STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315091	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	205 BIRCHWOOD AVE , CRANFORD, New Jersey, 07016

(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 Recertification and Complaint survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). Complaint #: 2604742, 433245, 433250, 433242, 2633042, 2666847, 2668913, 2629595, 2596525, 433241, 433248, 433247 and 2687006. Survey Dates: 12/08/25-12/11/25 Survey Census: 172 Sample Size: 30 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F0000		12/30/2025
F0550 SS = E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of	F0550	On 12/9/25, the U. S. FOIA (b) (2) or designee evaluated the dining area in the NJ Ex Order 26, 4B1 Unit. Dining tables were provided, and NJ Exec Order 26. tables were removed to promote a dignified dining experience. The TV was turned off to NJ Exec Order 26.4b1 dining experience for the residents in the NJ Ex Order 26, 4B1 Unit. Staff were instructed to support a NJ Exec O dignified dining experience for all residents. On 12/9/25, R5 was provided with a dining table, the chair was NJ Exec Order 26.4b1, and NJ E NJ Ex O was NJ Ex Order 26.4 immediately. A NJ Ex Order 26, 4B1 assessment was conducted by the U. S. FOIA (b) (2), and R5 displayed NJ Ex Order 26, 4B1 On 12/9/25 R23 and R72 were provided dining tables and staff are now engaging with them during meals. A NJ Ex Order 26, 4B1 assessment was conducted by the U. S. FO and R23 and R72 displayed NJ Ex Order 26, 4B1. On 12/9/25, R125 was provided with a dining table, and staff are engaging NJ Ex with meals. A NJ Ex Order 26, 4B1 assessment was conducted by the U. S. FOIA (b) (2) and R125 displayed NJ Ex Order 26, 4B1	12/30/2025

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	(X6) DATE

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F0550 SS = E	Continued from page 1 payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observations, staff interviews and review of the facility policy, the facility failed to promote a dignified dining experience by serving resident meals on an overbed table in a small common area in front of the nurse's station for four residents (Resident (R)5 R23, R72 and R125) out of 21 residents residing in the NJ Exec Order 26.4b1 and reviewed for dignity while dining. Findings include: Observation of the evening meal on 12/09/25 at 05:30 PM in the NJ Ex Order 26. Unit revealed residents were seated in front of the Nurse's Station in a small common area that served as the dining room, activity room, and TV room. The room did not have a dedicated dining table or chairs to encourage or promote dignity during their meals. A NJ Ex Order 26, 4B1 movie was loudly playing on the television in the room during the evening meal. The following residents were observed: R5 was seated in a NJ Ex Order 26, 4B1 in front of the nurse's station with his/her evening meal placed on an NJ Exec Order 2 table. The table was positioned in front of him/her and across the arms of his/her chair. The back of the resident's chair was not placed in an NJ Exec Order 26.4b1 which forced the resident to NJ Exec Order 26.4 reach NJ Ex food. NJ Ex Order 26, 4B1 were noted on the resident's NJ Ex Ord R23 and R72 were seated in chairs in front of the window with their evening meal placed on an NJ Exec Order 2	F0550	Continued from page 1 The Administrator or designee conducted a facility-wide review of all resident dining locations, including alternate dining areas, to ensure furniture, layout, and meal-time practices support a dignified dining experience for all residents. The Administrator or designee will conduct weekly audits of mealtimes and dining areas in the Memory Care unit x 4 weeks, then monthly for 2 months, to ensure compliance with promoting a dignified dining experience. Findings will be documented and addressed promptly. Audit results will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee. The committee will monitor compliance, review resident feedback, and implement additional actions if necessary.	

