

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2025
NAME OF PROVIDER OR SUPPLIER  Birchwood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records, select facility policy, and staff interview it was determined the facility failed to evaluate nutrition and hydration requirements to ensure acceptable parameters of nutritional status and hydration status to the extent possible for one resident out of 12 sampled (Resident A1).</p> <p>Findings include:</p> <p>Review of the facility Nutritional Assessment Policy last reviewed March 13, 2025, a nutritional assessment, including current nutritional status and risk factors for impaired nutrition, shall be conducted for each resident. The dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission (within current baseline assessment timeframes) and as indicated by a change in condition that places the resident at risk for impaired nutrition. The nutritional assessment will be conducted by the multidisciplinary team and shall identify at least the following components: usual body weight, current weight and height, description of the resident's usual intake and appetite, current clinical conditions and recent events that may have affected a resident's nutritional status and risk factors, current laboratory results related to fluid and electrolyte status, an estimate of calorie, protein, nutrient and fluid needs, and whether the resident's current intake is adequate to meet his or her nutritional needs.</p> <p>Review of the facility Resident Hydration and Prevention of Dehydration Policy last reviewed March 13, 2025, the facility will strive to provide adequate hydration and to prevent and treat dehydration. The dietitian will assess all residents for hydration as part of the comprehensive assessment, at least quarterly, and more often as necessary per resident need. Minimum fluid needs will be calculated and documented on initial, annual, and significant change assessments, using current standards of practice. The dietitian and nursing staff will educate the resident and family regarding hydration and preventing dehydration. Nurses will assess for signs and symptoms of dehydration during daily care. Nurses' aides will provide and encourage intake of bedside, snack, and meal fluids, on a daily and routine basis as part of daily care. Intake will be documented in the medical records. Aides will report intake of less than 1200 ml/day to nursing staff. If potential inadequate intake and/or signs and symptoms of dehydration are observed, intake and output monitoring will be initiated and incorporated into the care plan. The physician will be notified. Orders for medications that may exacerbate dehydration (e.g. diuretics) will be reviewed and held if medically appropriate. If laboratory results are consistent with actual dehydration, the physician may initiate IV (intravenous- administered into a vein) hydration. Hospitalization will be recommended, as necessary.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the clinical record revealed that Resident A1 was admitted to the facility on [DATE], with diagnoses which included dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from disease of the brain) and chronic obstructive pulmonary disease (COPD-group of lung diseases that block airflow and make it difficult to breathe).</p> <p>Further review of the clinical record at the time of the survey ending June 17, 2025, revealed no documented evidence that a complete nutritional assessment was completed by the registered dietitian to evaluate the nutritional and hydration needs and nutritional risk for Resident A1 who was admitted to the facility on [DATE].</p> <p>Review of a physician order dated May 2, 2025, noted an order for Lasix (a diuretic or known as water pill) 20 mg one tablet by mouth once daily for edema (collection of fluid in the tissues of the body).</p> <p>Review of the resident's May Medication Administration Record revealed the prescribed Lasix 20 mg was administered from May 2, 2025, through May 16, 2025.</p> <p>A lab report dated May 15, 2025, documented a BUN level of 59 mg/dL (normal range 6-20 mg/dL) and a Creatinine level of 1.9 mg/dL (normal range 0.50-1.10 mg/dL), both of which may be elevated in cases of dehydration.</p> <p>Review of the resident's fluid intake from May 13, 2025, through May 15, 2025, indicated the following:</p> <p>May 13, 2025: 240 cc's total for all meals</p> <p>May 14, 2025: 660 cc's total for all meals</p> <p>May 15, 2025: 600 cc's total for all meals</p> <p>There was no documented evidence that the nurses' aides notified nursing of the resident's low fluid intake.</p> <p>A nursing progress note dated May 16, 2025, at 7:30 PM, indicated the resident's representative requested hospital transfer due to change in mental status. The certified registered nurse practitioner (CRNP) was notified and gave an order to transfer the resident to the emergency department of the hospital.</p> <p>The hospital report dated May 17, 2025, documented a diagnosis of acute kidney injury with dehydration, and noted physician orders to hold Lasix and initiate IV (intravenous/administered into a vein) fluids.</p> <p>The resident was readmitted to the facility on [DATE].</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing on June 17, 2025, at 1:40 PM, the DON confirmed a comprehensive nutritional and hydration assessment was not completed by the registered dietitian for Resident A1, and that nutritional interventions were not established to meet the resident's needs to the extent possible.</p> <p>28 Pa. Code 211.5 (f) (ii) (ix) Medical Records.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services.</p>		