

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/26/2026
NAME OF PROVIDER OR SUPPLIER Greenbriar Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4347 West Gay Road Diberville, MS 39540	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record review, interview, and facility policy review, the facility failed to revise care plans to accurately reflect residents' infection control status for two (2) of three (3) residents reviewed for infection control. Resident #1 and Resident #3 Findings include: A review of the facility's policy, Care Plan Revisions Upon Status Change, dated November 2024, revealed, .to provide a consistent process for reviewing and revising the care plan. Policy Guidelines.1. care plan will be reviewed, and revised as necessary. 2. Procedure for revising the care plan.d.care plan will be updated with the new or modified interventions. f.Care plans will be modified as needed. h.to ensure care plans have been updated to reflect current resident needs.Resident #1A record review of Resident #1's Care Plan Detail revealed an individual care plan with focus Resident has active diagnosis ESBL (Extended-Spectrum Beta-Lactamase) UTI (Urinary Tract Infection) dated 4/26/26. The goal revealed Resident's symptoms will be managed and ESBL will be resolved. The Interventions/Tasks revealed interventions including all meals to be served on disposable dishes using disposable utensils and cups. Discard into isolation trash can in room upon completion of meal, all staff to maintain standard contact isolation precautions, all staff to wear gloves and gown upon entering room and when caring for the resident, and keep PPE (Personal Protective Equipment) which will include gowns and gloves near resident's room.A record review of the admission Record revealed the facility admitted Resident #1 on 4/2/23 with the diagnoses including Acute on chronic diastolic (congestive) heart failure, urinary tract infection, and extended spectrum beta lactamase (ESBL) Resistance.A record review of the Discharge return anticipated Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/14/26 revealed Resident #1's short term memory was okay and her cognitive skills with daily decision making was coded as modified independence.A record review of the Order Summary Report with active orders as of 5/26/26, revealed there was no physician's order for isolation precautions for Resident #1.A record review of the Medication Administration Record (MAR) for May 2026 revealed staff documented that Resident #1 was on Contact Precautions for ESBL in urine every shift until 5/8/26. Further review revealed the start date of the contact precautions was 4/28/26.Resident #3A record review of Resident #3's Care Plan Detail revealed an individual care plan with focus Resident has active diagnosis of VRE (Vancomycin-Resistant Enterococci) UTI dated 5/12/26. The goal revealed resident's symptoms will be managed and VRE will be resolved. The intervention/tasks revealed interventions including, All meals to be served in room on disposable dishes using disposable utensils and cups. Discard into isolation trash can in room upon completion of meal, all staff to maintain standard contact isolation precautions, all staff to wear gloves and gown upon entering room and when caring for the resident, and keep PPE which will include gowns and gloves near resident's room.A record review of the admission Record revealed the facility admitted Resident #3 on 12/26/23 with diagnoses including chronic obstructive pulmonary disease, unspecified, malignant neoplasm of lower lobe, right bronchus or lung, and urinary tract infection, site not specified.A record review of the Annual MDS with an ARD of 2/13/26 revealed Resident #3 had a Brief Interview of Mental Status (BIMS) score of 14 indicating her cognition was intact. A record review of the Order Summary Report with active orders as of 5/26/26, revealed no order for isolation precautions.A record review of the (continued on next page)		

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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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	MAR for May 2026 revealed that staff documented that Resident #3 was on Contact Isolation Precautions for Vancomycin-Resistant Enterococcus (VRE) (urine) every shift for transmission-based precautions for 8 days. The start date of contact isolation precautions began on 5/15/26 and ended on .On 5/26/26 at 2:13 PM, during an interview with Care Plan Nurse #1, she stated the care plan nurse is responsible for revising resident care plans. She reported that when isolation precautions are ordered, the intervention is added to the resident's care plan. She further explained that when isolation precautions are discontinued, the care plan focus is removed from the care plan. She confirmed the care plans for Resident #1 and Resident #3 had not been revised after the isolation orders were discontinued. On 5/26/26 at 2:29 PM in an interview with the Director of Nursing (DON), she reported the Care Plan nurse is responsible for revising the care plan with new and discontinued orders. She stated the care plan not being updated timely could interfere with resident care. She confirmed the care plan should have been revised for Resident #1 and Resident #3.On 5/26/26 at 2:43 PM in an interview with the Administrator she stated the care plan nurse is responsible for revising the care plan. She stated it is her expectation for the care plan to be updated in an accurate and timely manner.		