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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105389	A. BUILDING B. WING	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD HEALTH AND REHABILITATION CENTER	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
F0000	INITIAL COMMENTS A complaint survey for complaint # 2026007015 was conducted at Birchwood Health and Rehabilitation Center, a nursing home in Sarasota, Florida. Birchwood Health and Rehabilitation Center was not in compliance with Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities. The following is a description of the noncompliance.	F0000		
F0725 SS = E	Sufficient Nursing Staff CFR(s): §483.35(a)(1)(2) §483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a) Sufficient Staff. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited	F0725		

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	(X6) DATE

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F0725 SS = E	Continued from page 1 to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is NOT MET as evidenced by: Based on observation, review of the grievance log, review of facility's policy and procedure, residents and staff interviews, the facility failed to ensure sufficient nursing staffing to meet the needs of 10 (Residents #1, #2, #3, #4,#5, #6, #7, #8, #9 and #10) of 10 dependents residents reviewed. The findings included: Review of the facility's policy and procedure titled, "Standards and Guidelines: Call lights" issued and revised revealed, "Resident will have a call light to summon facility personnel to ensure the resident's needs will be met. Guideline: Resident's call light is to be within reach and answered promptly by facility personnel . . . Answer call light promptly. All facility personnel are expected to respond to call lights . . . Call lights must remain functional and within reach of each resident. . ." On at 8:45a.m., during an initial tour of the facility, Residents #10, #6, #7, #8 and #9 were observed in their bed. The residents' call lights were on the floor and not accessible to the residents. "Photographic evidence obtained" On at 9:00 a.m., in an interview, the Director of Nursing (DON) said each resident should have a call bell within their reach. The DON observed Residents #6 and #7's rooms. She verified that the residents were in bed and the call lights were on the floor, not accessible to the residents. On at 11:39a.m., in an interview, Resident #1 said she recently filed a grievance for call light response times but has not heard anything She said she must wait about 30 minutes to an hour before anyone will come to answer a call bell if she needs anything. She said when no one comes to answer my call bell she has to walk to the nurses station. Resident #1 said, "I really feel like they have a staffing problem, because the people who are here are trying their hardest but there just are not enough staff to care for the amount of people and the things they need".	F0725		

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F0725 SS = E	Continued from page 2 On at 1:55 p.m., in an interview, Resident #2 said, "When I push my call bell sometimes, I am waiting hours. If they don't come, I will get up in my wheelchair and go up to the desk". Resident #2 said she did not feel like they have enough help at night and on weekends. She didn't think they have enough staff to take care of everyone. She said, "There just isn't enough to go around". On at 12:32 p.m., in an interview, Resident #3 said that sometimes it takes a very long time for staff to answer the call light, if he even has a call light at his side. He said, "One time I didn't have the bell, I was yelling and yelling. Finally, it dawned on me that I had the phone, so I called 911. They came in after that". On at 3:00p.m., in an interview, Resident #4 stated that it takes staff a long time to come in to answer call bells, sometimes upwards of an hour. He said, "like right now I've been waiting for someone to come in, I put my call bell on about an hour ago. I just want a refill of water." The indicator light above Resident #4's bedroom door did not turn on to alert the staff. Resident #4 was observed activating the call light again. The indicator light above the bedroom door did not illuminate. On at approximately 3:05 p.m., Registered Nurse (RN) Staff A verified that the call light was not working. RN Staff A was observed adjusting the call light cord at the wall where it was inserted. The indicator light above the resident's bedroom door illuminated at that time. On at 4:25p.m., in an interview, Resident #5 stated that he had filed grievances with the facility about the staff not answering his call lights. He said he did not recall any follow up with him regarding the grievance. He said he feels like if he rings his bell, they do not ever come. Resident #5 said that he cannot put _, on his left and requires assistance with _, bathing and toileting because. He said, "Sometimes I wait for two hours or more to help to go to the bathroom. If they do not come in time, I just soil myself". He said he did not think there was enough staff to care for him and it has been an ongoing issue. Resident #5 said, "I told the aides and the Administrator that I don't think there are enough staff because I am always having to wait for help, but nothing has ever changed". On at 12:54p.m., in an interview Licensed	F0725		