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F0550 SS = E	Continued from page 2 table in front of his/her. The resident ate his/her meal NJ Exec Order 26.4b1 from staff or other residents. R125 was seated in his/her wheelchair with his/her meal tray on an NJ Exec Order 26.4b1 in front of him/her. The table was placed across the arms of the chair. His/her chair was positioned in front of the nurse's station next to R5 and facing the television. The resident was NJ Exec Ord [redacted] and was not engaging with any staff or other residents during the meal. During an interview with Unit Manager (UM)1 on 12/09/25 at approximately 06:00 PM, he/she stated that the resident dining area in the NJ Ex Order 26. Unit has always been this way. During an interview with Licensed Practical Nurse (LPN) 4 on 12/10/25 at 12:35 PM, he/she stated that the residents always had their meals in the same area because they did not have a dining room. During an interview with the U. S. FOIA (b) (2) on 12/11/25 at 09:52 AM, he/she stated that there was not a dining room in the NJ Ex Order 26. Unit and that he/she was not aware it was a concern. Review of the facility's policy titled, "Preparing the Resident for a Meal" dated 2001, indicated, "The purpose of the procedure is to prepare the resident and the environment in order to help make mealtime pleasant for the resident…3. Residents should be encouraged but not forced to eat in the dining room. This provides each resident with an opportunity to socialize and make new friends…5. Be sure that the room is comfortable (i.e., Not too cold or warm) and has a relaxing environment (i.e., free of unpleasant odors, loud noises, bright lights, etc.) NJAC 8:39-4.1(a) NJAC 8:39-27.1(a)	F0550		
F0584 SS = D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living	F0584	On 12/11/25, R4's ac/heat unit cover was replaced, the broken draws were repaired, the windowsill was redone, and privacy curtain was replaced and secured to the tract. On 12/12/25, R5's nightstand was replaced, the door to the room was sanded down and made even.	12/31/2025

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F0584 SS = D	Continued from page 3 safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews and policy review, the facility failed to provide a homelike environment in good repair for six of 21 residents (Resident (R) 4, R5, R23, R72, R114 and R125) residing on the NJ Ex Order 26; [redacted] Unit. Specifically, the facility failed to maintain cabinets, nightstands, windowsills, heating units, cubicle curtains, baseboards, bedroom doors and overbed table stands in good repair and safe operating	F0584	Continued from page 3 On 12/12/25, R23's closet draws were fixed, baseboards were added to the wall between the bathroom and the residents bed and behind the door of the room to the bathroom door, the black marks across the top of the door were removed. On 12/9/25, R72 was provided a new overbed table On 12/12/25, R114's windowsill was redone, a new shelf was provided to the cabinet next to the closet. On 12/10/25, R125's ac/heat cover was replaced and was provided a new overbed table. On 12/10/25, Common area ac/heat cover was replaced, torn chairs were removed, the walls under the windowsill were cleaned of the dried substance. All residents in the NJ Exec Order 2 care unit could have been affected by this practice; the remaining rooms were audited to ensure a homelike environment all the NJ Exec Order 2 care residents. On 12/9/25 Administrator provided education to U. S. FOIA (b) (2) and U. S. FOIA (b) (2) on the requirements of maintaining a Safe/clean/comfortable/homelike environment. Housekeeping and Maintenance directors conducted an audit on the entire NJ Exec Order 2 care unit to ensure all furniture, doors and walls were clean safe and comfortable. Housekeeping Director or designee will conduct an audit of walls and doors for cleanliness weekly x 1 month and then monhly for 2 months. Maintenance Director or designee will conduct and audit of furniture and windowsills weekly for one month and then monthly for 2 months Administrator will monitor audit findings during monthly QAPI for 3 months to ensure compliance.	

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F0584 SS = D	Continued from page 4 condition. The failure to maintain an environment in good repair and homelike had the potential to affect the residents[NJ Ex Order 26, 4B1] needs. Findings include: Observation of the [NJ Ex Order 26, 4B1] Unit on 12/08/25 at 11:13 AM revealed the following areas of concern: 1.R4's room: the cover for the air conditioner/heating unit was missing; two of three drawers inside the closet were broken and would not close leaving the drawer partially open; laminate was missing from the edge of the windowsill; and half of the privacy curtain was not attached to the tract in the ceiling causing the curtain to touch the floor. 2.R5's room: The nightstand in the resident's room had three broken drawers. The drawers were not fitting inside the cabinet and were partially open. The bottom right side of the door to the room was noted with chipped pieces of the wood were missing. 3.R23's room: two drawers inside the closet were broken and would not close leaving the drawer partially open. Approximately 6-8 feet of baseboards were missing from the wall between the bathroom and the resident's bed and behind the door of the room to the bathroom door. The door to the resident's room had multiple black marks across the top part of the door. 4.R72's room: Chipped and missing paint on the stand of the overbed table. 5.R114's room: The laminate cover across the length of the windowsill was missing and a large piece of laminate was chipped and missing from the bottom shelf in the cabinet next to the closet. 6.R125's room: The top part of the air conditioner/heating unit cover was missing. The stand on the overbed table contained chipped and missing paint. In the common area in front of the Nurse's Station: One of two heating units' cover was missing; two of six chairs positioned in front of the unit, were noted with torn sections of vinyl in the bottom cushion of the chair; and a brown, orange colored dried substance was noted on several areas on the wall under the windowsill, behind the chairs. During an interview with the [U. S. FOIA (b) (2)] on	F0584		

