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 05/26/2026

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 a Complaint Investigation (CI MS #3013492) at the facility on 05/26/2026. CI MS #3013492 was investigated related to Infection Control. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F657. The facility held a license for 103 beds, with a census of 84.	F0000		
F0657 SS = E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary	F0657		

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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F0657 SS = E	Continued from page 1 team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: 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 #1 A 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.	F0657		

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F0657 SS = E	Continued from page 2 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 #3 A 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 “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	F0657		

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F0657 SS = E	Continued from page 3 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.	F0657		