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 _____	06/23/2017

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 Survey Agency (SA) conducted an annual recertification survey from 6/20/17 through 6/23/17. During the survey, the SA determined the facility was not in compliance with the Centers for Medicare and Medicaid Services Conditions of Participation. The SA cited deficiencies at F282 and F315. The facility is licensed for 106 beds and the census at the time of survey was 82.	F 000		
F 282 SS=D	483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to follow the care plan related to Foley catheter care for one (1) of three (3) catheter care observations, Resident #1 Findings Include: A facility policy titled "Care Plan Policy", dated 01/01/17, revealed the interventions for areas identified for resident care needs would be related to the specific problems. A review of Resident #1's care plan for high risk	F 282	1.Resident #1 was assessed by the Director of Nursing on 6/23/2017 for signs and symptoms of infection. Resident #1 did not exhibit signs and symptoms of infection at that time. CNA #1 was in-serviced on Foley Catheter Care, proper implementation of the Care Plan and Infection control on 6/30/2017 immediately upon return from vacation. 2.3 of 81 Residents were identified to have the potential to be affected due to the presence of indwelling catheters. 3.All CNA s were in-serviced on Foley Cather Care, Proper Implementation of	7/12/17

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

Electronically Signed | 07/13/2017

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F 282	Continued From page 1 of infection related to Foley catheter had an intervention to provided Foley catheter care with soap and water every shift and as needed. An observation on 06/21/17 at 9:55 AM revealed Certified Nursing Assistant (CNA) #1 failed to secure the urinary catheter tubing close to the urethra meatus while she cleaned the tubing during catheter care. CNA #1 wiped down the tube towards the meatus three (3) separate times. An interview on 06/21/17 at 10:15 AM revealed CNA #1 confirmed she had not secured the catheter and had wiped toward the meatus. An interview on 06/23/17 at 11:40 AM revealed Registered Nurse (RN) #1 confirmed she was responsible for the care plans. RN #1 stated the care plan would not list the steps to catheter care, but the facility would expect the staff to follow the steps covered in training and in the facility policy. A review of the facility's face sheet revealed the facility admitted Resident #1 on 05/27/15. Resident #1's diagnosis included Urinary Tract Infection. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/28/17 revealed Resident 1's Brief Interview for Mental Status (BIMS) was 14 and indicated intact cognition.	F 282	the Care Plan and Infection Control by the Infection Control Nurse on 6/30/2017. All CNA□s have provided return demonstration on Foley Catheter Care following proper Infection Control Technique. The Infection Control Nurse will observe and document at least one CNA weekly performing catheter care to ensure proper technique and infection control procedures are followed ensuring all CNA□s are checked off quarterly. The Infection Control Nurse will continue weekly Foley Catheter Care observations ensuring all CNA's are checked off quarterly X 4 quarters. After completion of 4 quarters the Infection Control nurse will observe and document all CNA's performing Foley Catheter Care biannually this will be ongoing. 4.The Infection Control Nurse will report any concerns related to weekly Foley Catheter Care Observations to the Quality Assurance Committee monthly. The Quality Assurance Committee will make changes to the corrective action plan as needed.	
F 315 SS=D	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain	F 315		7/12/17

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F 315	Continued From page 2 continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to perform Foley catheter care in a manner to prevent the possible spread of infection for one (1) of three (3) catheter care observations, Resident #1.	F 315	1.Resident #1 was assessed by the Director of Nursing on 6/23/2017 for signs and symptoms of infection. Resident #1 did not exhibit signs and symptoms of infection at that time. CNA #1 was in-serviced on Foley Catheter Care,	

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F 315	Continued From page 3 Findings Include: A facility policy titled "Catheter Care Policy", dated 01/01/17, revealed the procedure was to cleanse the catheter from the body to the end of the catheter. An observation on 06/21/17 at 9:55 AM revealed while cleaning the catheter tubing, Certified Nursing Assistant (CNA) #1 failed to secure the catheter tubing to prevent trauma to Resident #1's urinary meatus. CNA #1 held the Foley catheter tube at the end of the rubber tubing where the catheter tubing connected to the drainage bag tubing. CNA #1 washed the catheter tubing towards the urinary meatus three (3) separate times. A review of Resident #1's physician orders revealed an order dated 05/18/17 for a Foley catheter and for staff to provide Foley catheter care every shift. An interview on 06/21/17 at 10:15 AM revealed CNA #1 confirmed she did hold the catheter away from the meatus and wiped towards the urinary meatus. CNA #1 said the concern was the possible spread of infection and trauma to the urinary meatus. An interview on 06/23/17 at 11:20 AM revealed the Director of Nursing (DON) confirmed the correct way to wipe the catheter tubing was away from the meatus and to hold the tube close to the meatus. The DON said the aide was just really nervous. A review of the facility's face sheet revealed the	F 315	proper implementation of the Care Plan and Infection control on 6/30/2017 immediately upon return from vacation. 2.3 of 81 Residents were identified to have the potential to be affected due to the presence of indwelling catheters. 3.All CNA□s were in-serviced on Foley Cather Care, Proper Implementation of the Care Plan and Infection Control by the Infection Control Nurse on 6/30/2017. All CNA□s have provided return demonstration on Foley Catheter Care following proper Infection Control Technique. The Infection Control Nurse will observe and document at least one CNA weekly performing catheter care to ensure proper technique and infection control procedures are followed ensuring all CNA□s are checked off quarterly.The Infection Control Nurse will continue weekly Foley Catheter Care observations ensuring all CNA's are checked off quarterly X 4 quarters. After completion of 4 quarters the Infection Control nurse will observe and document all CNA's performing Foley Catheter Care biannually this will be ongoing. 4.The Infection Control Nurse will report any concerns related to weekly Foley Catheter Care Observations to the Quality Assurance Committee monthly. The Quality Assurance Committee will make changes to the corrective action plan as needed.	

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F 315	Continued From page 4 facility admitted Resident #1 on 05/27/15. Resident #1's diagnosis included Urinary Tract Infection. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/28/17 revealed Resident 1's Brief Interview for Mental Status (BIMS) was 14 and indicated intact cognition.	F 315		

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	255323	A. BUILDING **01 - GREENBRIAR NURSING CENTER** B. WING _____	**06/21/2017**

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K 000	INITIAL COMMENTS 42 CFR 438.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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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.