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F0584 SS = D	Continued from page 5 12/10/25 at 11:20 AM, regarding the areas of concern noted in the residents' rooms and the common area of the NJ Ex Order 26, 4B1 unit, he/she stated that he/she will fix the furniture, air conditioner vent covers and residents will tear them up again. He/she stated that staff will put the items that need repair in the logbook and he/she and his/her staff review the book every day at the beginning of the shift and indicate when it was completed. During an interview with Licensed Practical Nurse (LPN) 4 on 12/10/25 at 12:00 PM, he/she stated that when anything needs repair, staff will write it in the maintenance logbook, and he/she makes sure it is completed. If he/she had a problem getting resolution, he/she would go to his/her supervisor or the U. S. FOIA (b) (2) [redacted] During an interview with Certified Nursing Assistant (CNA) 1 on 12/10/25 at 12:30 PM, he/she stated that he/she will put his/her concerns in the maintenance logbook when something is broken and they will fix it. On 12/10/25 at 01:30 PM, the U. S. FOIA confirmed the observations on the unit. Review of the facility's policy titled, "Maintenance Service," revised 2009 indicated, "1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operatable manner at all times…2.b) maintaining the building in good repair and free from hazards..." NJAC 8:39-4.1(a)(11) NJAC 8:39-27.1(a)	F0584		
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by:	F0684	Resident 146 was assessed by the U. S. FOIA (b) (2) on NJ Ex Order 26.4(b)(1) and Resident 146 did not display a NJ Ex Order 26, 4B1 in the last NJ Exec Order 26. The record review was conducted by the U. S. FOIA (b) (2) on NJ Ex Order 26, 4B1 and did not show any missed administration of the NJ Ex Order 26, 4B1 in the NJ Ex Order 26, 4B1 Licensed Practical Nurse 7 (LPN7) was educated by the U. S. FO on NJ Ex Order 26, 4B1 on the facility's policy "Physician Orders" and to ensure the medication cart is stocked with Ensure Plus at the start of the shift. On 12/11/2025, the Director of Nursing (DON) or designee completed a review of all residents with a physician dietary order for NJ Ex Order 26 4B1. Any missed or	12/31/2025

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F0684 SS = D	Continued from page 6 Based on observation, interview, and record review, the facility failed to ensure nursing staff followed physician [redacted] orders for one of five residents (Resident (R)146 reviewed of 30 sampled residents. This deficient practice has the potential for resident not to receive [redacted] further [redacted] problems. Findings include: Review of R146's "Admission Record" in the "Profile" tab of the electronic medical record (EMR) revealed he/she was admitted to the facility on [redacted] with diagnoses of [redacted] Review of R146's quarterly "Minimum Data Set (MDS)" assessment under the "MDS" tab of the EMR with an Assessment Reference Date (ARD) of [redacted] revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] indicating [redacted]. Review of R146's "Care Plan" located under the "Care Plan" tab of the EMR dated [redacted], revealed R146 has a potential for [redacted] with intervention to provide [redacted] as ordered. Review of R146's "Physician Orders" located under the "Orders" tab in the EMR dated [redacted] revealed, [redacted] Observation on 12/09/25 at 6:00 PM, R146 was in bed with the dinner tray in front of him/her. Unit Manager (UM)3 was [redacted] the resident at bedside. [redacted] not provided. During an interview on 12/09/25 at 7:30 PM UM3 stated he/she was unsure why R146 had not been provided his/her 5:00 PM [redacted] UM3 stated there was no [redacted] on the medication cart, so he/she obtained the [redacted] and gave it to Licensed Practical Nurse (LPN)7. During an interview on 12/09/25 at 7:35 PM LPN7 stated he/she had not given R146 his [redacted] because there was none on the medication cart. He/she stated it was the nurse's responsibility to ensure the cart was stocked. During an interview on 12/11/25 at 5:55 PM the [redacted] stated he/she expected staff to follow physician orders and administer timely.	F0684	Continued from page 6 incorrect administration was immediately corrected, and nursing staff were re-educated on the specific dietary orders for the affected residents. The DON or designee conducted a facility-wide audit of all residents with physician-ordered nutritional supplements to ensure orders were accurately transcribed, available, and administered as ordered. On 12/11/2025, licensed nurses were in-serviced by the ADON on the facility's policy "Physician Order" and to follow the physician dietary orders. The DON or designee will conduct weekly audits of the Medication Administration Record (MAR) for residents with orders for [redacted] weekly for 4 weeks, then monthly for 2 months. Findings will be documented, and any issues will be addressed promptly with staff education as needed. Audit results will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee monthly x 3 months. The committee will evaluate trends and implement additional corrective actions if indicated.	