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F0725 SS = E	Continued from page 3 Practical Nurse (LPN) Staff B said that all staff are responsible for answering call bells in the facility. She said the required response time is within 30 minutes of it going off. She said, "I must treat it like a triage process, who needs the most help more emergently, and then when I can get to the other Residents, I let them know what I had to take care of first. Sometimes I just can't get to the call bells timely". LPN Staff B said that sometimes she works the 3rd shift and has 35 to 38 residents to take care of. She said, "I do not feel like my license or the residents are safe". LPN Staff B said she told management that she did not feel safe having to care for 38 residents. When she has said something to them, they told her that technically they can have 40 residents according to the State. She didn't really feel like her complaint was heard or taken into consideration. On at 1:12p.m., in an interview, LPN Staff C said everyone was responsible for answering call lights. The expectation is that the call lights be answered within 10 minutes or less. She said, "That doesn't really happen though because we are too busy". She said she is caring for 20 to 29 Residents on each shift. She has had to tell management that because of the acuity and needs of the Residents it is really too many. Their response was that according to the State they can have up to 40 Residents. LPN Staff C said that she did not feel there was enough staff to safely care for residents. Review of grievance log for revealed there were 7 call light grievances filed by Residents. Each individual grievance statement reviewed, all stating 'call bell issues' handwritten by Activities Director Staff D. No specific reason, time or date revealing when call bell issue occurred. Resolution documented by facility for Grievances stated that staff education was given and call bell audits completed. Review of grievance log for revealed there were 4 call light grievances filed by Residents. Each individual grievance statement reviewed, all stating 'call bell issues' handwritten by Activities Director Staff D. No specific reason, time or date revealing when call bell issue occurred. Resolution documented by facility for Grievances stated that staff education was given and call bell audits completed. Documentation revealed the same call bell audits completed for audits were provided for . Review of grievance log for revealed	F0725		

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F0725 SS = E	Continued from page 4 there were 8 call light grievances filed by Residents. Each individual grievance statement reviewed, all stating 'call bell issues' handwritten by Activities Director Staff D. No specific reason, time or date revealing when call bell issue occurred. Resolution documented by facility for Grievances stated that staff education was given and call bell audits completed. No documentation that call bell audits was completed. Review of grievance log for . revealed there were 4 call light grievances filed by Residents. Each individual grievance statement reviewed, all stating 'call bell issues' handwritten by Activities Director Staff D. No specific reason, time or date revealing when call bell issue occurred. Resolution documented by facility for , Grievances stated that staff education was given and call bell audits completed. No documentation for education or audits completed in , . On at 3:00p.m., an interview was held with the Administrator and the Social Services Director. The Administrator said he was sure the audits were completed for but did not provide additional documentation. The administrator said that the issue of answering the call lights was a work in progress. They keep educating staff. In , they realized it was an issue with some of their staff so they had terminated some staff related to call bell issues. He said he feels that sometimes if the issue is brought up during Resident Council, residents will start to complain about it, that is why there are so many of the same complaints on the same day. He said sometimes we have noted that it is the same residents that have the same complaints. He said he can only staff according to what his management allows. On at 4:02p.m., in an interview, the DON she said that call lights should be within reach of each resident and should be answered as quickly as possible. She said, "Any time a call light is set off it could be an emergency". On at 4:13p.m., in an interview, Activities Director Staff D said she wrote all the Residents grievance forms. She said that she knew many of the residents have issues with the timeliness of the answering of call lights. She said once she completes the form she gives it to the Social Services Director. She said the residents who filed grievances related to call lights were not able to remember times or dates of the issues. She tried to explain to them that this information was important to better help get it resolved. She said at the	F0725		

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F0725 SS = E	Continued from page 5 Resident council meeting, she tries to do a follow up to see if it is resolved. She said usually the residents who attend the resident council meeting voice their concern that the timeliness of call lights response remain an ongoing problem.	F0725		

Florida Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12640961	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/04/2026

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N0000	INITIAL COMMENTS A complaint investigation for complaint # 2026007015 was conducted at Birchwood Health and Rehabilitation Center. The facility had no deficiencies at the time of the visit.	N0000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE