| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366485 | A. Building<br>B. Wing | 02/26/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Briarfield Place | 8400 Market Street<br>Boardman, OH 44512 |

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 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are fully informed and understand their health status, care and treatments.<br><br>Based on record review and interview, the facility failed to inform residents of the risks, benefits, and alternative treatment options prior to initiating new psychotropic medications. This affected one resident (#7) out of five reviewed for unnecessary medications. The facility census was 47. Findings include:Review of the medical record for Resident #7 revealed an admission date of 05/25/25 with diagnoses including cerebral infarction, depression, and anxiety. Review of the care plan dated 06/09/25 revealed Resident #7 used psychoactive medications. Interventions included provide medications as ordered by the physician, monitor mental status, monitor mood and behavior changes, observe resident's interactions with others, and pharmacy to review medication regimen per facility policy. Review of the Nurse Practitioner (NP) progress note dated 06/13/25 revealed Resident #7 had poor oral intake at meals with minimal improvement after diet texture upgrade. New orders were added for Remeron/Mirtazapine (an antidepressant) 7.5 milligrams (mg) once daily at bedtime for seven days and then increase to 15 mg daily at bedtime. There was no indication that Resident #7 was informed of the risks and benefits of the medication or alternative treatment options to make an informed decision about her care and treatment. Review of the current physician's orders for Resident #7 identified orders for Mirtazapine oral tablet 15 mg once daily for depression and appetite effective 12/11/25. Review of the nursing progress notes, physician progress notes, NP progress notes, nutritional notes and assessments, and resident documents revealed there was no evidence Resident #7 was informed of the risks and benefits or alternative treatment options prior to the implementation of Mirtazapine. On 02/24/26 at 1:57 P.M., an interview with the Director of Nursing (DON) stated the facility did not have a protocol in place for informing residents of risks and benefits of psychotropic medications. The DON stated the physician usually went over that information with residents at the time they started taking the medication. On 02/24/26 at 3:25 P.M., an interview with the Administrator stated she was unsure if there was any documentation of discussing risks and benefits of psychotropic medications with residents. The Administrator verified the NP progress note from 06/13/25 indicated Resident #7 had new orders for Remeron/Mirtazapine and said she would have to look in the medical record to see if there was any documentation of informing Resident #7 of the risks and benefits of the medication. On 02/24/26 at 4:08 P.M., an interview with the DON verified there was no documentation in Resident #7's medical record to indicate the resident had been informed of the risks and benefits prior to the implementation of Mirtazapine. |

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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