STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195301	A. Building B. Wing	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbriar Community Care Center	505 Robert Blvd. Slidell, LA 70458

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interviews, the facility failed to ensure the Minimum Data Set (MDS) assessments accurately reflected the resident's status for 1 (#11) of 5 (#11, #12, #13, #62, and #82) sampled residents reviewed for unnecessary medications.Review of Resident #11's Clinical Record revealed an admission date of 10/11/2021 with diagnoses, which included Abdominal Aortic Aneurysm without Rupture.Review of Resident #11's MDS with an Assessment Reference Date (ARD) of 08/21/2025 revealed in part, the following:Question N0415E1: Medications: Anticoagulant: Yes.Review of Resident #11's current Physician Orders revealed in part, the following:Start date: 10/12/2021, Aspirin Tablet Chewable 81 milligram (MG), give 1 tablet by mouth one time a day. Further review revealed no physician ordered anticoagulant.An interview was conducted on 10/01/2025 at 2:42 p.m. with S3CCC. She reviewed Resident #11's MDS with an ARD of 08/21/2025. She confirmed Question N0415E1 was coded yes, indicating Resident #11 was taking an anticoagulant, and further confirmed the coding was inaccurate.An interview was conducted on 10/01/2025 at 3:31 p.m. with S2DON. He confirmed all residents' MDS should be accurately coded for the medications they received.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0575 Level of Harm - Potential for minimal harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on observation and interview, the facility failed to post the names, addresses, and telephone numbers of pertinent state agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit.This deficient practice had to the potential to affect all 159 residents residing in the facility.Findings: On 09/29/2025 at 8:15 a.m., an observation of the facility revealed no list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit.On 09/30/2025 at 1:45 p.m., a tour of the facility was conducted with S1ADM. She confirmed a list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit was not posted in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195301	A. Building B. Wing	10/01/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observations and interviews, the facility failed to ensure nurse staffing data posted on a daily basis was at the beginning of each shift and included the actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care. This deficient practice had the potential to affect the 159 residents residing in the facility. On 09/29/2025 at 8:00 a.m., an observation was made of the nurse staffing hours posted at the front desk labeled scheduled and dated 09/29/2025. On 09/29/2025 at 2:26 p.m., an interview was conducted with S4AA. She stated she was responsible for posting the nurse staffing data. She stated the nurse staffing hours posted were the scheduled hours for the entire day and not the actual hours. She stated she did not post the nurse staffing hours at the start of every shift. On 09/30/2025 at 8:57 a.m. an observation was made of the nurse staffing hours posted at the front desk labeled scheduled and dated 09/30/2025. On 09/30/2025 at 2:00 p.m., an interview was conducted with S1ADM. She confirmed the nurse staffing hours posted were for the scheduled hours and not for the actual hours worked. She further confirmed the nurse staffing hours were not posted in the beginning of every shift.