

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Briarwood Village		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Don Desch Drive Coldwater, OH 45828	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35035</p> <p>Based on record review, observation, resident interview, staff interview, and the review of the facility policy, the facility failed to develop and initiate a care plan in regards to a corrective device for a resident. This affected one resident (#195) of three residents reviewed for range of motion. The facility census was 99.</p> <p>Findings include:</p> <p>Record review for Resident #195 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #195 included post surgical care for digestive tract, overactive bladder, sciatica, and pulmonary hypertension.</p> <p>Further review of Resident #195's list of diagnoses revealed there were no diagnosis relating to a fracture of the leg noted in the medical records.</p> <p>Review of Resident #195's care plans dated 07/26/24 revealed no focus for the plan of care for a walking cast.</p> <p>Review of Resident #195's physician orders revealed no orders for a walking cast.</p> <p>Observation and interview on 08/05/24 at 11:22 A.M. with Resident #195 revealed the resident was alert and oriented. Resident #195 stated she was wearing the walking boot due to having a broken foot. Resident #195 stated she was not informed of any care plans regarding the walking cast and stated she did not know when the walking cast was to be removed. Resident #195 denied any issues with her skin on her right leg but stated she was unsure of the actual condition of the skin.</p> <p>Interview on 08/07/24 at 8:49 A.M. with Licensed Practical Nurse (LPN) #321 verified there was no care plan or physician orders relating to Resident #195's walking cast. Per LPN #321, the resident stated she had a broken foot. LPN #321 verified there was no diagnosis for the resident's right leg noted in the medical records.</p> <p>Interview on 08/07/24 at 9:46 A.M. Regional Clinical Services (RCS) #602 verified there were no orders, no care plans, and no diagnoses in regards to Resident #195's walking cast. Per RCS #602, the resident was admitted with the cast and there have been no skin assessments or care plans for the care of the resident's leg.</p> <p>(continued on next page)</p>

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>Review of the facility policy titled, 'Comprehensive Care Plan', dated 11/2016, revealed the facility must develop a comprehensive care plan for all care to be provided for the health and well being of the residents.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751</p> <p>Based on record review and interview, the facility failed to monitor bruises once observed. This affected one resident (#59) of one resident reviewed for bruising. The facility census was 99.</p> <p>Findings include:</p> <p>Review of medical record for Resident #59 revealed an admitted [DATE] with diagnoses including but not limited to Parkinson's disease, dementia, anxiety, pain in right hip, and syncope and collapse.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] revealed the resident had moderate cognitive impairment with no behaviors. Resident #59 required supervision/touching assistance for activities of daily living.</p> <p>Review of the care plan dated 07/10/24 revealed Resident #59 was at risk for bleeding/bruising related to platelet aggregated therapy. Interventions included medications as tolerated and monitor for signs and symptoms of bruising or bleeding every shift.</p> <p>Review of current physician orders for Resident #59 revealed clopidogrel (blood thinner) 75 milligrams (mg) daily and monitor for signs and symptoms of bruising/bleeding-anticoagulant therapy.</p> <p>Review of change in condition note dated 06/23/24 at 4:17 A.M. revealed State tested Nursing Assistant (STNA) informed this nurse that she found bruising while giving the resident a shower. Upon assessment, two bruises noted to left buttock measuring 12 centimeters (cm) by 6 cm and 9 cm by 6 cm next to each other. When the resident was asked what happened he stated, I was packing at the house and suddenly fell .</p> <p>Review of weekly skin and body review dated 06/26/24 revealed no new areas noted and subsequent weekly skin and body reviews through 08/08/24 revealed no new areas noted. No assessment noted with the description of bruises to determine age or when the bruises had healed.</p> <p>Interview on 08/08/24 at 10:23 A.M. with Regional Clinical Services (RCS) #602 verified they could not find any documentation regarding the nurses were monitoring the bruises to Resident #59's left buttock besides the normal physician order to monitor for signs and symptoms of bruising/bleeding-anticoagulant therapy. RCS #602 verified she could not locate any other documentation as to what the bruises looked like or when the bruises healed.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>45751</p> <p>Based on employee file review and interview the facility failed to ensure State tested Nursing Assistant (STNAs) had 90 day evaluations and/or annual performance evaluations. This affected four of six employee files reviewed. This had the potential to affect all residents. The facility census was 99.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of employee file for STNA #353 with hire date of 05/14/19 revealed no annual evaluation for July of 2023 or any for 2024. 