

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Briarfield Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 461 South Canfield Niles Road Youngstown, OH 44515	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, record review and interview, the facility did not consistently ensure narcotic medication was properly reconciled. This had the potential to affect 17 residents (Residents #1, #11, #17, #23, #27, #30, #45, #46, #47, #48, #49, #51, #54, #58, #60, #69 and #75) of 17 residents who receive narcotic medications from the facility including . The facility census was 78. Findings include: Review of Station #1's narcotic Controlled Substance Count Sheet form from 02/01/26 to 03/20/26 revealed a second nursing signature was not on the form for the date of 02/09/26. Review of Station #2's narcotic Controlled Substance Count Sheet form from 02/01/26 to 03/20/26 revealed a second nursing signature was not on the form for the dates of 02/11/26, 02/17/26 and 02/21/26. Review of Station #4's narcotic Controlled Substance Count Sheet form from 02/01/26 to 03/20/26 revealed a second nursing signature was not on the form for the dates of 02/05/26, 02/09/26 and 03/06/26. Interview on 03/20/26 at 1:10 P.M. with the Administrator confirmed the above findings. Review of the undated Controlled Substance Shift to Shift Count Policy revealed the purpose was to ensure all narcotic medications that were being counted by two nurses on staff during any shift-to-shift handoff and that the count was then signed off by two nurses to verify the narcotic count was correct. This deficiency represents non-compliance investigated under Complaint Number 2786595.</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 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** Based on record review and interview, the facility failed to ensure Resident #81 was free from significant medication error. This affected one resident (Resident #81) of five resident records reviewed for medication administration. The facility census was 78. Findings include: Review of Resident #81's medical revealed the resident was admitted on [DATE] and discharged on 01/30/26 with diagnoses including small b-cell lymphoma unspecified site, difficulty in walking, need for assistance with personal care and cardiomegaly. Review of Resident #81's admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Review of Resident #81's physician orders revealed an order dated 01/07/26 (discontinued 01/13/26) for Ibrutinib (a targeted cancer medication to treat lymphoma) oral capsule 140 mg give three tablets by mouth at bedtime; an order dated 01/15/26 for Ibrutinib oral capsule 140 mg give three tablets by mouth at bedtime (hold from 01/17/26 to 01/24/26) and discontinued 01/31/26). Review of Resident #81's medication administration records (MARS) from 01/07/26 to 01/31/26 revealed Ibrutinib medication was not administered on 01/07/26, 01/08/26, 01/15/26, 01/25/26, 01/26/26 and 01/27/26. The medical record did not contain evidence to why the medication was not administered. Interview on 03/20/26 at 1:56 P.M. with the Director of Nursing (DON) revealed the pharmacy did not have the medication available and she felt the oncologist had stopped it. The DON confirmed the medical record did not have evidence of this information. Review of the undated Medication Administration Policy revealed medications were administered in accordance with written orders of the prescriber. This deficiency represents non-compliance investigated under Complaint Numbers 2786595 and 2704190.</p>		

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<p>F 0761</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</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>Based on record review and interview, the facility failed to ensure medication refrigerators were maintained at an appropriate temperature. This had the potential to affect all residents in the facility. The facility census was 78. Findings include: Review of Station #1 Unit Temp Log Check form from 03/01/26 to 03/20/26 revealed no evidence the temperatures of the medication refrigerator were obtained on 03/05/26, 03/13/26 and 03/19/26. Review of Station #2 Unit Temp Log Check form from 03/01/26 to 03/20/26 revealed no evidence the temperatures of the medication refrigerator were obtained on 03/10/26, 03/02/26, 03/03/26, 03/04/26, 03/05/26, 03/07/26, 03/08/26, 03/09/26, 03/12/26, and 03/13/26. Review of Station #4 Unit Temp Log Check form from 03/01/26 to 03/20/26 revealed no evidence the temperature of the medication refrigerator was obtained on 03/17/26. Interview on 03/20/26 at 1:10 P.M. with the Administrator confirmed the above findings. Interview on 03/20/26 at 1:56 P.M. with the Director of Nursing (DON) confirmed the refrigerator temperature logs from 02/01/26 to 02/28/26 were missing and unable to be located. Review of the undated Medication Refrigerator Temperature Check Policy revealed the purpose was to ensure all medication storage refrigerators were within proper temperature range and all medication refrigerators were to be checked daily. This deficiency represents non-compliance investigated under Complaint Number 2786595.</p>		