

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105389	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER BIRCHWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3250 12TH ST , SARASOTA, Florida, 34237	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety recertification survey was conducted . . . at Birchwood H&RC, a nursing home in Sarasota, Florida.</p> <p>The Facility is not in compliance with 42 CFR 483.90(a), and National Fire Protection Association (NFPA) 101 (2012 Edition), NFPA 99 (2012 Edition) requirements for nursing homes.</p> <p>Initial Plan Review: 1968</p> <p>Existing</p> <p>NFPA 220 Construction Type: II (000)</p> <p>Number of beds: 87</p> <p>Census: 57</p> <p>The following is a description of the deficiencies found at the time of the visit.</p>	K0000		/2025
K0741 SS = D Bldg. 01	<p>Smoking Regulations</p> <p>CFR(s): NFPA 101</p> <p>Smoking Regulations</p> <p>Smoking regulations shall be adopted and shall include not less than the following provisions:</p> <p>(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or . . . is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p>	K0741	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On . . . , an order was placed for two new red cigarette butt cans by the Director of Maintenance.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On . . . , the Maintenance Director, and Administrator will conduct an audit on facilities red cigarette butt cans to identify potential issues with</p>	/2025

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 reverse for further 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	(X8) DATE
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K0741 SS = D Bldg. 01	<p>Continued from page 1</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to comply with the smoking regulations in accordance with National Fire Protection Association (NFPA) 101. This could adversely affect all residents and staff should a fire start from discarded smoking material.</p> <p>The findings included:</p> <p>On between 1:00 p.m. and 5:00 p.m., during the facility tour with the Maintenance Director, the established smoking area in the courtyard was not provided with a self-closing metal butt can. This was the only smoking area provided for the residents.</p> <p>An interview was conducted with the Maintenance Director, concurrent with the observations acknowledging the findings.</p> <p>Per NFPA101 (2012 Edition) 19.7.4 (6)</p>	K0741	<p>Continued from page 1</p> <p>the cans and to ensure they are opening and closing fully. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On , facility staff were educated on the components of K0741 to ensure a safe, comfortable, and compliant smokers' area with emphasis on reporting equipment concerns through the electronic work order system for follow up by the Assistant Director of Nursing.</p> <p>Newly hired staff will be educated by AssistantDirector of Nursing/Designee on the components of K0741 during orientation with an emphasis on ensuring safe smoking areas environment by reporting physical environment concerns through the electronic work order system as part of the systematic change.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>The Maintenance Director/Designee will conduct audits of physical environment of the smoking area 1 time/week for 4 weeks, then monthly for 2 month to ensure that no homelike environment concerns exist and compliance with Federal Regulation K0741.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines that substantial compliance has been met.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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E0000	<p>Initial Comments</p> <p>During the fire life safety survey conducted on at Birchwood H&RC, a nursing home, Emergency Preparedness was reviewed.</p> <p>Birchwood H&RC is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.</p>	E0000		/2025

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Florida State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12640961		(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - MAIN LIC B. WING		(X3) DATE SURVEY COMPLETED 08/05/2025	
NAME OF PROVIDER OR SUPPLIER BIRCHWOOD HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3250 12TH ST , SARASOTA, Florida, 34237			
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K0000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety relicensure survey was conducted on _____ at Birchwood Health and Rehabilitation Center, a nursing home in Sarasota, Florida, in accordance with National Fire Protection Association (NFPA) 1 and 101 (2021 Edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C.) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2021 Edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2.</p> <p>The following is the description of the deficiencies found at the time of the visit.</p>			K0000			/2025
K0741 SS = D Bldg. 05	<p>Smoking Regulations</p> <p>CFR(s): NFPA 101</p> <p>Smoking Regulations</p> <p>Smoking regulations shall be adopted and shall include not less than the following provisions:</p> <p>(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or _____ is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18/19.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design</p>			K0741	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On _____, an order was placed for two new red cigarette butt cans by the Director of Maintenance.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On _____, the Maintenance Director, and Administrator will conduct an audit on facilities red cigarette butt cans to identify potential issues with the cans and to ensure they are opening and closing fully. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p>		/2025

Office of Primary Care and Health Systems Management

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Florida State Department of Health

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K0741 SS = D Bldg. 05	<p>Continued from page 1 shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>(Note smoking tower disposal receptacles are not ashtrays)</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to comply with the smoking regulations in accordance with National Fire Protection Association (NFPA) 101. This could adversely affect all residents and staff should a fire start from discarded smoking material.</p> <p>The findings included:</p> <p>On between 1:00 p.m. and 5:00 p.m., during the facility tour with the Maintenance Director, the established smoking area in the courtyard was not provided with a self-closing metal butt can. This was the only smoking area provided for the residents.</p> <p>An interview was conducted with the Maintenance Director, concurrent with the observations acknowledging the findings.</p> <p>Per NFPA 101 (2021 Edition) 19.7.4 (6)</p> <p>Class III</p>			K0741	<p>Continued from page 1 On , facility staff were educated on the components of K0741 to ensure a safe, comfortable, and compliant smokers' area with emphasis on reporting equipment concerns through the electronic work order system for follow up by the Assistant Director of Nursing.</p> <p>Newly hired staff will be educated by Assistant/Director of Nursing/Designee on the components of K0741 during orientation with an emphasis on ensuring safe smoking areas environment by reporting physical environment concerns through the electronic work order system as part of the systematic change.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>The Maintenance Director/Designee will conduct audits of physical environment of the smoking area 1 time/week for 4 weeks, then monthly for 2 month to ensure that no homelike environment concerns exist and compliance with Federal Regulation K0741.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines that substantial compliance has been met.</p>		