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 _____	C 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIAR NURSING CENTER	4347 WEST GAY ROAD DIBERVILLE, MS 39540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI's), MS #26991 (Complaint) and CI MS #26997 (Facility Reported Incident), at the facility on 11/12/24. Both CI's were investigated for resident abuse, resident safety, and quality of life. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F609 related to both CI's. The facility held a license for 103 beds and had a census of 76 at the time of the survey.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.	F 609		12/18/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/21/2024

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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F 609	Continued From page 1 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to report an allegation of sexual abuse within two (2) hours, as required, when Resident #1 verbalized she was sexually abused for one (1) of three (3) sampled residents. Findings included: A review of the facility's, "Compliance with Reporting Allegations of Abuse/Neglect/Exploitation Policy," revised in August 2023, revealed, "It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment ...immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations with prescribed timeframes ... Procedure for Response and Reporting Allegations of Abuse/Neglect/Exploitation... Any owner, operator, employee, manager, agent, or contractor of the facility can report an allegation of abuse/neglect/exploitation to the abuse agency hotline ..." A record review of the "Admission Record" revealed the facility admitted Resident #1 on 09/13/2024 with diagnoses including Dementia and Alzheimer's Disease.	F 609	F609 1. Resident #1 was at a local hospital when the facility Administrator became aware of the abuse allegation. Resident #1 did not return to facility. An investigation was conducted on November 6, 2024 by the facility Administrator and Director of Nursing, DON. 2. All residents have the potential to be affected. 3. Beginning on November 6, 2024 and ending on November 7, 2024 all staff were in serviced by the DON, Administrator and the Staff Development Nurse on Abuse, Neglect and Timely reporting timely of all allegations of abuse, neglect and exploitation. Quality Assurance Performance Improvement, QAPI/Quality Assurance, QA meeting held with Medical Director, Administrator, DON and Governing Body was held on November 6, 2024 to discuss incident. To ensure this situation does not re-occur onboarding and training material was updated to include additional information of the timely reporting of allegations of abuse. The post tests were updated to	

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F 609	Continued From page 2 A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/23/24, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 03, which indicated her cognition was severely impaired. A record review of the facility's investigation of the alleged sexual abuse revealed that on 11/01/2024 at approximately 11:50 PM, Resident #1 exited her room with a bowel movement on her body and stated, "There is so much blood, she raped me, there is so much blood." A record review of the local hospital "Admission Note" dated 11/02/2024 at 9:07 AM revealed, "...she was yelling she was raped." On 11/12/2024 at 10:25 AM, during an interview, the Administrator stated that on 11/02/2024 at 1:18 AM, Resident #1 complained of rectal bleeding and was sent to the local emergency department. On 11/06/2024, the Administrator received a call from the case manager at the hospital reporting that a complaint would be submitted to the State Agency (SA) and the Attorney General regarding an allegation of rape at the facility. Upon receiving this information, the Administrator initiated an investigation and discovered that on 11/02/2024 at approximately 1:18 AM, Resident #1 walked out of her room with feces and blood and stated she "must have been raped." The investigation revealed that Licensed Practical Nurse (LPN) #1 and Certified Nurse Assistants (CNAs) #1 and #2 were aware of the allegation on 11/02/2024 but did not report it to the Administrator or Director of Nursing (DON). The facility began their investigation on	F 609	include a question specific to reporting allegations of abuse and timeliness. November 22, 2024. A flyer regarding abuse, neglect and exploitation reminding all employees about the importance of reporting all allegations immediately for investigation, including the Administrator and DON□s contact information, was posted on November 21, 2024, on the employees□ information board and in the employee breakroom. 4. The Administrator, DON, Quality Assessment and Assurance, (QA nurse), Social Service Director and Infection Preventionist will conduct a written questionnaire with a minimum of 5 employees from all departments, all shifts each week for a period of sixty (60) days beginning November 22, 2024 on immediate reporting of an allegation of abuse, neglect, exploitation. The questionnaire results and finding will be brought to the monthly QA committee meetings for review and recommendations for a period of sixty (60) days beginning December 18th, 2024 times two (2) months.	

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F 609	Continued From page 3	F 609		

11/06/2024 and was unable to substantiate that abuse occurred. The Administrator confirmed the facility's policy requires reporting allegations of rape to the SA, local police, and Attorney General within two (2) hours of the allegation. The facility's administration did not report the allegation on 11/02/2024 because they were unaware of the situation until 11/06/2024.

On 11/12/2024 at 1:21 PM, during an interview, the DON confirmed that during the facility's investigation, there were three (3) staff members who stated that Resident #1, following a bowel movement with bleeding on 11/2/24, "felt as if she was raped." The DON stated the facility was not aware of the allegation on 11/02/2024 because none of the staff informed the administration. The DON emphasized that staff should have notified her or the Administrator immediately to ensure reporting to the SA, local police, and Attorney General within two (2) hours.

On 11/12/2024 at 2:20 PM, during an interview, LPN #1 confirmed that on 11/02/2024 at approximately 1:30 AM, Resident #1 appeared confused, walked out of her room with bowel and blood observed, and stated, "with all this blood, I must have been raped." LPN #1 confirmed the Nurse Practitioner was notified about the bleeding, but admitted the Administrator or DON was not notified that Resident #1 said she had been raped because LPN #1 believed there was no basis for the allegation.

A record review of CNA #1's witness statement revealed, "...resident did not want anyone to touch her and stated rape."

A record review of CNA #2's witness statement

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F 609	Continued From page 4 revealed, "...she was saying it was so much blood and something about rape."	F 609		