STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49944 Based on observation, interview and record review, the facility failed to ensure timely care and services to maintain dignity for 13 residents (#30, #14, #18, #34, #51, #7, #37, #9,#67, #275, #22, #6 ,#69) and a confidential group of residents resulting in long call light response times, delays in fulfilling resident requests, lack of nail care, limited access to the dining room during meal times, lack of personal grooming and call lights being out of reach with the potential for embarrassment, frustration, lack of social interaction and unmet care needs Findings include: R#67 On 04/15/24 at 01:54 PM, resident was observed sitting on the edge of her bed watching TV. R#67 was asked if the staff responds timely to their call light and requests, R#67 stated multiple times during the conversation she has had to wait two or three hours for staff to come back and help her after a request. R#67 stated the staff will take a long time to answer the call light and then take even longer to come back with her request and this happens often. When asked what items she has to wait for, R#67 stated that she usually just requests a cup of ice because it helps cool her down. On 04/16/24 at 02:30 PM, R#67 was asked how the previous night was R#67 stated that it was ok other than having to wait again for a cup of ice. R#67 again stated that it takes the staff a long time, sometimes two or three hours to come back with the cups of ice she requests. Resident #67 again stated this happens a lot to her. On 04/17/24 at 08:39 AM, R#67 was observed sitting up in her wheelchair, styling her own hair, well dressed and looked a bit upset. R#67 was asked how the previous night went and how they were doing today. R#67 stated the previous night was not good, R#67 stated they had to wait a long time again for a request. When asked what her request was, R#67 stated it was one of the night time medications they get and it was given to her late. R#22: (continued on next page)

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
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/15/24 at 10:45 AM, R#22 was observed laying in bed and appropriately dressed. R#22 was asked if the staff responds timely to call lights and requests, R#22 stated they often have long wait times to get their requests filled. R#22 was asked if it was any specific request that takes too long and they said it really can be anything it just depends on the day. R#22 did not specify any particular shift that the wait times are worse on. R#275 On 04/15/24 at 10:22 AM, R#275 was observed laying in bed watching TV. R#275 was asked if the staff responds timely to call lights and requests, R#275 stated they wait a long time for call lights to get answered, sometimes it takes two to three hours to get a response. R#275 stated they had an upset stomach the previous night and asked for medication to help and it took over an hour for someone to come back and help. 22348 Resident #6 Activities of Daily Living Resident #6 (R6) on 04/15/24 02:20 PM, was observed lying on his bed with his wife visiting on the bedside. R6 was observed wearing a white T-shirt that appeared one size larger on him and a gray jogging pants that was too short and too tight for his size. When asked if he felt comfortable, he did not answer. R6 wife explained that R6 is very hard of hearing and may not have heard the question. R6 was observed with beard growth all over his face. The hair growth stood out because it was gray in color, on the R6's jaw, chin, upper lip, lower lip, cheeks and neck. Meanwhile, R6 wife was holding on to a shaving cream and razor. When asked, R6 wife revealed that she and her daughter had been taking turns shaving R6 beard and was not sure if the facility does it or them. She indicated that it seems that they were not doing it so they assumed that it is her and her daughter's responsibility. Resident's family had indicated that they have been shaving the residents all this time since admission. They have been bringing their own supplies (shaver and shaving cream) because he always have hair growth when they visit and R6 did not like that. R6's wife reported that they had been doing it because the staff did not do it. R6 was [AGE] years old, admitted to the facility on [DATE] with a primary diagnosis of Chronic Systolic Heart Failure in addition to other diagnoses. alert with a Brief Interview of Mental Status BIMS score of 03/15 dated 3/15/24. A score of 0-7 points suggests severe cognitive impairment. R6 Minimum Data Set (MDS) assessment dated [DATE] revealed, limited assist x 1 person for hygiene and limited assist x 1 for ambulation. Other skilled services include safety management. A review of R6 Electronic Medical Record done on 3/15/24 at 4:00 PM, revealed that both R6 Kardex and Care Plan were consistent requiring one person assistance with Activities of Daily Living ADL's especially with showers, grooming (which included hair and nail care, and shaving) and toileting. On 4/15/24 at 2:25 PM, The Director of Nursing (DON) and surveyor entered R6 room and found the resident with shaving cream on his face and wife was shaving his beard with the razor. The DON explained to the wife that the staff will do the shaving for R6 moving forward. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The DON was asked at @ 2:30 PM 4/15/24 and explained to the surveyor that staff do that and it is not the family's responsibility. Resident #69 Activities of Daily Living On 04/15/24 at 02:22 PM, Resident #69 (R69) was observed lying in bed with a neck brace and left arm and wrist brace and left lower leg brace. R69 was alert and oriented and answered question appropriately. R69 expressed issues with the long waits for call light response, his teeth consistently not brushed and shaving not done on a daily basis. R69 revealed he required totally dependent on staff with Activities of Daily Living due to the recent Motor Vehicle Accident and suffered from multiple fractures and had to wear the splints. R69 had expressed to get a shave because it bothers him. R69 was observed to have a hair growth of approximately less than a centimeter on the jaw, chin, upper lip, lower lip, cheeks and neck. He stated, It would be nice to get a shave. My beard is getting long. It bothers me. On 4/16/24 at 10:00 AM, a review of R69's Electronic Medical Record (EMR) revealed R69 was 61 y/o with a primary diagnosis of Traumatic Subarachnoid Hemorrhage without loss of consciousness. R69 was admitted to the facility Post-Motor Vehicle Accident MVA on 3/21/2024. R69 was his own responsible party with a Brief Interview of Mental Status BIMS Score of 14/15 (date assessed 3/28/24), which means R69 is cognitively intact. R69's Minimum Data Set (MDS) assessment dated [DATE], revealed that R69 depended on staff to perform his Activities of Daily Living (ADL's), especially with feeding, personal hygiene, bed mobility, and transfers. A review of the MDS dated [DATE], revealed that ADL's explained Personal hygiene as: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene). R69 Care Plan was reviewed on 4/16/24 at 9:15 AM. It revealed: ADL Self care deficit. The goals specified were the following: > Will be clean, dressed and well groomed daily to promote dignity and psychosocial wellbeing. (Date initiated: 3/21/24) >Will not develop any complications related to decreased mobility. (Date initiated: 3/21/24) On 3/16/24 at 4:00 PM, R69 was observed with shaved, clean face. R69 stated, It felt good after they shaved me. I needed it. 37666 FACILITY Resident Council A review of the Resident Council Meeting Minutes for October 2023 - March 2024 revealed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Call light answering times too long: October 2023/reviewed for September 2023, March 2024. Residents receiving medications late; Residents not receiving care from the staff during the night- March 2024. Resident food preferences are not being honored; cold food when delivered to their room March 2024. On 4/15/24 at 9:56 AM, during a tour of the facility a Confidential Resident was observed to have their call light clipped to the bed sheet high up near their left shoulder. The length of the cord was short from the clip to the button and the resident couldn't reach it. The resident stated, They won't give it to me. They said I rely on it too much. On 4/16/24 at 2:03 PM during a meeting with a Confidential Group of Residents, they voiced concerns of waiting 1-3 hours for their call lights to be answered. They said it happened on all three shifts and sometimes it got better and then worse. They said they had discussed this with the facility administration, but sometimes on the weekend it was Terrible and some residents stated, They get there when they get there. On 4/16/2024 at 2:30 PM, during a meeting with a Confidential Group of Residents about their meals, they said some residents didn't always receive the food they ordered. Many residents said it was more difficult to receive the food they ordered when they ate in their room. They said it was better when they ate in the dining room. The residents also said if you did not arrive to the dining room in time, the staff would shut the doors and say you are too late and