

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24GN	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/09/2020
NAME OF PROVIDER OR SUPPLIER GREENBRIAR NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
M 000	Initial Comments A COVID-19 Focused Infection Control Survey along with a complaint investigation (CI MS #16550) was conducted by the State Agency (SA) on 12/9/2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. At the time of the survey, the facility had a census of 66 and held a license for 103 beds. CI MS #16550 The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Fall with Fracture. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.	M 000		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE