

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 01/03/2022
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 One (1) Complaint Investigations, CI MS #18359, was conducted by the State Agency (SA) on 1/03/22. The CI MS #18359 was not substantiated for verbal abuse of a resident. These concerns were not substantiated, and no deficiencies were cited. However, the facility remains out of compliance with Minimum Requirements for the Care of the Aged or Infirm due to deficiencies cited on the 11/04/2021 survey. The census was 67 and the facility has a license for 103 beds at time of the survey.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/24/22