you have to eat in your room. The residents were very upset about this and said this occurred during the lunch and dinner meals, as the dining room was closed for breakfast. On 4/17/24 at 1:34 PM, during an interview with Dietary Director L, she said breakfast was served on trays to the resident's room from 7:00 AM to 8:00 AM; Lunch began at 11:15 AM in the dining room. She said the cook was in the dining room for 15-20 minutes and then the [NAME] and dietary aides returned to the kitchen to begin preparing trays on the hall; dinner was at 5:00 PM in the dining room with the cook and dietary aide in the dining room for 15- 20 minutes. The Dietary Director said the cook then came back to kitchen for tray line on the hall with trays delivered to the hall starting with the 600, 500 halls , then 400 hall, 300 hall, 200/100 halls. She said the dining room was not open for breakfast and all residents had to eat in their rooms, except one long term resident insisted on eating in the dining room and was allowed to eat in there. She said if the resident wasn't allowed to eat in the dining room, he would pound on the doors until he was served. The Dietary Director L was asked if there was a limited amount of time that residents could eat in the dining and she said, the cooks were only in the dining room for a short amount of time (15-20 minutes) for lunch and dinner to serve the meal and then they returned to the kitchen. When asked if residents were being told they could not eat in the dining room after that time, that they had to eat in their rooms, she said some staff told the residents their trays would be sent to their rooms, and they would not be served in the dining room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/17/2024 at 2:10 PM, during an interview with Dietary [NAME] M he said he worked the day shift at the facility for the breakfast and lunch meals. The [NAME] M was asked about serving the resident's meals in the dining room and he said once he returned to the kitchen after 10-20 minutes in the dining room, he did not serve any more meals in the dining room. He said the residents were told their trays were going to their room. 37771 Resident #7 A review of Resident #7's medical record revealed the Resident was admitted into the facility on [DATE] and readmission on 9/5/23 with diagnoses that included Parkinson's disease, dementia, anxiety disorder and reduced mobility. A review of the Minimum Data Set (MDS) assessment revealed a Brief interview of Mental Status (BIMS) score of 13/15 that indicated the Resident had intact cognition and the Resident needed substantial/maximal assistance with personal hygiene. On 4/15/24 at 3:06 PM, the Resident was observed in lying in bed. The Resident was interviewed, answered questions and engaged in limited conversation. An observation was made of Resident #7's fingernails that were long. When asked about her fingernails, the Resident indicated that she did not like them that long. When asked about nail care, the Resident indicated that staff had not offered to trim her nails and reported she did not want the polish and all that, but she did want them trimmed. When asked if she refused to have the nails trimmed, the Resident stated, No, I would not refuse if they offered, they have not offered. Resident #9 A review of Resident #9's medical record revealed the Resident was admitted into the facility on [DATE] and readmission on 6/10/23 with diagnoses that included stroke, hemiplegia and hemiparesis of left side, contracture of left hand, heart disease, mild cognitive impairment, and repeated falls. A review of the Minimum Data Set (MDS) assessment revealed a Brief interview of Mental Status (BIMS) score of 13/15 that indicated the Resident had intact cognition and the Resident was dependent with most activities of self-care. On 4/15/24 at 3:32 PM, Resident #9 was observed sitting in his wheelchair in the hallway outside his room. The Resident was asked questions, answered questions and engaged in limited conversation. An observation was made of Resident #9's left hand with contractures of the fingers curled towards the palm of the hand. The fingernails were observed to be very long. The fingernails on the right hand were observed to be long but not as long as the left hand. The Resident was asked about his fingernails and indicated they were too long wished that someone would trim them. On 4/16/24 at 2:24 PM, an interview was conducted with the Assistant Director of Nursing (ADON) regarding Resident #9's fingernail length. The ADON reported that the Resident would refuse to have his nails cut and that they had care planned for it. An observation was made of Resident #9's nails with the ADON. The nails were long. The ADON asked the Resident if he would let them cut the nails and the Resident responded that he wanted them cut. The ADON indicated that she would have staff trim his nails. Resident #18 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident #18's medical record revealed an admission into the facility on [DATE] and readmission on 4/12/23 with diagnoses that included heart disease, diabetes, dementia, seizures, cataract in right eye and anatomical narrow angle in the left eye. Review of the most recent MDS revealed a BIMS score of 13/15 that indicated intact cognition and the Resident was dependent on staff for most self-care needs. On 4/16/24 at 9:16 AM, during the initial tour of the facility, an observation was made of Resident #18 lying in bed. The Resident was interviewed, answered questions and engaged in conversation. An observation was made of Resident #18's call light on the floor and not in reach for the Resident. When asked about her call light, the Resident indicated she uses it and stated, Half the time I can't find it and the other half the time they are busy. I have to wait till someone gets to me. When asked if she had to wait more than a half hour, the Resident stated, sometimes, and longer at times. The Resident stated, They be busy and other people be waiting too. An observation was made of Resident #18's long fingernails. When asked if she liked them long, the Resident stated, My nails are too long, they need to be cut. When asked if they offer to trim her nails regularly, the Resident stated, No one offered, and indicated that she was going to go down to activities to get them trimmed but indicated she missed the nail care and restated, They are too long. On 4/16/24 at 9:40 AM, after the Resident interview, the Nurse was located and told Resident #18's call light was on the floor. The Nurse indicated the call light should be clipped to the bed and indicated she will get the call light for the Resident. On 4/16/24 at 2:42 PM, an observation was made with Unit Manager A of Resident #18's fingernails. The Resident voiced to the Unit Manager that they were too long and wanted them trimmed. The Resident's call light was on the floor and the Unit Manager put the call light back in reach for the Resident. The Unit Manager was notified that the call light had been observed on the floor during the initial tour of the facility and was asked if the cord had a clip on it. The Unit Manager asked the Resident if she wanted it on her TV that had an extension arm and the Resident indicated she did not want the call light there. The Unit Manager indicated she would get a clip to secure it to the bed. Resident #30 and #34 On 4/15/24 at 12:21 PM, an observation was made of Resident #30 propelling himself in the wheelchair from his room to the hallway. An observation was made in Resident #30 and #34's room of the call light for Resident #30 lying on the floor underneath the bed. Resident #34 was not in the room, but the bed was made. An observation was made of Resident #34's call light not in reach but was found underneath the Resident's bed by the head of the bed. When asked about using the call light, Resident #30 reported he uses it if he needs something but indicated he takes himself to the bathroom. Resident #37 A review of Resident #37 medical record revealed an admission into the facility on [DATE] and readmission on 7/18/21 with diagnoses that included chronic obstructive pulmonary disease, depression, anxiety and dependence on supplemental oxygen. A review of the Resident's MDS revealed a BIMS score of 14/15 that indicated intact cognition and the Resident was independent with self-care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/15/23 at 12:43 PM, Resident #37 was observed sitting on her bed. The Resident was interviewed, answered questions and engaged in conversation. The Resident was asked if she had a call light in reach and indicated she did and stated, I have a call light, its' getting them to answer it. When asked how long it takes them to answer, the Resident reported over a half an hour, or longer at times and stated, They don't like me, and they don't like to answer my call light. Resident #51 A review of Resident #51's medical record revealed an admission into the facility on [DATE] and readmission on 8/17/22 with diagnoses that included dementia, depression, and heart disease. A review of the Resident's MDS revealed a BIMS score of 9/15 that indicated moderately impaired cognition and the Resident needed substantial/maximal assistance with dressing and partial/moderate assistance with personal hygiene. On 4/15/24 at 11:48 AM, an observation was made of Resident #51 laying in bed with the head of the bed elevated. The Resident was interviewed, answered questions and engaged in conversation. The Resident was asked about her call light, but she did not know where it was. An observation was made of the Resident's call light cord clipped to the roommates TV cord on the other side of the partially pulled privacy curtain. The call light was not in reach for the Resident. The Resident was asked about response time when she used the call light and reported sometimes it was more than a half hour wait for staff to answer. An observation was made of the Resident's fingernails that were long, misshaped, and inconsistent in length with the thumb nails very long. When asked if she like to have long nails the Resident reported not liking the nails that long and stated, They need to be shorter, get stuff under them. When asked if she would let staff trim her nails, the Resident stated, Yes I would let them clip them if they would come in and do it. A review of facility policy titled, Call Light, Use of, revealed, Procedure Purpose: To respond promptly to resident's call for assistance . Procedure Details: .2. Answer call lights in a prompt, calm, courteous manner, . 