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F0684 SS = D	Continued from page 7 NJAC 8:39-27.1(a)	F0684		
F0700 SS = D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to ensure residents received alternative measures prior to the installation of [NJ Exec Order 26; documented discussion related to risk versus benefits; and signed informed consent prior to [NJ Exec Order use for one of four residents (Resident (R)146 reviewed for [NJ Ex Order 26.4 out of 30 sampled residents. The lack of alternate [NJ Exec Order measures and proper assessment/consent could lead to NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1. Findings include Review of R146's "Admission Record" in the "Profile" tab of the electronic medical record (EMR) revealed he/she was admitted to the facility on [NJ Ex Order 26, 4 with diagnosis of [NJ Ex Order 26, 4b1 Review of R146's quarterly "Minimum Data Set (MDS)"	F0700	On 12/11/2025, the unit manager completed a new [NJ Exec Evaluation on Resident 146 and listed alternatives prior to installing a [NJ Exec Order 26.4b1 On 12/11/2025, the ADON in-serviced the Unit Manager (UM)3 and Registered Nurse Supervisor (RNS)2 on the facility's policy "Bed Safety and Bed Rails" and to implement other alternatives prior to installing a side or bed rail on to document the alternatives on the Side Rail/Enabler/Entrapment Evaluation. On 12/11/2025, the Director of Nursing (DON) or designee audited all residents utilizing bed rails. A new Side Rail/Enabler/Entrapment Evaluation was completed for each identified resident, including documentation of alternatives attempted prior to the installation or continued use of bed rails. Any incomplete or missing evaluations were immediately corrected. The DON or designee conducted a facility-wide review of all residents to identify current side or bed rail use to ensure that the evaluation listed the alternatives used prior to the installation of the side or bed rails. On 12/11/2025, the ADON in-serviced licensed nurses on the facility's policy "Bed Safety and Bed Rails", implement other alternatives prior to installing a side or bed rail, and to document the alternatives on the Side Rail/Enabler/Entrapment Evaluation. The DON or designee will review the Side Rail/Enabler/Entrapment Evaluation during care plan reviews and interdisciplinary meetings. The DON or designee will conduct weekly audits of 20 residents using bed rails for 4 weeks, then monthly for 2 months, to ensure evaluations are completed and alternatives are documented. Any identified issues will be addressed immediately with staff re-education and corrective action. Audit results will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee x 3 months. The committee will review findings, identify	12/30/2025

