STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255323	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbriar Nursing Center	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, record review, and facility policy review, the facility failed to maintain privacy during the provision of perineal care for one (1) of four (4) residents observed for care, Resident #22. Findings included: A review of the facility's policy titled Resident Rights, dated 2/2023, revealed, The resident has the right to a dignified existence .7. Privacy and confidentiality. The resident has a right to personal privacy . On 6/12/25 at 10:34 AM, during an observation of perineal care provided by Certified Nurse Aide (CNA) #2, the CNA left the resident exposed while she exited the room to get assistance. Resident #22 remained exposed and was pulling at her shirt in an attempt to cover her private area. CNA #2 returned with CNA #1, then later left the room again to retrieve additional towels, once again leaving Resident #22 exposed. The resident continued to pull her shirt down while waiting. On 6/12/25 at 10:59 AM, during an interview with lead CNA #1, she confirmed Resident #22 was left exposed and stated it was a dignity issue. She noted that the resident appeared embarrassed by being exposed. On 6/12/25 at 11:21 AM, during an interview with CNA #2, she confirmed she left the resident exposed twice when she exited the room. She acknowledged that she should have covered the resident and stated it was a dignity issue. On 6/12/25 at 12:57 PM, during an interview with the Director of Nursing (DON), she stated CNA #2 should have covered Resident #22 as much as possible during perineal care and when leaving the room to retrieve supplies. She confirmed it was a dignity issue to leave a resident exposed. A record review of Resident #22's admission Record revealed the facility admitted her on 6/25/19 with diagnoses including Unspecified Dementia. A record review of Resident #22's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/6/25 revealed her cognition was severely impaired.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255323	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbriar Nursing Center	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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review, and facility policy review the facility failed to ensure the protection of privacy and confidentiality of resident care information when clinical instructions were posted in public view without safeguards for one (1) of eighteen (18) sampled residents, Resident #78. Findings included: A review of the facility's policy Resident Rights, dated 02/2023, revealed, .7. Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her . medical records .a. Personal privacy includes .medical treatment .b. The resident has a right to secure and confidential personal and medical records . On 6/10/25 at 12:32 PM, during an observation, a sign indicating NPO (Nothing by Mouth) was observed posted on the outside of Resident #78's door, in plain view from the hallway. On 6/12/25 at 8:45 AM, during an interview with the Director of Nursing (DON), she stated the signage was posted so staff would know the resident was not to be given anything by mouth. She also stated she was unsure if the resident's family was aware that the sign had been placed on the door. On 6/12/25 at 8:49 AM, during an interview with Resident #78, she stated she had not been asked for permission for the sign to be posted and did not recall being asked about placing the sign on the door. On 6/12/25 at 9:09 AM, during an interview with Certified Nurse Aide (CNA) #1, she stated that CNAs could access residents' care information, including NPO status, via the Kardex and through documentation in the electronic health records system. On 6/12/25 at 10:45 AM, during a follow-up interview with the DON, she acknowledged that staff members from departments such as Physical Therapy and Dietary sometimes answer call lights. She stated all staff have access to residents' chart information. She also acknowledged that visitors and family members walking through the hallway could see the NPO sign posted on Resident #78's door, which contained care information that should have remained confidential. On 6/12/25 at 11:32 AM, during a phone interview with Resident #78's Resident Representative (RR), he stated no one asked him for permission to place a sign on the resident's door. He stated the resident had been transferred from another facility with an NPO order, and everyone understood that she should not be fed anything by mouth. A record review of the Profile revealed the facility admitted Resident #78 on 4/17/25 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction affecting the left non-dominant side. A record review of the Order Details revealed a physician's order, dated 6/4/25, which indicated Resident #78 received enteral feedings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255323	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbriar Nursing Center	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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/24/25 revealed Resident #78 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated her cognition was moderately impaired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255323	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbriar Nursing Center	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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on record review, staff interview, and facility policy review, the facility's Quality Assurance and Performance Improvement (QAPI) Committee failed to sustain corrective actions to prevent recurrence of a previously cited deficiency, specifically, the facility was cited for failing to provide Percutaneous Endoscopic Gastrostomy (PEG) care in a manner to prevent the possible spread of infection during an annual recertification survey on 2/8/24 and was cited again for the same deficiency during the current survey, demonstrating that QAPI failed to sustain ongoing monitoring and oversight to prevent recurrence for one (1) of four deficiencies cited. F880. Findings include: Record review of the facility's QAPI Change Process Policy (undated) revealed, .The facility has established and utilized a systematic approach to performance improvement activities to ensure changes are effective and improvements are sustained or modified as needed . Record review of the Provider History Profile revealed the facility received a citation for F880-Infection Control. Record review of the CMS-2567 (a record that identifies the federal regulation in violation and describes the findings of noncompliance and the facility's plan of correction), with a survey date of 2/8/2024, revealed the facility received a citation for F880, .Based on observation, staff interview, record review, and facility policy review, the facility failed to provide peg tube care and catheter care in a manner to prevent the possible spread of infection . During the current recertification survey, the facility failed to ensure perineal care was provided in a manner to prevent the possible spread of infection. On June 12, 2025, at 4:15 PM in an interview, the Administrator stated that corrective actions taken after the survey on 2/8/24 included in-service training for staff on the care and cleaning of catheter sites and PEG tube feeding sites.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255323	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenbriar Nursing Center	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and facility policy review, the facility failed to ensure perineal care was provided in a manner to prevent the possible spread of infection when a Certified Nurse Aide (CNA) failed to perform hand hygiene during care for one (1) of four (4) residents observed for care, Resident #22. Findings included: A review of the facility's Hand Hygiene Policy, dated 8/23, revealed, .The facility considers hand hygiene the primary means to prevent the spread of infections. All staff will perform proper hand hygiene procedures to prevent the spread of infection .Policy Guidelines .6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves . On 6/12/25 at 10:34 AM, during an observation of perineal care provided by Certified Nurse Aide (CNA) #2, she began to assist Resident #22 and then stated, I need some help. She removed her gloves and exited the room without performing hand hygiene. She returned, did not perform hand hygiene but applied gloves and continued care. After completing care, she removed her gloves and applied a new pair before applying a clean brief, but did not perform hand hygiene before donning (putting on) the gloves. On 6/12/25 at 10:59 AM, during an interview with lead CNA #1, she confirmed CNA #2 did not perform hand hygiene several times after removing gloves and that hand hygiene should be performed each time staff enter or exit a room and between glove changes during perineal care. On 6/12/25 at 11:21 AM, during an interview with CNA #2, she admitted she did not perform hand hygiene each time she removed gloves or reentered the room. On 6/12/25 at 12:57 PM, during an interview with the Director of Nursing (DON), she stated CNA #2 should have performed hand hygiene when entering and exiting the room and between glove changes. On 6/12/25 at 3:29 PM, during an interview with Registered Nurse (RN) #1, the facility's Infection Preventionist, she stated CNA #2 should have washed her hands and donned clean gloves each time she entered or exited the room. She confirmed that Resident #22 could develop an infection from lapses in hand hygiene. A record review of Resident #22's admission Record revealed the facility admitted her on 6/25/19 with diagnoses including Unspecified Dementia. A record review of Resident #22's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/6/25 revealed her cognition was severely impaired.