4. When providing care to residents be sure to position the call light conveniently for the resident to use. Tell the resident where the light is and show him/her how to use the call light . 7. Place call light on the bed or preferred location stated by the resident prior to leaving the room. A review of facility policy titled, Fingernails/Toenails, Care of, revealed, Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections . General Guidelines: 1. Nail care includes regular cleaning and regular trimming/filing. 2. Proper nail care can aid in the prevention of skin problems around the nail bed . 4. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. 37666 Based on interview and record review, the facility failed to ensure that residents received their mail on Saturdays, resulting in residents not being able to exercise their right to receive mail and access communication. Findings Include: FACILITY On 4/16/24 at 2:30 PM, during an interview with a Confidential Group of Residents, when asked if the residents received Mail on Saturdays, the residents stated, The Mail doesn't run on Saturday. The Mail lady has weekends off. During further discussion, the residents said they did not receive mail on Saturday but did receive mail during the week. On 4/17/24 at 2:32 PM, the Activity Director I was interviewed related to resident mail delivery on Saturday, she said the post office was to deliver it to the front desk receptionist and the receptionist was to put it in the activities mailbox and then the activities aide who works on the weekend delivered it. The Activity Director I said she had worked on the weekend for the last several weeks and didn't recall if there was mail in the Activities mailbox. The Activities Director showed the room with the mailboxes and identified where the Activities mailbox was. It was located on the top of the mailboxes. On 4/17/2024 at 2:40 PM, Activities Aide K was interviewed about delivering the resident's mail to them on Saturday; she said she had delivered mail during the week but didn't remember the last time mail was delivered on the weekend. On 4/17/2024 at 2:50 PM, the Front desk Receptionist J was interviewed about the Mail delivery to the residents and she said sometime between 12:00 PM and 3:00 PM on Monday-Saturday, the post office delivered the mail to the front business office (sometimes it was later). She said although the business office door was locked, the receptionist had to open it with a key for delivery. When asked if the Mail was being delivered on Saturday, she said she was unsure if it was actually being delivered. She said if there was mail, the receptionist would sort the mail and place the resident's mail in the Activities mailbox. She said she supervised the other receptionists and would contact them to see if they were following the process. On 4/17/2024 at 3:30 PM, interviewed the Administrator about the mail. She explained the process for delivering the mail via the Receptionist at the front desk. Reviewed with the Administrator, the staff did not know if the residents were receiving mail on Saturday. A review of the facility policy titled, Mail and Electronic Communication, dated 4/2023 provided, Residents are allowed to communicate privately with individuals of their choice and may send and receive personal mail . Mail and packages will be delivered to the resident within twenty-four hours of delivery on premises or to the facility's post office box (including Saturday deliveries) . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the Rights of Residents in Michigan Nursing Facilities, dated 2022 revealed, As a resident of a Michigan nursing facility, you have extensive rights guaranteed under federal and state law. As a basic premise, all residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility . You have the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for you .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37771 Based on observation, interview and record review, the facility failed to ensure 1.) Resident rooms were clean and in good repair and free of chipped paint and broken tiles; 2) Resident lift equipment was clean; and 3.) Wash basins were properly stored and labeled, affecting room numbers #101, 103, 104, 105, 203, 204, 209, and 211, and residents using the sit-to-stand lift, resulting in an unsanitary environment, potential spread of infection, and dissatisfaction with living conditions. Finding include: On 4/15/24 at 11:43 AM, an observation was made of a Sit-to-Stand mechanical lift in the 100-unit hallway. An observation was made of whitish/yellowish debris on the pads where the lower leg rest against when the mechanical lift was in use. An observation was made of the base, where the Resident's feet would be placed, of dirt and debris. On 4/15/24 at 11:57 AM, an observation was made during the initial tour of the facility, of the bathroom between room [ROOM NUMBER] and 103, with two Residents in each room that shared the bathroom. An observation was made of two basins stacked together and on the floor underneath the sink with a bed pan in a bag on the floor. The basins and the bedpan did not have visible identifying information as to whom the basins and bedpan belonged to. On 4/15/24 at 1:00 PM, an observation was made during the initial tour of the facility of room [ROOM NUMBER]-1's dresser drawers with two drawers that overlapped. The CNA in the room attempted to open the bottom drawer but the second drawer opened not allowing the contents to be accessible. On 4/16/24 at 9:24 AM, an observation was made of room [ROOM NUMBER]-1 of the Resident laying in bed with the breakfast tray on the overbed table. When asked the Resident said she was done eating. An observation was made of a soiled brief on the floor, two wipes on the floor with one that had bowel movement on it, a piece of the brief, and two washcloths on the floor. On 4/16/24 at 9:28 AM, an interview was conducted with CNA E regarding the debris on the floor in room [ROOM NUMBER]-1. The CNA indicated that she had not been in the room to provide care to the Resident. An observation was made with the CNA of the debris on the floor and reported that had been left from the nightshift and indicated that should not be left on the floor. The CNA indicated she had been in the room earlier but had been on the other side of the bed and it was not visible from that side. On 4/16/24 at 9:32 AM, an observation was made with the Director of Nursing (DON) of room [ROOM NUMBER]-1 with the debris on the floor. The DON indicated that staff were to pick up items and throw them away when care was provided and stated, They should not be left on the floor, The DON was not aware that it was from the nightshift and reported that she will deal with that. On 4/16/24 at 9:40 AM, an observation was made of a Sit-to-Stand in the 100 Unit hallway that was a different mechanical lift then observed on 4/15/24. An observation was made of whitish debris on the pads where the Resident's leg would rest against when the lift was in operation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/16/24 at 2:42 PM, an interview was conducted with the Unit Manager A of the Sit-to-Stand mechanical lift in the 100 Unit hallway. An observation was made of the lift that was observed on 4/15/24 that had the same debris on the base as seen on 4/15/24. The lift had a cream-colored debris on the pads that the Resident legs would be positioned against when the lift was in use. The Sit-to-Stand mechanical lift in the 200 Unit hallway was observed with the Unit Manager with whitish substance on the leg pads. The Unit Manager got a glove and wiped at the leg pads and smeared and indicated it was possibly lotion. The Unit Manager indicated that she would make sure they are cleaned. An observation was made with the Unit Manager of basins stacked together with a bedpan on top of the basins. The Unit Manager indicated that the basins should be labeled with resident initials or room number, and they should not be stored on the floor of the bathroom. There was no identifying information on the wash basins or bedpan and the Unit Manager threw the items out. 37666 FACILITY Environment On 4/15/2024 at 10:00 AM, during a tour of the facility bathroom for the 205 and 207 rooms, two blue wash basins were lying beside each other on the floor under the sink. In one blue basin was a bed pan unlabeled. There were two residents in both the 205 and 207 rooms, with all sharing the bathroom. It was unclear which basin belonged to which resident or who the bedpan belonged to, or if they had been used. All were contaminated from sitting on the floor. On 4/15/2024 at 10:45 AM, during a tour of the facility in rooms 208 the floor was observed to have chipped floor tile and scrapes on the walls. On 4/15/2024 at 11:13 AM, during a tour of the facility, the bathroom that was shared by the residents in the 204 and 206 rooms, was observed to be very soiled and unkempt. There were two blue wash basins on the floor of the bathroom and a piece of plumbing pipe was laying in one of the basins. On 4/17/2024 at 11:10 AM, during a review of the facility Infection Prevention and Control program, spoke with Infection Preventionist H and requested to speak with the Maintenance Director. He said the Maintenance Director had resigned that week and someone else was filling in. Prior to exit on 4/17/2024 at 5:30 PM, the interim Maintenance Director was not interviewed about the identified issues in need of repair. A review of the document titled, My Rights as a Resident of a Nursing Home, via the Michigan Long Term Care Ombudsman Program provided, . My Right to Dignity: I have the right to- Live in a clean and safe place .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 37666 Based on interview and record review, the facility failed to review and revise care plans with resident changes to ensure interventions necessary for care and services were provided for one resident (Resident #45) reviewed for care plans, resulting in the potential for unmet care needs. Findings Include: Resident #45 Activities of Daily Living On 4/15/24 at 12:04 PM, during a tour of the facility a Confidential Resident stated, Resident #45, Never bathes/showers and it makes the room smell. The Confidential Person said they couldn't bring visitors in because of that. On 4/15/2024 at 12:15 PM, Resident #45 was observed lying in bed, awake with soiled clothes with brown stains. The resident appeared disheveled, his hair unwashed and the bed linens were soiled with brown stains. There were papers all over the bed. The resident did not readily answer questions. On 4/16/2024 at 4:20 PM, during an interview with Certified Nurse Aide R about Resident #45, she said she was familiar with this resident, and had taken care of him in the past. Upon entering the resident's room, he was observed in bed, awake and alert. He appeared to have shaved his face, his hair looked cleaner, and he changed his clothes; his bedding was clean. The Nurse Aide said he often didn't want to have help with care. The resident didn't answer any questions about his care but smiled when complemented on how well he looked. Upon review of the staff assignment book that listed the daily showers, Resident #45 was listed to have a shower on 2nd shift that day. On 4/16/2024 at 4:30 PM, during an interview with Certified Nurse Aide Q, she said she was assigned to Resident #45. When asked about the residents lack of bathing and changing his clothes, she said he didn't like to go to the main shower room and stated, He does better in his room if you set him up with the supplies to perform his own care. On 4/16/24 at 4:36 PM, Social Worker N was interviewed about Resident #45, she said the resident previously lived alone and she wasn't sure how well he was doing with providing care for himself. The Social Worker stated, He refuses; I don't think he has ever had his hair washed. He will clean up at times, privately in the bathroom with basin and water. He will usually go a week at a time; at his home he did not have running water. She said his neighbors would call and complain. The Social Worker said Resident #45 went to the facility salon for a haircut and wash and he did well. She said it took constant communication, and encouragement. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/17/24 at 9:30 AM, during an interview with the Assistant Director of Nursing/ADON related to Resident #45's lack of hygiene, she said the resident said water is evil. It is my right to not take a shower. She said he would refuse to change clothing, but will wash up with set up, but doesn't thoroughly wash. He refuses. Reviewed with the ADON that the resident appeared to like praise when he washed and changed his clothes and the staff said he really liked having his hair washed and cut in the salon. She confirmed he had gone to the salon, but it wasn't regularly. Reviewed with the ADON that Resident #45's hygiene habits could be a hardship for his roommate. A review of the Care Plan for Resident #45 revealed the following: ADL (activities of daily living) Self-care deficit as evidenced by generalized weakness related to physical limitations. Patient exhibits poor personal hygiene . Patient refusing showers and stated he does not shower or take a bath. Patient stated that water is evil and he does not like water. Continues to refuse all attempts to provide showers, date initiated 8/18/2020 and revised 9/6/2020 with Interventions: Assist to bathe/shower as needed as the patient will allow. Patient refusing showers and refuses to be shaved, date initiated 8/18/2020 and revised 3/17/2023; I prefer to have facial hair. I will request assistance from staff if I wish to shave, date initiated 9/25/2023; Needs strong encouragement for personal hygiene, date initiated 7/14/2023; Patient's preference is not to have staff provide personal care. Patient will not allow staff to assist him with shaving, bathing or changing his clothes. Patient will not take a shower, date initiated 5/3/2023 and revised 5/16/2023. Resistive/noncompliant with are Patient flatly refuses to take a bath or shower. Patient stated that water is evil and does not get near water related to: Belief that treatment is not needed. Patient will not allow staff to assist with daily care. Patient will wear the same clothes for days and not allow staff to change his clothes. Patient refuses to be shaved the majority of the time. Patient does not allow staff to clean his room, date initiated 10/15/2021 and revised 8/29/2023 with Interventions: Allow for flexibility in ADL routine to accommodate mood, preferences, and customary routine, date initiated 10/15/2021; If resists care, leave (if safe to do so) and return later, date initiated 10/15/2021. The interventions on Resident #45's care plans were generic and at times contradicted each other. The staff described specifically how the resident would perform care and hygiene, in the bathroom with set up, but this was not mentioned on the care plans. He also liked going to the salon, but there was no plan for this. Repeatedly the care plans indicated the resident did not like water, but there was no mention of alternative interventions to water, such as waterless bathing and hair washing products. The resident did not allow for his room to be cleaned, but he had a roommate. The Care plans did not provide guidance to promote the resident's hygiene needs. A review of the facility policy titled, Care plans, Comprehensive Person-Centered, dated reviewed 3/23 provided, A comprehensive, person-centered are plan that includes measurable objectives and timetables, to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident . The comprehensive, person-centered care plan: . builds on the resident's strengths and reflects currently recognized standards of practice for problem areas and conditions . The interdisciplinary team reviews and updates the care plan . when the desired outcome is not met .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22348 Based on observation, interview, and record review, the facility failed to provide appropriate skin care to prevent the development and failed to implement adequate interventions to avoid the worsening of unstageable pressure ulcer for one resident (Resident #69) of five sampled residents reviewed for pressure ulcer out of a total sample of 18 residents, resulting in the development and worsening of a facility-acquired pressure ulcer resulting in severe pain and suffering, and the potential for infection, delayed wound healing and a deterioration in health status. Findings include: Resident #69 (R69): On 4/17/24 at 10:21 AM, Resident #69 (R69) was observed for wound care. Wound Nurse A and Nurse B were observed to provide wound care for R69. R69 was found lying on his back and his right leg and right heel did not have a pillow or any device to position the heel off the bed. R69's right heel had a protective dressing that was not secure and almost coming off his right heel. While Nurse B attempted to turned R69 towards his left side to prepare him for wound care, R69 screamed in pain. Wound Nurse A continued to remove the dressing from the sacral area and noted a dark blackened area (eschar) with slough in the unstageable sacral ulcer. The wound measured approximately 2 inches in length and half an inch in width. The Wound Nurse A was asked to take wound measurements during the wound observation. However, Wound Nurse A explained that she did not have the camera ready and available. She explained by stating, That is how the facility measured the wound area for accuracy. Wound Nurse A further revealed that they measured the wound yesterday (on 4/16/24), and found that the wound area had significantly increased compared to last week when it was first discovered on 4/10/24, just less than a week ago. During the wound observation, R69 was screaming intermittently due to pain. R69 was observed grimacing and had jerking movement when the Wound Nurse sprayed a wound cleansing solution directly on his sacral area. However, R69 insisted that Wound Nurse A continued the wound treatment despite the pain just to get the treatment done and over. While Nurse B was holding R69 for positioning, Nurse B revealed that R69 had just received his pain medication (a muscle relaxer and Oxycontin) just a few minutes before the wound treatment started. When asked how long she waited for the pain medication to take effect after giving it, Nurse B did not reply. R69, during the wound care observation, indicated that there was increased pain when the sacral wound developed a week ago. R69 indicated that the pain limited his movements necessary for repositioning and offloading. A review of the R69 Electronic Medical Record dated 4/16/24 showed that the sacral wound measured 4.8 centimeters (cm) (length) X 1.55 cm (width), with a total wound area of 4.72 cm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0686 Level of Harm - Actual harm Residents Affected - Few	R69, during an interview conducted on 04/16/24 at 04:31 PM, R69 indicated that he did not have a sore on his bottom when he was admitted to the facility on [DATE]. R69 revealed that his sacral wound developed in the facility. R69 explained that the staff left him soiled for prolonged periods, did not change him, and sometimes waited for over two hours to get cleaned. That is how the wound developed on his bottom. R69 continued to explain and stated, I was asleep a lot because of my pain medication. Last week, they found the wound on my bottom, and the wound nurse told me yesterday that the wound is larger compared to when it was found. R69 further described, The pain has increased every time they move me or do the treatment to the sacral area. R69 revealed that he received wound care only when the wound nurse (named the wound nurse) was working. On 4/16/24 at 10:00 AM, a review of R69's Electronic Medical Record (EMR) revealed R69 was 61 y/o with a primary diagnosis of Traumatic Subarachnoid Hemorrhage without loss of consciousness. R69 was admitted to the facility Post-Motor Vehicle Accident MVA on 3/21/2024. R69 was his own responsible party with a Brief Interview of Mental Status BIMS Score of 14/15 (date assessed 3/28/24), which means R69 is cognitively intact. R69's Minimum Data Set (MDS) assessment dated [DATE] revealed that R69 depended on staff to perform his Activities of Daily Living (ADL's), especially with feeding, personal hygiene, bed mobility, and transfers. Although he had some post-surgical wounds from the MVA, his skin assessment upon admission did not indicate any pressure ulcer or skin alteration in the sacrul area. The following were other observations conducted for R69. On 04/15/24 at 2:22 PM, R69 was observed lying in bed on his back wearing a neck brace, left leg brace, and left arm brace. At 3:30 PM (on 4/15/24), R69 was observed lying on his back in the same position and at 4:00 PM. When queried on 4/15/24 at 4:00 PM, R69 complained about the staff's delayed response to call lights. R69 expressed that he does not think the staff is competent with using the mechanical lift and is fearful of being moved or transferred in an unsafe manner. R69 revealed that he has a wound in his bottom that developed while in the facility. R69 revealed he was in a lot of pain, and although the pain medication worked, it also made him feel drowsy and was usually out of it. On 4/16/24 at 1:30 PM, R69 was observed lying on his back in his room. At 4:30 PM (on 4/16/24), he remained lying on his back and was in the same position for 3 hours (since 1:30 PM). On 4/16/24 at 10:00 AM, a review of R69's care plan dated 3/21/24 revealed: At risk for alteration in skin integrity related to Diabetes with potential for poor wound healing, impaired mobility, incontinence, morbid obesity, recent surgeries, multiple fractures, pain, use of back and neck brace, CVA with residual weakness. The goal specified: 1.) Decrease or minimize skin breakdown risk, and 2.) The skin will remain free of breakdown within limits of disease process . A Care Plan with an Initiated date of 4/10/24 revealed: .the newly developed stage 3 pressure wound to the sacral area with interventions noted such as: 1.) Administer analgesics as needed for pain, 2.) Administer treatment by physician's order 3.) Daily body audit . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0686 Level of Harm - Actual harm Residents Affected - Few	Both skin care plans dated 3/21/24 and 4/10/24 did not provide a plan to address poor compliance, poor tolerance to movement and re-positioning. It did not have interventions to offload the pressure areas. It did not address keeping the resident clean and dry and protecting the area from any infection or wound complication. When R69 was asked regarding his skin care plan on 3/16/24 at 4:30 PM, R69 revealed he was left soiled and wet by staff for prolonged periods of up to over two hours, and that caused him to develop the wound on his sacrum. The Wound Nurse A was interviewed on 4/17/24 at 12:15 PM. Wound Nurse A described the sacral wound as unstageable with eschar and slough. Wound Nurse A revealed that R69 was admitted to the facility on [DATE] without a sacral wound. R69 skin assessment upon admission did not show any wound in his bottom. There was no redness or signs of Deep Tissue Injury (DTI). R69 had a history of motor vehicle accident MVA and wore a neck brace. He also has to wear a brace on his left leg and left arm. R69 hated being moved but allowed staff to reposition him during care. The neck brace and pain on movement are what contributed to the development of the unstageable DTI. Wound Nurse A admitted that it was a Facility-Acquired wound developed at the facility. Wound Nurse A further indicated that she was alerted on 4/10/24 about R69 needing skin assessment. Wound Nurse A further described that on 4/10/24, they found a large maroon (deep red) in color, a non-blanchable area at the sacrum, and documented the area as Deep Tissue Injury (DTI) found on the sacrum. Treatment started immediately after the sacral wound was discovered on 4/10/24. Offloading the sacral wound area, applied xeroform and foam protective dressing. When queried about the treatment order, Wound Nurse A indicated it was an effective treatment for DTI based on her experience working as a wound nurse. It was not necessarily a standing order for DTI by the physician. The Wound Nurse A further commented: The wound treatment depends on the presenting situation of the skin. When queried if R69's attending doctor or a wound doctor has assessed and examined R69's wound since 4/10/24, Wound Nurse A replied, No. The Wound Nurse A explained that R69's doctor will see him today (4/17/24) during rounds. Wound Nurse A explained, the facility does not have a wound specialist that comes to the facility. Wound Nurse A further indicated that the wound was on them since he did not have the pressure injury when he was admitted to the facility . When Wound Nurse A was asked when the date and time the physician assessed the sacral wound and addressed the significant change upon the discovery of the wound, Wound Nurse A admitted she could not find it on her record on when the Physician was notified. The Wound Nurse A denied obtaining a Dietary/Nutrition Consult or laboratory testing (blood work) after 4/10/24 when the wound was discovered. An interview with R69's Physician, MD D, was conducted on 4/17/24 at approximately 2:30 PM. The MD D revealed that he has not seen nor assessed the wound of R69 since it was discovered. MD D admitted that he had not talked to the wound nurse to discuss the status of R69 and was not sure of the details at the top of his head about the wound status and the appropriateness of current treatment. MD D indicated that every wound has different characteristics, and treatment may differ for everyone. MD D was queried about R69's pain management. MD D revealed that they had addressed the pain management, and staff must administer the pain treatment 30 minutes up to an hour before the scheduled treatments or during positioning or transfers for R69. MD D emphasized that it is vital for staff to wait for the pain medication to kick in before providing the scheduled wound treatment. MD D Stated, If pain is causing limitations on movement, or not moving at all, there has to be a certain way to turn him and move him. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0686 Level of Harm - Actual harm Residents Affected - Few	R69's treatment orders were reviewed on 04/17/24 at 02:34 PM. The April 2024 Treatment record revealed the following: 1.Cleanse buttocks with normal saline. Pat dry. Xeroform to the intergluteal area. Peri guard to surrounding buttocks. Cover with protective dressing every shift and as needed for soilage. Every shift for skin care and observation and as needed. Treatment ordered Active on 4/16/2024 05:15 AM 2. Right heel cleanse with normal saline. Pat dry. Cover with foam heel dressing. 1 x daily as protection. Every day shift every 3 day(s) for wound care Treatment ordered Active 4/16/2024 06:15 AM 3. Cleanse neck anterior aspect with normal saline. Pat dry. Assess skin for skin breakdown under cervical collar. 1 x daily . Upon review of the Treatment Administration Record (TAR) dated March 2024 and April 2024, there were days of missing documentation of treatments in the TAR, such as the dates 4/10/24, 4/11/24 for treatment to perform daily and 4/16/23 when R69 only received one treatment that day instead of every shift as ordered. No orders or documentation were found related to pressure relief interventions, offloading pressure areas, or turning or repositioning times daily to ensure adherence and prevent further worsening of skin injuries. There were no body audits documented daily in the progress notes per care plan. On 4/17/24 at 12:45 PM, during the interview with Wound Nurse A, the surveyor requested to provide a copy of R69's Skin Worksheets by nursing staff from the date of admission, 3/21/24 to 4/17/24. A copy of the physician's consult progress notes and recommended treatments for R69. The surveyor also requested a copy of the facility's wound care protocol, which the staff follows for different stages of pressure wounds, including unstageable wounds and DTI's. These documents requested were not received at the time of exit on 4/17/24 at 5:00 PM. The nurse practitioner working for MD D was unavailable for an interview on 4/17/24 at 3:00 PM at the time of request since she had already left the facility for the day. The following policies were reviewed on 4/17/24 at 4:00 PM. Title of Policy: Skin Management Guidelines and Prevention of Pressure Sores/Injuries Date of Policy: July 2017, updated January 2023. It noted: .The purpose of this procedure is: 1) to identify residents at risk for developing alterations in the skin, including pressure ulcer/injury risk factors, and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0686 Level of Harm - Actual harm Residents Affected - Few	2) to identify specific interventions to assist with prevention and management of skin alterations . . 3) Nursing assistants use a Skin Worksheet as a communication tool to document skin observations. The worksheet is completed at least once weekly with the resident's shower. Completed worksheets are given to the licensed nurse for validation and action planning as needed. .4) If a new skin injury is identified, a. Notify medical provider and obtain treatment orders b. Notify resident/resident representative c. Nurse to complete incident report including root cause analysis and care plan modification as appropriate d. Nurse to document the above in medical record . Title of Policy: Medication and Treatment Orders Policy (undated) was reviewed on 4/17/24 at 3:00 PM. It noted: .Policy Statement: Orders for medications and treatments will be consistent with the principles of safe and effective order writing. Policy Interpretation and Implementation: 1. Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state. 2. Only authorized, licensed practitioners, or individuals authorized to take verbal orders from practitioners, shall be allowed to write orders in the medical record . On 4/17/24 at 1:30 PM, the surveyor discussed R69 identified facility acquired pressure ulcers with the facility Administrator during a Quality Assurance and Process Improvement (QAPI) meeting. The Administrator admitted there were two residents currently with pressure ulcers, which were facility-acquired. The Administrator indicated that the Director of Nursing, DON, and the Wound Nurse A are working on these two residents. The Administrator was informed that documents of R69's wound were requested from Wound Nurse A on 4/17/24 at 12:45 PM. These documents requested from Wound Nurse A were not received at the time of exit on 4/17/24 at 5:00 PM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49944 Based on observation, interview and record review the facility failed to ensure that medications were administered per the physician's order for two residents (Resident #53 and Residednt #273) resulting in multiple medication administrations not being documented in the Electronic Health Record (EHR)(Resident #53) and a lidocaine patch not being removed prior to administering another patch(Resident #273) with potential for adverse reactions and skin irritation. Findings include: Resident #53 (R#53): On 04/15/24 at 01:00 PM, R#53"s facesheet was reviewed and revealed that they are [AGE] years old and admitted to the facility on [DATE]. Pertinent diagnoses on admission include discitis, endocarditis, osteomyelitis, alzheimers, hypertension, hyperlipidemia and methicillin resistant staphylococcus aureus (MRSA). On 04/15/24 at 01:03PM, record review revealed a physician's order for Daptomycin(antibiotic) 500mg intravenously (IV) one time a day for endocarditis until 04/24/24. On 04/15/24 at 01:06 PM, record review of R#53's medication administration record's (MAR) from March 2024 and April 2024 revealed two (2) administrations for daptomycin (an antibiotic) on 03/30/24 and 04/03/24 not being signed out on the MAR. No documentation of refusal or a reason for not administering the medication is noted. On 04/16/24 at 01:10 PM, record review of the MAR from March 2024 revealed administrations of donepezil(treats dementia of the alzheimers type), mirtazapine and atorvastatin(treats hyperlipidemia) on 03/31/24 not being signed out on the MAR. No documentation of refusal or reason for not administering the medications is noted. On 04/16/24 at 01:15 PM, record review of the MAR from April 2024 revealed administrations of atorvastatin, donepezil, mirtazapine and senna on 04/02/24 not being signed out on the MAR. Administrations of amlodipine(treats hypertension), calcitonin and losartan(treats hypertension) on 04/03/24 were not signed out on the MAR. No documentation of refusal or reason for not administering the medications is noted. On 04/16/24 at 01:27 PM, the Director of Nursing (DON) was interviewed and was asked how they monitor the MAR for residents to ensure completion and that medications are being signed out and administered? The DON states that they review the MAR to look for omissions at their morning meeting, if there are any omissions they are corrected by calling the staff in to correct them. The DON was asked about the omissions on 03/30/24, 03/31/24, 04/02/24 and 04/03/24 and she stated that she doesn't know why they were not signed out but she will look into it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/16/24, the policy titled Medication Administration was reviewed and revealed: 21. If a drug is withheld, refused, or given at a time other than the scheduled, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose. 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next one. 23. As required or indicated for a medication, the individual administering the medication records in the residents medical record: the date and time the medication was administered, the dosage, the route of administration, the injection site (if applicable), any complaints or symptoms for which the drug was administered, any results achieved and when those results were observed and the signature and title of the person administering the drug. 37771 Resident #237: A review of Resident #237's medical record revealed an admission into the facility on [DATE] with diagnoses that included stroke, kidney disease and heart disease. A review of the Resident's orders revealed an order for Lidocaine Pain Relief 4% patch, apply to back topically one time a day for pain, with Supply Directions: Apply 1 patch topically to back every morning (on in the morning, off at bedtime). On 4/17/24 at 8:25 AM, during the medication administration task for the survey an observation was made of Nurse F giving medication to Resident #273. The Nurse assembled the medications for Resident #273 that included a Lidocaine patch 4%. The Nurse was asked about the order and reported the patch was to be on for 12 hours and scheduled to be removed in the evening about 9:00 PM. The Nurse administered the oral medications to the Resident. The Lidocaine patch was to go on the Resident's lower back. The Nurse exposed the Resident's lower back and the Lidocaine patch from the previous day remained on the Resident's lower back. The Nurse removed the old patch, cleaned the skin and applied the new patch. When asked if the old patch should have been removed, the Nurse indicated it should have been removed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 37771 Based on observation, interview and record review, the facility failed to properly dispose of wasted medications and secure treatment carts that contained prescription treatment medications and medical