

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 09/15/2025
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>Based on review of resident council meeting minutes and staff interview, the facility failed to respond to resident concerns addressed in resident council meetings. This affected two residents (#242 and #249) of four residents reviewed for Resident Council. The facility census was 95.1. Review of the Resident Council Meeting Minutes (RCMM) dated 07/01/25 revealed concerns with the dietary department. Further review revealed there was no evidence of action taken to address residents' concerns. Interview on 09/15/25 at 12:12 P.M. with the Administrator verified she was unable to locate evidence of staff action taken in response to concerns brought up by residents during the August 2025 Resident Council Meeting (RCM). 2. Review of the RCMM for 08/05/25 revealed residents' voiced concerns of receiving their medications late on the weekends due to nurse helping the aides. Nurses were sitting medications at bed side and leaving. Also, residents voiced concerns of sheets not fitting bigger sized beds. 2. Review of 08/05/25 RCMM revealed on the weekends residents were getting their medications late due to nurses helping aides and nurses just sitting medications on bed side table and leaving. Sheets are not fitting the bigger size beds. Further review revealed there was no evidence of action taken to address residents' concerns. Review of the Resident Council Response Form revealed more blue sheets for larger beds were put on on 08/14/25. Interviews on 09/15/25 at 10:00 A.M. with Resident #242 and Resident #249 revealed both ladies attend resident council meetings on a regular basis and verbalized multiple items have been brought up each month with no action. Interview on 09/15/25 at 12:12 P.M. with the Administrator verified she was unable to locate evidence of staff action taken in response to concerns brought up by residents during the September 2025 RCM. This deficiency represents non-compliance investigated under Complaint Number 2595568.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 365341	If continuation sheet Page 1 of 3

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident interviews, and staff interviews, the facility failed to complete residents' showers as scheduled. This affected three residents (#249, #242, and #212) of three residents reviewed for showers. The census was 951. Review of the medical record for Resident #249 revealed an admission date of 03/06/23 with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #249 a Brief Interview for Mental Status (BIMS) score of eight, indicating impaired cognition. He required set-up or clean up assistance for Activities of Daily Living (ADLs). Review of Resident #249's shower sheets for the past 14 days revealed the following: 09/02/25 not applicable, 09/05/25 no shower given, 09/25/25 shower given, and 09/12/25 not applicable. Further review revealed Resident #249's scheduled shower days were Tuesdays and Fridays. Interview on 09/15/25 at 10:00 A.M. with Resident #249 revealed the resident needs help with her bathing and toileting. Resident #249 states she goes a long time without a shower because staff do not have enough time to help her. 2. Review of the medical record for Resident #242 revealed an admission date of 12/26/23. Diagnoses included CPOS and respiratory failure with hypoxia. Review of the MDS assessment dated [DATE] revealed the resident had a BIMS score of 15, indicating intact cognition. The resident required moderate assistance with ADLs. Review of Resident #242's shower sheets for the past 14 days revealed the following: On 09/02/24, 09/09/25, and 09/12/25, the resident received a shower. On 09/05/25, the resident did not receive a shower. Resident #242's scheduled showers days were Tuesdays and Fridays. Interview on 09/15/25 at 10:00 A.M. with Resident #242 revealed the resident did not know when her shower days were and did not feel she was getting regular showers. Resident #242 voiced she did not feel she received an appropriate amount of showers. 3. Review of the medical record for Resident #212 revealed an admission date of 08/16/25. Diagnoses included respiratory failure and hallucinations. Review of the MDS assessment dated [DATE] revealed a BIMS score of 13, indicating slight cognitive impairment. Resident #212 required moderate assistance with ADLs. Review of Resident #212's shower sheets for the past 14 days revealed the following: 09/04/25 the resident returned from the hospital, and 09/07/25 no shower given. Resident #212's scheduled shower days were Thursdays and Sundays. Interview on 09/15/25 at 10:44 A.M. with Resident #212's Family Member (FM) revealed family does not believe Resident #212 is receiving her showers. Observation at the time of the interview revealed Resident #212's hair appeared greasy. Interview on 09/15/25 at 3:20 P.M. with the Executive Director verified Residents #249, #242, and #212 were not receiving showers as scheduled.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical review, staff interview, and review of a facility policy, the facility failed to follow infection control procedures for a resident positive with COVID-19. This affected one (Resident #249) of one resident reviewed for COVID-19 precautions. The facility census was 62. Review of the medical record for Resident #249 revealed an admission date of 03/06/23. The resident was admitted with diagnosis of COVID-19. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview Mental Status (BIMS) score of eight, indicating moderately impaired cognition. This resident was assessed to require set or clean-up assistance for bathing, dressing, and toileting. Review of the progress note dated 09/09/25 revealed Resident #249 tested positive for COVID-19 and was placed in droplet isolation for ten days. Observation on 09/15/25 at 10:00 A.M. Resident #249 and Resident #242 were talking by Resident #242's doorway. Resident #242 was standing just outside of Resident #249's door talking with no mask on. This surveyor approached and introduced self and started a conversation. During conversation, the surveyor noticed personal protective equipment (PPE) in the hallway to the left of Resident #249's door along with dirty gowns in a laundry basket, dirty gowns on the floor, and leftover breakfast items (Styrofoam plate, plastic fork and spoon, Styrofoam bowl, and a regular coffee cup) on top of dirty laundry basket. No isolation signage was posted. Resident #242 stated Resident #249 was diagnosed with COVID-19 and is in isolation. Resident #249 states other residents are not allowed in her room or dining room but Resident #249 is allowed to stand at the doorway and visit her friends all she wants. Interview on 09/15/25 at 10:19 A.M. with Dietary Aide (DA) #515 verified Resident #249's door was open with Resident #242 standing outside her door, used breakfast items from Resident #249 were placed in the hallway on top of dirty linen container with used gown, and no isolation signs were in place. Interview on 09/15/25 at 10:25 A.M. with Register Nurse (RN) #40 revealed Resident #249 was diagnosed with COVID-19 and was placed on droplet isolation on 09/09/25. RN #40 confirmed no droplet isolation sign, dirty linen in hallway, Resident #249 door open and Resident #249 visits with friends at her doorway. RN #40 verbalized Resident #249 should be in her room with the door closed but no one follows the rules. Review of facility policy, dated 05/11/23, titled, PPE and Isolation Protocol, revealed the door is to remain closed, isolation signs placed entering and exiting room. Review of facility undated COVID-19 entry sign revealed staff is to wear N95 face mask, face shield, gown, and gloves at all times when entering.</p>		