

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235184	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Briarwood Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3011 North Center Road 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This Citation Pertains to Intake# 2678077Based on observation, interview and record review the facility failed to develop and implement a comprehensive care plan for one resident (#6) of 3 residents reviewed for wound care, resulting in Resident #6 lacking a care plan for a right leg brace. A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #6 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses: history of right knee replacement and post-surgical right knee infection, reduced circulation right leg, heart disease, and arthritis in knees. The resident had full cognitive abilities and made her own decisions. On 12/4/2025 at 10:00 AM, Resident #6 was observed sitting on the bed in her room, with her right lower leg wrapped in a dressing with a right lower leg brace on. The resident said she had previously had knee surgery, and it became infected. She said she was treated with antibiotics, and her knee was better, but she had other wounds on her right leg. The resident said she wore a right foot boot to protect her foot. A record review of the progress notes and wound notes for Resident #6 identified she had 9 wounds to the right foot and lower leg; including the right front lateral lower leg due to a medical device. A review of the Care Plans for Resident #6 identified the following: Resident has pressure ulcers to: Unstageable pressure ulcers to lateral and posterior aspect of right ankle from hinged leg brace and suspected deep tissue injury to posterior aspect of right ankle and lateral side of right foot proximal to 5th toes, date initiated 8/29/2025 and revised 9/5/2025. The interventions did not mention care of the right leg brace. Further review of the Care Plans for Resident #6 indicated there were several Care Plans mentioning the resident's wounds but did not identify mention of a right foot PRAFO boot to aid in preventing skin breakdown. On 12/4/2025 at 10:49 AM, Wound Nurse A was interviewed, and he said Resident #6 was admitted to the facility after having right knee surgery. The right knee wound became infected and was not healing well. It had since healed, but the resident developed additional wounds, including a wound from the resident's right leg brace on the right lower leg. During the interview with Wound Nurse A on 12/4/2025 at 10:50 AM, he was asked about Resident #6's right leg brace and right foot boot. The resident no longer had a right leg brace but had a right foot boot. Upon review of the Care Plan for Resident #6, there was no mention of a leg brace or a right foot boot. The Wound Nurse A was asked if there were written instructions for the right leg brace or right foot boot to ensure staff were applying them correctly and it was not causing skin breakdown. Reviewed with the Wound Nurse physician orders were identified for a right foot PRAFO boot while the resident was in bed and to remove the PRAFO boot every shift to check for skin breakdown, each dated 10/13/2025. Wound Nurse A confirmed the right foot PRAFO boot was not mentioned on Resident #6's Care Plan, or Kardex. Review of the progress notes with Wound Nurse A revealed neither the right knee brace nor right PRAFO boot was mentioned. A review of a facility policy titled, Assistive Devices and Equipment, dated revised January 2020 and reviewed January 2025 revealed, Our facility maintains and supervises the use of assistive devices and equipment for residents. Recommendations for the use of devices and equipment are based on comprehensive assessment and documented in the resident care plan.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>This Citation Pertains to Intake # 2676612. Based on observation, interview and record review, the facility failed to ensure that 1) the sink used for hand hygiene in the kitchen maintained a hot water temperature of at least 85 degrees Fahrenheit and 2) the chemical strips used to test the dish machine were not expired, resulting in the potential for the spread of foodborne illness to all Residents receiving meal service from a census of 99 residents. Kitchen hand washing sink On 12/5/2025 at 9:00 AM, during a tour of the Kitchen with Dietary Supervisor B, a sink for employee hand hygiene was noted near the entrance to the kitchen from the service hall. Upon use of the hot water, it was identified to be very cold. The Dietary Supervisor B was asked about the hot water being cold, as she was observed performing hand hygiene and she said sometimes it had to run a bit for it to warm up. The hot water was left to run for approximately 1 minute and it was still cold, not warm or hot. The Dietary Supervisor B was asked if the hot water temperature for the sink was monitored and she said she didn't know. On 12/5/2025 at 9:15 AM, Maintenance staff F was observed obtaining a temperature of the hot water on the kitchen hand washing sink; it was 67 degrees Fahrenheit and did not get any warmer as the water ran. At 10:25 AM, Maintenance staff F provided a list of hot water temperatures for the building that included resident rooms, shower rooms, therapy gym, salon, lobby bathrooms, main dining room, and activities area. There was no monitoring of the kitchen hand washing sink. An interview with Maintenance Director P, on 12/5/2025 at 12:30 PM revealed the facility was not monitoring the hot water temperature of the kitchen hand washing sink. He said it had not been done, but they would begin after they replaced the mixing valve beneath the sink, as it was not working correctly. On 12/5/2025 at 12:55 PM, the Maintenance Director P was interviewed and said the mixing valve on the kitchen hand washing sink had been replaced and the sink temperature was 110 degrees Fahrenheit. A review of the 2022 Food Code: 5-202.12 Handwashing Sink, Installation. (A) A HANDWASHING SINK shall be equipped to provide water at a temperature of at least 29.4 degrees C (85 degrees F) through a mixing valve or combination faucet. Dish Machine On 12/5/2025 at 9:05 AM, the Dietary Supervisor B was asked about the dish machine that washed the dishes. She was asked how she ensured the dishes were sanitized appropriately and she provided a chemical strip container dated expired 8/2024. She said the dietary staff had not washed any dishes that morning. She was asked if there were additional chemical strips and she said she would look for them. On 12/5/2025 at 9:10 AM, the Dietary Supervisor B returned from her office and said there were no additional strips to test the dish machine. The dietary staff were observed rinsing dishes and preparing to load them into the dish machine. The Dietary Supervisor was asked how she would ensure proper dish sanitization, and she said she would have to get more chemical strips. A review of the Dish Machine Log-Low Temp document used to record dish machine temperatures 3 times a day (Breakfast, Lunch, Supper) indicated Instructions: Record wash temperature and sanitizer PPM (parts per million) and provide initials, three times per day; Notify supervisor immediately if sanitizer PPM is not within acceptable range of 50-100. Each entry on the document dated 12/1- 12/5 December 2025 indicated the Wash temperature was 120 degrees Fahrenheit and the PPM was 50 each time. There was no mention of the Lot number or expiration date of the Test strips. The Dietary Supervisor was asked if anyone was monitoring that the test strips had expired the year before and the test results could be invalid. She said she had never looked at the expiration date on the test strips before. On 12/5/2025 at 9:21 AM, Registered Dietitian/RD J was interviewed and asked about the lack of hot water in the kitchen hand washing sink and the expired dish machine test strips and said she handled the clinical component of dietary needs for resident care and Dietary Supervisor B was responsible for the kitchen. RD J was asked if she was aware there was no hot water for staff to wash their hands in the kitchen hand washing sink and she said was not aware of it. On 12/5/2025 at 10:30 AM, Dietary Supervisor B was interviewed and said she went to the food service store and bought some chlorine test strips for the dish machine. They had an expiration date of 9/2027. Dietary Supervisor B tested the water from the dish machine and the strip turned black indicating 200 parts per million, per the test strip package. A review of the facility policy titled, Dishwashing Machine Use, dated revised March 2010 provided the following, Food Service staff required to operate the dishwashing machine will be trained in all steps of dishwashing machine use by the supervisor or a designee proficient in all aspects of proper use and sanitation. The following guidelines will be followed when dishwashing: 1. a. Wash hands before and after running dishwashing machine, and frequently during the process. 4. Dishwashing machine chemical sanitizer concentrations and contact times will be as follows: Type of Solution: Chlorine</p>		