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F0700 SS = D	Continued from page 8 assessment under the "MDS" tab of the EMR with an Assessment Reference Date (ARD) of NJ Ex Order 26, 4B revealed a "Brief Interview for Mental Status (BIMS)" score of NJ Ex Order 26, 4B1 indicating NJ Ex Order 26, 4B1 . Review of R146's "Care Plan" located under the "Care Plan" tab of the EMR revised NJ Ex Order 26, 4, revealed R146 used NJ Exec Order 26 for NJ Exec Order 26.4b1 Review of R146's "Physician Orders" located under the "Orders" tab in the EMR dated NJ Ex Order 26, 4 revealed, "NJ E while up in bed as a NJ Ex Order 26, 4B1." Review of R146's NJ Ex Order 26.4(b)(1) Evaluation" located under "Assessments" tab in the EMR dated NJ Ex Order 26, 4B1 revealed no documentation that alternates were explored prior to NJ Exec Order 26.4b1 e. Observation of R146 on 12/09/25 at 8:00 PM, revealed R146 lying in bed with NJ Exec Order 26 in the NJ Exec Order 26.4b1. During an interview on 12/10/25 at 5:04 PM, Unit Manager (UM)3 stated residents used NJ Exec Order 26.4b1 He/she stated that he/she was unsure if there was signed informed consent and that they did not explore alternatives prior to NJ Exec . He/she stated that maintenance assessed for NJ Ex Order 26, 4B1 . During an interview on 12/11/25 at 4:07 PM, Registered Nurse Supervisor (RNS)2 said staff did not look at alternates prior to NJ Exec Order 26.4b1. He/she was also unsure about NJ Ex Order 26, 4B1 or who assessed it for that. During an interview on 12/11/25 at 5:55 PM, the U. S. FOIA (b) (2) stated he/she expected staff to explore alternates prior to NJ Exec Ord use for residents. The U. S. FOIA stated that he/she expected staff to document in the EMR risk versus benefits and a signed consent obtained. Review of the facility's policy titled "Bed Safety and Bed Rails" dated August 2022 revealed that resident beds meet the safety specifications established by the Hospital Bed Safety Workgroup. The use of bed rails is prohibited unless the criteria for use of bed rails have been met. The use of bed rails or side rails (including temporarily raising the side rails for episodic use during care) is prohibited unless the criteria for use of bed rails have been met, including attempts to use alternatives, interdisciplinary evaluation, resident assessment, and informed consent.	F0700	Continued from page 8 trends, and implement additional corrective actions as necessary.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315091	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	**205 BIRCHWOOD AVE , CRANFORD, New Jersey, 07016**

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F0700 SS = D	Continued from page 9 NJAC 8:39-27.1(a)	F0700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S0000		12/30/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift.	S0560	All efforts to hire facility Certified Nursing Aide(s) C.N.A will continue until there is adequate staff to serve all residents. Until that time, the facility will offer overtime shifts, and bonuses if necessary to fill any open spots in the schedule. An “on deck” list will be maintained to replace staff who call out. Supervisors will have access to staff information to reach out to pick up shifts in case of call outs. All residents have the potential to be affected by this deficient practice Administrator immediately educated the Staffing Coordinator on required minimum direct care staff-to-resident ratios. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listings. Shift differentials, sign on bonuses and referral bonuses are being utilized to become more competitive in the marketplace and surrounding area. In addition, daily and weekly meetings with the staffing coordinator, Administrator, and Director of Nursing will be held to ensure adequate staffing levels are met. The Administrator or designee will review staffing schedules weekly for four weeks and then monthly for 2	12/30/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062006	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

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S0560	Continued from page 1 One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.For the 3 weeks of Complaint staffing from 03/23/2025 to 04/12/2025, the facility was deficient in CNA staffing for residents on 3 of 21 day shifts as follows: -03/30/25 had 22 CNAs for 185 residents on the day shift, required at least 23 CNAs. -04/05/25 had 22 CNAs for 190 residents on the day shift, required at least 24 CNAs. -04/06/25 had 23 CNAs for 190 residents on the day shift, required at least 24 CNAs. 2. For the 2 weeks of Complaint staffing from 06/15/2025 to 06/28/2025, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: -06/22/25 had 23 CNAs for 189 residents on the day shift, required at least 24 CNAs 3. For the week of Complaint staffing from 11.09/2025 to 11/15/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -11/09/25 had 22 CNAs for 181 residents on the day shift, required at least 23 CNAs.	S0560	Continued from page 1 months to ensure adequate staffing for all shifts. The Administrator or designee will present the findings of the audits and review trends and needed follow up in the two facility Quarterly Quality Assurance Performance Improvement Meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315091	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHWOOD REHABILITATION AND HEALTHCARE CENTER	**205 BIRCHWOOD AVE , CRANFORD, New Jersey, 07016**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 01/06/2026, in relation to the 12/11/2025, Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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New Jersey State Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 01/06/2026, in relation to the 12/11/2025, State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care Facilities	S0000		

Office of Primary Care and Health Systems Management

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315091	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