supplies, resulting in the potential for drug diversion and ingestion of medicated substances. Findings include: On 4/16/24 at 2:42 PM, an observation was made with Unit Manager, Nurse A during a review of concerns in the 100 Hall Unit and 200 Hall Unit. While approaching the 200 Hall Unit with Nurse A an observation was made of the treatment cart in the 200 Hall, unattended by a Nurse. The cart had a drawer that was partially open. Upon observation of the cart, the drawer was able to be pulled open with skin and wound treatments in the drawer. The Unit Manager indicated that the cart should be locked. Upon locking the cart, it was found to be locked but that the drawer was not pushed in all the way, leaving access to that drawer. The Unit Manager closed the drawer and made sure it was then secure. On 4/17/24 at 7:53 AM, an observation was made during medication administration task of the survey of a treatment cart in the 400 Hall unit that had a drawer partially open. Nurse G was asked about the open drawer in the treatment cart and stated, It should be locked. The drawer had supplies for wound treatments. On 4/17/24 at 8:15 AM, an observation was made during the medication administration task of the survey of Nurse F doing a medication administration for a Resident. As this surveyor came up to Nurse F with medications in a medication cup. The Nurse was asked for observation during medication administration. The Nurse indicated that she was OK with the observation. The Nurse had medication prepared for a Resident and reported she had dropped a medication, threw the medication, which was a large white pill, into the garbage on the side of the medication cart. The Nurse went to pass the medications to a Resident. Upon return, the Nurse was observed to prepare the medication for another Resident. The Nurse dropped a Tums tablet (antacid medication) on the medication cart. The Nurse indicated she had dropped the medication, would discard it, threw the medication into the side garbage on the medication cart and retrieved another tablet for the Resident. The Nurse pushed the cart in the hallway to the Resident's room where she was going to be giving the medication. The medication cart remained in the hallway while the Nurse went to the Resident in bed two, who had a curtain pulled. The medication cart was out of sight of the Nurse. Upon returning to the cart, a Resident in a wheelchair was next to the cart on the side of the garbage that was positioned low on the cart. The garbage did not have lid positioned over the garbage leaving it accessible to the Resident in the wheelchair. Upon realization that the Nurse had discarded two medications into the garbage, the Nurse was informed of the medication in the garbage and asked what the facility policy was on disposal of medication. The Nurse reported that they do not belong in the garbage. When asked what the other medication was that had been discarded in the garbage, the Nurse indicated it was Metformin (an antidiabetic medication to control high blood sugar often used in patients with diabetes). The Nurse did not remove the garbage from the medication cart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Nurse proceeded to prep medication for the next Resident. One of the medications was not available in the medication cart and the Nurse left the cart in the hallway to retrieve medication from the back-up medications. The Nurse left the hallway and was not seen. The Resident remained in the hallway propelling herself in the wheelchair. Upon the return of the Nurse, the surveyor informed the Nurse that the garbage where the medications had been discarded remained on the cart. The garbage did not have a lid positioned over the contents of the garbage. The Nurse then removed the garbage from the side of the medication cart. On 4/17/24 at 1:47 PM, an interview was conducted with the Director of Nursing (DON) regarding medication storage and disposal of medication. The DON indicated that the Nurse should not be throwing the medication in the garbage. A review of facility policy titled, Discarding and Destroying Medications, revealed, Policy Statement: Medications will be disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances . 2. Non-controlled and Schedule V (non-hazardous) controlled substances will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications . A review of facility policy titled, Medication Administration, revealed, .19. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident's room, with open drawers facing inward and all other sides closed. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to resident or others passing by .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37771 Based on observation, interview and record review, the facility 1.) Failed to ensure that food products were properly labeled with an Opened and/or Use by date and dispose of expired food items; 2.) Failed to monitor/document temperatures of a refrigerated unit; 3.) Failed to properly wash and dry cookware/bakeware/food containers before stacking/storage; and 4.) Failed to maintain sanitary cooking equipment, resulting in the potential contamination of food, bacterial harborage and the increased potential for food borne illness. This deficient practice had the potential to affect all residents who consume food prepared in the kitchen with a census of 73. Findings include: Initial tour of the Kitchen: On [DATE] at 9:27 AM, an initial tour of the facility kitchen was conducted with Dietary Manager L. The following observations were made: -Two knives were found in the knife holder that had debris on them. The Dietary Manager was asked if the items were ready for use and the Dietary Manager indicated they were. -Muffin tins ready for use were found to be oily, had baked on oil residue and one with food debris on them. -Metal trays stacked and ready for use, had multiple trays that were wet and one with whitish droplets on them. [NAME] Q was asked about stacking the items wet and indicated they were not aware the items needed to be dried prior to stacking. The Dietary Manager indicated they needed to be dry before stacking. -Venting system over the cook area with debris. -Four of five non-stick pans with the coating coming off the cook area of the pans. -Multiple wet metal pans that would hold food, stacked together wet. -Refrigerated section in the kitchen area, that had an open date that was hard to read of ,d+[DATE]. There was not a use by date. When asked, the Dietary Manager indicated there should be an open date and a use by date. -Milk in the refrigerator opened and partially used, not labeled with an open date or use by date. -Juice in plastic containers without a date it was stored in the containers or a use by date. -Mustard with a received by date of [DATE], not labeled with an open date or use by date. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Meat slicer with a bag over top. The Dietary Manager indicated it was ready to use. The slicer had meat debris on the cutting area and oily residue were the meat would rest after being sliced. -Robot Coupe used to puree food, stored with the top on and wet inside. -Coffee containers, ready to use. One container had coffee inside and another had paper debris inside. -Hot water pitcher, stored wet with the lid on. -Coffee machine, dirty inside the machine and the bagged coffee did not have an open date. When asked about dating the opened coffee bag, the Dietary Manager stated, Yes, they should date it even though we go through it so fast. -Juice machine dirty and sticky inside the door and underneath. The juice that was hooked up to the juice machine were not dated with an open date. When queried, the Dietary Manager indicated staff should be dating when it was opened. -Instant coffee container with an expiration date of [DATE]. -English muffins on the bread rack had moisture inside the bag. The Dietary Manager indicated they were pulled from the freezer. The Dietary Manager was unsure when the item was pulled from the freezer and indicated it should have a use by date on the package. -Personal staff items of a drink in a Styrofoam cup and a jacket in the tray prep area. The Dietary Manager indicated the items should not be stored there. -Plastic trays that are used to serve food to the units had some trays that were stacked and wet. -In the cupboard area a mixer had food debris on the cord and cocoa powder with an expiration date of , d+[DATE]. There was not an opened date on the container. -In the walk in refrigerator, a tray of cups of pineapple were on a shelf that were not well covered and exposed to the circulating air. The Dietary Manager indicated they should be covering them. -An open bucket of pickles that did not have a receive by date and was not labeled with a open or use by date. The Dietary Manager indicated they had recently received the pickles. -Two ice cream containers, opened on [DATE] and was not labeled with a use by date. The Dietary Manager reported she was unsure how long they were good once opened but indicated she thought it was three months but discarded the containers. A review of the kitchenette on the 500-hall unit was reviewed for food storage with Dietary Manager L. An observation was made of open ketchup in the cupboard area that did not have an open date or in a refrigerated area and syrup that did not indicate who the items belonged to or when they were opened. Thickened coffee container with an expiration date of [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The refrigerator temperature logs for the Dairy cooler were reviewed with Dietary Manager L. The logs had an area for an AM temperature and PM temperature recording. The temperature log showed multiple entries, six from [DATE]st to 14th, of temperatures not recorded but had a dash for the time, temperature and initials. The March log had three areas that were left blank and six areas that were left with dashes. The Dietary Manager indicated they had a staff that put the dashes when the temperatures were within range and reported they should be filling it in with the temperatures. A review of facility policy titled, Food Service Sanitization, revealed, Policy Statement: The food service area shall be maintained in a clean and sanitary manner. Policy Interpretation and Implementation: .2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning . 3. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solutions . A review of facility policy titled, Refrigerators and Freezers, revealed, Policy Statement: This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines. Policy Interpretation and Implementation: .3. Monthly tracking sheets will include time, temperature, initials, and action taken . 4. Food Service Supervisors or designated employees will check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening . 7. All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened. 8. Supervisors will be responsible for ensuring food items in pantry, refrigerators and freezers are not expired or past perish dates .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37771 Based on observation, interview and record review, the facility failed to ensure that proper communication/documentation of Hospice services were provided to one resident (Resident #37) of two residents reviewed for Hospice services, resulting in the lack of receipt of progress notes/assessments to resident medical record with ineffective communication and collaboration of services between the facility and hospice service, lack of residents and staff aware of hospice schedule and the potential for unmet care needs. Findings include: Resident #37: A review of Resident #37 medical record revealed an admission into the facility on [DATE] and readmission on 7/18/21 with diagnoses that included chronic obstructive pulmonary disease, depression, anxiety and dependence on supplemental oxygen. A review of the Resident's MDS revealed a BIMS score of 14/15 that indicated intact cognition and the Resident was independent with self-care. On 4/15/23 at 12:43 PM, Resident #37 was observed sitting on her bed. The Resident was interviewed, answered questions and engaged in conversation. The Resident was asked if she received hospice services while at the facility. The Resident indicated she was under hospice care and stated, My time is coming. The Resident indicated she had a pastor, a nurse that comes and one to give me a bed bath. When asked what days they came, the Resident was unsure. When asked if she had a calendar to refer to, the Resident indicated she was not given a calendar. On 4/17/24 at 10:19 AM, Resident #37's hospice binder was reviewed. The contents of the binder included a paper that listed the hospice schedule: Nursing Fridays, Aide-Tuesday and one Wednesday a month, SW (Social Worker)-One Friday a month. There was a calendar, titled, Planned Hospice Visits for Current Certification, with visits listed for the month of January. There were no recent calendars. The Hospice admission consent was signed on 10/13/24. The Hospice Staff Collaboration Log document listed visits of hospice staff that came. Multiple nurse documentation of visits revealed Collaboration with the Nurse documentation of Other-Explain: Assessment. There was no documentation of the assessments. Upon review of the electronic medical record, there was a lack of documentation of the hospice nursing assessments. On 4/17/24 at 10:30 AM, an interview was conducted with the Director of Nursing (DON). Resident #37's hospice binder was reviewed with the DON and a lack of documentation in the medical record. When asked about a calendar, the DON indicated there should be an up-to-date calendar and stated, I can get those today. The DON indicated that the Hospice Nurse meets with the Resident's nurse or herself when they come in for a visit. When asked if the Hospice notes, assessments should be included in the Resident's medical record, the DON indicated yes, assessment and notes and all documentation should be copied and put in the binder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666 Based on interview and record review, the facility failed to ensure that ongoing surveillance of infectious illnesses for employees was maintained, documented, analyzed and reported, resulting in the potential for a lack of guidance to ensure compliance with infection control standards of practice and exposure to infectious organisms, which could lead to an unidentified outbreak. Findings Include: FACILITY Infection Control On 4/17/24 at 10:20 AM, during a review of the Infection Prevention and Control Program with Infection Preventionist/IP H, he was asked about surveillance for employee illnesses. The IP said the facility had an employee call in log, that identified staff call-ins from work. He said during the morning Interdisciplinary Team Meeting, he would look at the employee call in logs. The IP was asked if he collected the data and analyzed for similar infections during the week or month. He said he looked at the information but did not write anything down. The IP did not have any written data to compare with resident infections occurring at the same time, monthly, quarterly, yearly or any additional timeframe that might be needed. The IP did collect ongoing data for employee Covid-19 infections, but not for any other employee illnesses/infections. The IP was asked if he reported Infection Surveillance data at the Infection Control Committee meetings and he said the data was reported at the monthly QAPI meetings, but he said he did not report employee illness information. A review of the Facility assessment dated [DATE] revealed, Evaluation of Infection Prevention and Control Program, provided . Track employee and resident infections. Reports monthly on infection control information at our monthly QAPI meetings . Upon review of the monthly Infection surveillance line listings for August 2023 to March 2024, there was no surveillance identified for employee illnesses. The resident infection surveillance listed a variety of skin/wound, urinary, gastrointestinal, ophthalmic, respiratory including a positive urine antigen specimen for Legionella that was being followed by the local health department with monthly water testing and included resident testing in August 2023, infections with multi-drug resistant organisms/MDRO's, including Clostridium difficile. A review of the Monthly Infection summary reports for August 2023 to March 2024 also identified resident infection surveillance including 8 respiratory infections of unknown origin in August 2023, but there was no mention of employee illnesses in any of the reports, except each month the IP wrote Employee illnesses were tracked and considered for possible transmission. There was no additional information. IP H was asked about this during the Infection Prevention and Control program review on 4/17/2024 at 10:45 AM and he said he hadn't written anything down. He was not monitoring, analyzing or reporting infection surveillance for employees. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235184	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Nursing and Rehab	3011 N Center Rd Flint, MI 48506

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility policy titled, Infection Prevention and Control Program, dated reviewed and revised on 3.23, provided An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections . The infection prevention and control program is developed to address the facility-specific infection control needs and requirements identified in the facility assessment and the infection control risk assessment. The program is reviewed annually and updated as necessary. The program is based on accepted national infection prevention and control standards . The elements of the infection prevention and control program consist of . prevention of infection, and employee health and safety . Surveillance: Process surveillance (adherence to infection prevention and control practices) and outcome surveillance (incidence and prevalence of healthcare acquired infections) are used as measures of IPCP effectiveness . The information obtained from infection control surveillance activities is compared with that from other facilities and with acknowledged standards . Data gathered during surveillance is used to oversee infections and spot trends . Monitoring Employee Health and Safety: The facility has established policies and procedures regarding infection control among employees, contractors, vendors, visitors and volunteers .