STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255323	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIAR NURSING CENTER	**4347 WEST GAY ROAD , DIBERVILLE, Mississippi, 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
F0000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #2695439 and CI MS #2697548) at the facility from 2/9/26 through 2/10/26. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. CI MS #2695439 was investigated for Quality of Care/Treatment and there were no citations. CI MS #2697548 was investigated related to environment and broken equipment and F584 was cited. The facility held a license for 103 beds, with a census of 91.	F0000		
F0584 SS = E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	F0584		

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 reverse for further 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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F0584 SS = E	Continued from page 1 §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure the residents' right to a clean, comfortable, and homelike environment as evidenced by adequate clean linens and washcloths were unavailable for resident care for one (1) of two (2) survey days. Findings include: A review of the facility's policy, "Resident Rights," revised February 2023, revealed, "…The resident has the right to a dignified existence…8. Safe environment. The resident has a right to a safe, clean, comfortable, and homelike environment, including…treatment and supports for daily living safely..." On 2/9/26 at 10:50 AM, during an observation and interview with the facility owner, linen closets, supply closets, and nurses' station supply rooms were observed. The linen closet on Beach Avenue Hall was observed to contain no towels, washcloths, fitted sheets, blankets, or bed linen pads. Only one item was observed in the linen closet. The owner reported the closets would be filled once laundry staff made rounds. On 2/9/26 at 12:21 PM, during an interview, Certified Nursing Aide (CNA) #1 reported wipes were implemented to prevent staff from running out of washcloths. CNA #1 reported that normally each morning staff were without washcloths and towels and the CNA had reported the concern to the charge nurse, Director of Nursing (DON),	F0584		

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F0584 SS = E	Continued from page 2 and Administrator. On 2/9/26 at 12:29 PM, during an interview, CNA #2 reported towels, washcloths, and bed sheets were normally restocked daily at approximately 9:00 AM. She reported there had been linen shortages daily for the previous three (3) days and she reported the concern to the charge nurse. She explained that some residents used wipes instead of towels due to the shortage. On 2/9/26 at 12:47 PM, during an interview, CNA #3 reported that within the last seven (7) days, on (2) occasions, she did not have washcloths and towels available to prepare residents for breakfast. She reported she used a pillowcase or wipes to wash a resident's face or provide perineal care after a bowel movement due to the shortage. She reported she informed the charge nurse, who then informed the DON. She reported delays in receiving washcloths delayed completion of resident care. She reported linen closets were normally restocked around 8:30 AM and required additional restocking after lunch. On 2/9/26 at 1:38 PM, during an interview, the Housekeeping Supervisor reported linen closets were refilled (3) times daily, with the last refill occurring at approximately 3:00 PM. She reported there was no overnight laundry shift and laundry staff left at approximately 5:00 PM. She reported the department had been short staffed for approximately (2) months. On 2/9/26 at 1:51 PM, during an interview, Resident #1 reported linen shortages occurred daily and he believed there was a high turnover rate in the laundry department. He reported his bed was often made later in the day or after lunch due to linen shortages and reported that at night there were no bed pads or linens available. On 2/10/26 at 9:05 AM, during an interview, the DON reported staff had reported linen shortages. She reported linens were sometimes hidden in resident rooms. She explained additional linens were ordered and wipes were implemented due to linen shortages. She reported staff were educated during in-service training regarding not discarding stained linens. She stated linens were ordered weekly and the facility purchased additional towels to accommodate shortages. On 2/10/26 at 11:30 AM, during an interview, the Administrator reported that when linens were being replenished or used frequently, she conducted random checks. She explained there had been reports of washcloth shortages and wipes were implemented to	F0584		

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F0584 SS = E	Continued from page 3 prevent depletion and that she came into the facility at 4:00 AM to wash linens because there were no towels available for residents. Linen shortages were discussed during the January skills fair, and the issue had been present for at least six (6) weeks. She reported she believed staff were discarding heavily soiled linens instead of sending them to laundry for cleaning and confirmed there had been an ongoing linen shortage. A record review of daily linen issue sheets dated 2/6/26, 2/7/26, 2/8/26, and 2/9/26 revealed all linen closets were noted to be low on the morning shift at the time of inventory.	F0584		