced by scar tissue, making it difficult for the liver to function). During an observation on December 10, 2024, at 9:16 AM, in resident room [ROOM NUMBER], a white plastic cup was observed with 5 different colored pills on Resident 4's bedside table. Resident 4 was observed standing near the bedside table talking on her phone. A clinical record review revealed no documented evidence that Resident 1 or Resident 4 were assessed or deemed safe and/or appropriate to self-administer medication. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on December 10, 2024, at approximately 12:30 PM, the Director of Nursing (DON) confirmed there was no documented evidence that Residents 1 and 4 were assessed or deemed safe and/or appropriate to self-administer medication. The DON confirmed that Residents 1 and 4's medication should not have been left at their bedside tables as licensed nurse were to administer medications and was an accident hazard. The DON confirmed that it is the facility's responsibility to ensure the environment is free from potential accident hazards. The facility failed to maintain the residents' environment free of potential accident hazards by leaving medications accessible to residents at their bedside which allows accidental consumption to other residents. 28 Pa. Code 201.18 (b)(1) Management. 28 Pa. Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12 (c)(d)(1)(5) Nursing services.