

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 254200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 4/24/2025
NAME OF PROVIDER OR SUPPLIER BRIARWOOD NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3011 N CENTER RD FLINT, MI 48506		
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E0000 SS=	Initial Comments On April 24, 2025, an Emergency Preparedness Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey Briarwood Nursing and Rehab Center was found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.73, Emergency Preparedness.	E0000			
K0000 SS=	INITIAL COMMENTS On April 24, 2025 a Life Safety Recertification Survey was conducted by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Survey and Certification. At the survey, Briarwood Nursing and Rehab was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire and the applicable provisions of the 2012 Edition of the National Fire Protection Agency (NFPA) 101, Life Safety Code and the 2012 Edition of NFPA 99, Health Care Facilities Code. The facility is a single story building of type II (111) construction, built in 1968. The building is fully sprinklered and has supervised smoke detection in the corridors and spaces open to the corridors. The facility has 117 certified beds. At the time of the survey the census was 83.	K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/13/2025

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.

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K0293 SS= E	<p>Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure exit and directional signs are displayed in accordance with 7.10, continuously illuminated and served by the emergency lighting system as required by 19.2.10.1. This deficient practice could affect 25 occupants in the event of an emergency evacuation.</p> <p>Findings Include:</p> <p>On April 24, 2025 at approximately 12:00 PM observation revealed the exit sign outside the staff corridor directs occupants to exit in an emergency down the staff corridor in conflict with the emergency egress diagram displayed on the wall. This may delay or obstruct emergency egress down the restricted width staff corridor.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>	K0293	<p>1.Exit sign outside the staff corridor was corrected to direct occupants as indicated on the emergency diagram displayed on the wall.</p> <p>2. Audit completed of exit signs to ensure correct and match emergency diagram posted. Corrections made as needed.</p> <p>3. Administrator/Designee completed education to Maintenance Director on exit signage.</p> <p>4. Maintenance Director/Designee will complete random audits of exit signage to ensure occupants are directed in the appropriate direction according to emergency diagram posted with findings submitted to QAPI for review and recommendations.</p> <p>5. Administrator is responsible for maintaining compliance.</p>	5/20/2025
K0363 SS= E	<p>Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors</p>	K0363	<p>1.Fire rated cross corridor double doors outside the Salon were adjusted to close properly.</p> <p>2. Audit completed of fire rated doors to ensure proper closing. Corrections made as needed.</p> <p>3. Administrator/Designee completed</p>	5/20/2025

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	<p>in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure doors protecting corridor openings are capable of resisting the passage of smoke as required by NFPA 19.3.6.3. This deficient practice could affect 50 occupants in the event of a fire.</p>		<p>education to Maintenance Department on requirement that Fire doors fully close and latch when released from the magnetic hold open devices. 4. Maintenance Director/Designee will complete random audits of corridor double doors to ensure doors close and latch properly with findings submitted to QAPI for review and recommendations. 5. Maintenance Director is responsible for maintaining compliance.</p>		

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	<p>Findings Include:</p> <p>On April 24, 2025, at approximately 10:50 AM observation revealed the fire rated cross corridor double doors outside the Salon do not fully close and latch when released from the magnetic hold open devices. This will allow heat smoke and fire to pass from one compartment into the adjacent compartment.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>			

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K0916 SS= F	<p>Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure a remote annunciation is provided to operate outside of the generating room in a location readily observed by operating personnel as required by 6.4.1.1.17, 6.4.1.1.17.5, NFPA 99. This deficient practice could affect all occupants in the event of a power outage.</p> <p>Findings Include:</p> <p>On April 24, 2025, at approximately 2:00 PM observation revealed the emergency backup generator annunciation panel is located in the maintenance office and is not readily observed by operating personnel. This may lead to generator alarms not being noticed by the facility.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>	K0916	<p>Annunciator panel was moved to an area readily observed by staff.</p> <p>2. Audit completed of emergency notification systems to ensure location is easily accessible by staff. Corrections made as needed.</p> <p>3. Administrator/Designee completed education to Maintenance Department on requirement that remote annunciation must be located outside of any locked rooms and easily accessible for staff to be notified of generator alarms.</p> <p>4. Maintenance Director/Designee will complete random audits of emergency equipment and alarm devices are easily accessible to general staff with findings submitted to QAPI for review and recommendations.</p> <p>5. Maintenance Director is responsible for maintaining compliance.</p>	5/20/2025

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K0917 SS= E	<p>Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Receptacles Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking. 6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure electrical receptacles or cover plates supplied from life safety and critical branches have a distinctive color marking as required by 6.4.2.2.6, 6.5.2.2.4.2, and 6.6.2.2.3.2 of NAPA 99. This deficient practice could affect 50 occupants in the event power is lost to the facility.</p> <p>Findings Include:</p> <p>On April 24, 2025 at approximately 2:30 PM observation revealed the original side of the facility does not have full backup emergency power. The emergency generator provided power to dedicated outlets only. Interview with the maintenance director revealed some outlets in the corridors are on emergency power but are not indicated as such with a distinctive color marking. This may lead to staff not using the outlets when available for use during a power outage.</p> <p>These findings were confirmed through interview with the maintenance director at the time of observation.</p>	K0917	<ol style="list-style-type: none"> 1. Electrical receptors that are connected to the back up generator were changed to red cover plates. 2. Audit completed of all electrical receptors connected to the back up generator to ensure those receptacles are identified with a red cover plate. Corrections made as needed. 3. Administrator/Designee completed education to Maintenance Department on requirement that all electrical receptacles connected to the back up generator must have a distinctive red cover plate so it is easily identified by staff during an emergency situation. 4. Maintenance Director/Designee will complete random audits of electrical receptacles to ensure emergency receptacles are identified with a red cover plate with findings submitted to QAPI for review and recommendations. 5. Maintenance Director is responsible for maintaining compliance. 	5/20/2025