

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365858	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Briarwood The		STREET ADDRESS, CITY, STATE, ZIP CODE 3700 Englewood Drive Stow, OH 44224	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38523</p> <p>Based on observation, staff interview, medical record review and review of facility policy, the facility failed to ensure call lights were within reach and accessible to residents. This affected three residents (#11, #12, and #36) of six residents reviewed for call light placement. The facility census was 44.</p> <p>Findings include:</p> <p>1. Review of Resident #11's medical record revealed an admitted [DATE] with diagnoses that included, but not limited to, cerebral infarction, muscle weakness, difficulty in walking and glaucoma. Review of the most recent Minimum Data Set (MDS) 3.0 assessment, dated 09/04/24, revealed Resident #11 was cognitively intact and required staff assistance for all activities of daily living (ADLs).</p> <p>Observation on 11/06/24 at 8:32 A.M. revealed Resident #11 was lying in bed. The call light was on the floor and not within the resident's reach.</p> <p>2. Review of Resident #12's medical record revealed an admitted [DATE] with diagnoses that included, but not limited to, muscle weakness, difficulty in walking and amaurosis fugax (a painless temporary loss of vision in one or both eyes). Review of the most recent MDS 3.0 assessment, dated 09/06/24, revealed Resident #12 was cognitively intact and required staff assistance for all ADLs.</p> <p>Observation on 11/06/24 at 8:32 A.M. revealed Resident #12 was lying in bed. The call light was on the floor and not within the resident's reach.</p> <p>Interview on 11/06/24 at 8:35 A.M. with Licensed Practical Nurse (LPN) #134 verified Resident #11 and Resident #12's call lights were out of reach of the residents.</p> <p>3. Review of Resident #36's medical record revealed and admitted [DATE] and a readmitted [DATE]. Diagnoses included, but not limited to, abnormal posture, muscle weakness, unspecified fracture of the lower end of the right femur, morbid (severe) obesity due to excess calories, age-related physical debility, unspecified osteoarthritis, difficulty in walking and need for assistance with personal care. Review of the most recent MDS 3.0 assessment, dated 10/03/24, revealed Resident #36 was moderately cognitively impaired and required staff assistance for all ADLs.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 11/06/24 at 8:15 A.M. revealed Resident #36 was lying in bed. The resident's call light was hanging on the call light electrical box, located on the wall behind the bed, and not within Resident #36's reach.</p> <p>Interview on 11/06/24 at 8:16 A.M. with Registered Nurse (RN) #143 verified Resident #36's call light was not within the resident's reach.</p> <p>Review of the facility policy titled Call System, Residents, dated September 2022, revealed each resident is provided with a means to call staff directly for assistance from his/her bed, toileting/bathing facilities and from the floor.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159079.</p>		