2. Review of employee file for STNA #374 with hire date of 11/06/18 revealed no annual evaluation for 2020, 2021, and 2023. 3. Review of employee file for STNA #370 with hire date of 01/10/24 revealed no 90 day evaluation. 4. Review of employee file for STNA #331 with hire date of 10/05/23 revealed no 90 day evaluation. <p>Interview on 08/08/24 at 11:04 A.M. with Human Resources (HR #508) verified the evaluations were not in the employee files for STNAs #353, #374, #370, and #331.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751</p> <p>Based on observation, Medscape review, medical record review, interview, and policy review, the facility failed to ensure residents did not receive outdated insulin. This affected one (Resident #30) of two residents reviewed for insulin. The facility census was 99.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #30 revealed an admitted [DATE] with diagnoses including but not limited to type two diabetes with diabetic neuropathy, type two diabetes with diabetic cataract, type two diabetes with hypoglycemia without coma, long-term (current) use of insulin, and dementia.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Resident #30 received insulin seven out of seven days during the look back period.</p> <p>Review of current physician orders revealed insulin aspart solution 100 unit/ml inject per sliding scale: if 150-200 give 2 units; 201-250 give 4 units; 251-300 give 6 units; 301-350 give 8 units; 351-400 give 10 units; and 401 and greater give 12 units and update the physician, subcutaneously before meals.</p> <p>Observation on 08/07/24 at 11:06 A.M. revealed Licensed Practical Nurse (LPN) #319 removed an insulin vial from the locked cupboard in the residents room. Insulin (Novolog) was dated 07/05/24. LPN #319 cleansed the port of the insulin vial with alcohol pad and drew up eight units of insulin into a syringe. LPN #319 administered insulin into the residents right lower abdomen.</p> <p>Interview on 08/07/24 at 11:10 A.M. with LPN #319 verified insulin (Novolog) was dated 07/05/24. LPN #319 believed the insulin was good for a month after opening. Verified today's date was 08/07/24. LPN #319 called someone to ask about the insulin who stated that the insulin was good for 31 days (vials) after opening.</p> <p>Interview on 08/07/24 at 12:39 P.M. with Director of Nursing (DON) verified Novolog was to be discarded 28 days after opening.</p> <p>Review of Medscape revealed Novolog to be stored at room temperature below 30 degrees for up to 28 days.</p> <p>Review of skills competency checklist for medication administration dated 04/2013 revealed multidose vials are good for 28 days.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35031</p> <p>Based on observation, medical record review, staff interview, and policy review, the facility failed to ensure medications were not left at the bedside. This affected one (Resident #26) of one residents observed. The facility census was 99.</p> <p>Findings include:</p> <p>Review of the medical record of Resident #26 revealed an admitted [DATE]. Diagnoses included congestive heart failure, rheumatoid arthritis, diabetes mellitus type II, anxiety disorder, depression, and cerebral ischemia. Review of the annual Minimum Data Set assessment dated [DATE] revealed Resident #26 was cognitively intact.</p> <p>Observation on 08/05/24 at 10:10 A.M. revealed a small plastic cup containing 18 pills/capsules sitting on the over bed table next to Resident #26. The medications included acetaminophen 325 milligrams (mg) 2 tablets, ascorbic acid 500 mg two tablets, cyanocobalamin 500 micrograms (mcg) tablet, isosorbide mononitrate extended release 30 mg capsule, multivitamin tablet, omeprazole 40 mg capsule, sitagliptin phosphate 50 mg tablet, spironolactone 25 mg tablet, zinc 50 mg tablet, carvedilol 12.5 mg tablet, ferrous sulfate 325 mg tablet, gabapentin 100 mg capsule, gabapentin 600 mg capsule, methocarbamol 500 mg tablet, sennosides 8.6 mg tablet, and oxycodone hydrochloride 7.5 mg tablet.</p> <p>Interview on 08/05/24 at 10:20 A.M. with Licensed Practical Nurse (LPN) #319 verified the medications left at the bedside. LPN #319 stated she had handed Resident #26 the cup of medications as she was ambulating back to her room from breakfast and did not ensure she had taken them.</p> <p>Review of the facility policy titled, Medication Storage in the Facility, dated 02/11/21 revealed medications are stored safely and securely.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>45751</p> <p>Based on employee file review, interview, and policy review, the facility failed to ensure State tested Nursing Assistants (STNAs) completed 12 hours of education. This affected two of three STNA files reviewed for annual training. This had the potential to affect all residents. The facility census was 99.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of employee file for STNA #353 with hire date of 05/14/19 revealed no education training for 2023 or 2024. 2. Review of employee file for STNA #389 with hire date of 02/09/22 revealed no education training for 2023 or 2024. <p>Interview on 08/08/24 at 11:02 A.M. with Executive Director (ED) verified the employees were not compliant with their education. ED stated the employees are scheduled to take courses.</p> <p>Review of policy titled, Inservice Education, dated 10/2003 revealed Nursing Assistants are required to have 12 hours of training per year calculated from their date of hire.</p>