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K0000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/09/25 and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Birchwood Healthcare Center is a two story is a building built in 1970. It is composed of Type II protected construction. The facility is divided into 10 - smoke zones. The 100 KW diesel generator powers approximately 65% of the building per the Maintenance Director. The current occupied beds are 170 of 232.	K0000		12/30/2025
K0293 SS = F	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is NOT MET as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure the direction to all exits was visible with exit signage in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.10.1.5.1. This deficient practice had the potential to affect all 170 residents and was evidenced by the following:	K0293	An exit sign was added to the corridor near the laundry room to indicate the direction of the exit. All 170 residents could have been affected by this deficient practice. Administrator educated U. S. FOIA (b) (2) on exit signage requirements. Facility wide audit on remaining exits were conducted by Maintenance Director to ensure proper signage was in place. Maintenance director or designee to conduct a monthly audit for 3 months to ensure compliance. Findings of the audits will be monitored by Administrator during monthly QAPI meeting for 3 months.	12/31/2025

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K0293 SS = F	Continued from page 1 An observation on 12/09/25 at 1:37 PM of the corridor near the laundry room, revealed no visible exit sign to indicate the direction to the exit and the exit was not readily apparent. During an interview at the time of the observation, the U. S. FOIA (b) (2) confirmed that an exit sign was not present going to the exit by the laundry. NJAC 8:39-31.1(c), 31.2(e)	K0293		
K0351 SS = F	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is NOT MET as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure the sprinklers were properly installed throughout the facility in accordance with NFPA 13 Standard for the Installation of Sprinkler Systems (2010 Edition) Section 8.6.3. This deficient practice had the potential to affect all 170 residents and was evidenced by the following: An observation on 12/09/25 at 1:25 PM of the mechanical room, revealed the room measured 160 square feet (sq	K0351	An additional sprinkler head was scheduled to be installed in the mechanical room so that the room is fully protected by the sprinkler system. All 170 residents could have been affected by this deficient practice. Administrator educated U. S. FOIA (b) (2) on ensuring sprinklers are properly installed throughout the facility. Facility wide audit on sprinkler heads were conducted by Maintenance Director to ensure sprinklers are properly installed. Maintenance director or designee to conduct a monthly audit for 3 months to ensure compliance. Findings of the audits will be monitored by Administrator during monthly QAPI meeting for 3 months	12/31/2025

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K0351 SS = F	Continued from page 2 ft). Continued observation revealed the room contained only one sprinkler head located 2-feet from the wall where the boilers were located. The opposite wall near the hot water heaters was 16-feet away which exceeded the maximum distance of coverage from the location of the only sprinkler head. During an interview at the time of the observation, the U. S. FOIA (b) (2) confirmed that only one sprinkler was present in the mechanical room. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K0351		
K0712 SS = F Bldg. 01	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure fire drills were conducted quarterly using the fire alarm system on the first shift and second shift in accordance with NFPA 101 Life Safety Code (2012 Edition) section 19.7.1.7. This deficient practice had the potential to affect all 170 residents and was evidenced by the following: A review of the facility's untitled fire drill records revealed that a coded announcement was used to conduct a fire drill and not the fire alarm system in April 2025 on the second shift between 6:15 PM to 6:45 PM and in August 2025 on the first shift between 7:30 AM to 8:00 AM. There was no documented evidence of any fire drills conducted during these quarters for these time frames with the fire alarm system being activated.	K0712	Fire Drills were conducted on the first and second shift this quarter with using the fire alarm system and it is documented as such. All 170 residents could have been affected by this deficient practice. Administrator educated U. S. FOIA (b) (2) on ensuring fire drills between 6 am and 9 pm are conducted using the fire alarm system and for it to be documented as such. Maintenance director or designee to conduct a monthly audit of fire drill documentation for 6 months to ensure compliance. Findings of the audits will be monitored by Administrator during monthly QAPI meeting for 6 months	12/31/2025

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K0712 SS = F Bldg. 01	Continued from page 3 During an interview on 12/09/25 at 3:50 PM, the U. S. FOIA (b) (2) confirmed that a coded announcement was used for the second shift in April 2025 and on the first shift in August 2025. NJAC 8:39-31.2(e)	K0712		

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/09/25. The facility was found to be in compliance with 42 CFR 483.73.	E0000		12/30/2025

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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 01/13/2026, in relation to the 12/11/2025, Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		

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E0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 01/13/2026, in relation to the 12/11/205, Emergency Preparedness survey. The facility was found to be in compliance with the requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness.	E0000		

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