MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 11/01/2021 to 11/04/2021. During the survey, it was determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and the SA cited M620 and M855. The facility was licensed for 106 beds and had a census of 66 at the time of the survey.	M 000		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. Level II Based on observation, staff interviews, record review and facility policy review the facility failed to provide catheter/incontinent care in a manner to prevent infection and trauma to the meatus during catheter/incontinent care for two (2) of three (3) catheter care observations Resident #35 and Resident #117. Findings include: The facility policy, "Catheter Care Policy", dated October 2018 revealed, "Policy: The purpose of this procedure is to prevent catheter-associated urinary tract infections ...Policy Explanation and Compliance Guidelines:..9 ...Wipe from front to	M 620	1. Resident #35 was assessed by the Director of Nursing (DON) and had no signs or symptoms of infection. Resident #117 was unable to be assessed by Register Nurse (RN) due to resident #117 was readmitted to hospital on 11/8/2021 with diagnosis of recurrent Cerebral Vascular Accident (CVA). 2. All resident who receive Foley Catheter and incontinent care, have the potential to be affected. 3. All nursing staff were in-serviced on Foley Catheter care beginning on 11/05/2021, and will be completed on 12/6/2021 by the Infection Preventionist /	12/26/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 620	Continued From page 1 back with a clean cloth moistened with water and perineal cleanser (soap). Use a new part of the cloth or different cloth for each side. With a new moistened cloth, starting at the urinary meatus moving out, wipe the catheter making sure to hold the catheter in place so as to not pull on the catheter ..." The facility policy, "Perineal Care Policy", dated October 2018 revealed, "Policy: It is the practice of the facility to provide perineal care to all incontinent residents during routine baths and as needed in order to promote cleanliness and comfort, prevent infections to the extent possible, and prevent and assess for skin breakdown ...13. Females: d. Cleanse perineum by wiping in direction from front to back and repeat on opposite side using separate section of washcloth or new disposable wipe. c. Cleanse the labia folds by gently separating labia and wiping in a downward direction from pubic area toward rectum. Clean urethral meatus and vaginal orifice using clean portion of washcloth or new disposable wipe with each stroke ..." Resident #35 On 11/3/21 at 9:55 AM, an observation of catheter care being completed by Certified Nursing Assistant #3 (CNA) and assisted by CNA #4. During incontinent care CNA #3 cleaned the groin area and labia using the same area of the towel without rotationg sites on the towel. She wiped the catheter tubing from the insertion site to the drainage bag without rotating or folding the towel to a different area. On 11/4/21 at 9:16 AM, in an interview with CNA #4, she stated that she assisted CNA #3. She stated that CNA #3 did not rotate the towels	M 620	Quality Assurance (IP/QA) Nurse. All nursing staff have completed a return demonstration on Foley Catheter care and securing Foley catheter tubing properly will be completed by 12/6/2021. All nursing staff received in-service on Perineal care via You-tube vide titled "Peri Care for the Female" and "CNA skill Perineal Care for the Female" produced by Arizona Medical Institute. All staff has received a Directed Plan of Correction (DPOC)in-service training on Infection Control / Prevention via video from You-tube titled "Infection Control Prevention and Performance Improvement" by Karen D. Doll Registered Nurse (RN), Masters of Science in Nursing (MSN) Advanced Nurse Practitioner (ANP) to be completed by 12/6/2021. Root cause Analysis (RCA) completed by Quality Assurance Performance Improvement (QAPI) and Interdisciplinary Team (IDT)meeting on 11/23/2021 to be reviewed and make recommendations. The RCA was then brought to the Quality Assurance and Assessment(QAA) committee meeting on 11/24/2021 for final review and approval. Securing of the leg strap of a Foley Catheter has been added to the residents task in the Electronic Health Record (EHR) an area for staff to designate leg strap in place as designated on resident Plan of Care (POC). Task was added on 11/26/2021 by the Care Plan Coordinator. 4. Infection Preventionist / Quality Assurance (IP/QA) nurse will observe three (3) catheter care / perineal care	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 620	Continued From page 2 during care. She stated that CNA #3's actions could cause the resident to get a urinary tract infection (UTI). On 11/4/21 at 10:00 AM, in a phone interview with CNA #3, stated her actions could have caused the resident to get sick. She stated the resident could have gotten a bacterial infection. She stated she was trying to make sure the whole thing was clean. She stated she started orientation and did a check off sheet on resident care. She stated she could not remember if the check off sheet had catheter care or peri care on it. On 11/4/21 at 11:45 AM, in an interview with Director of Nursing (DON) stated CNA #3 should have never wiped the resident without folding the towel. She stated CNA #3 should have used the towel in a different area. She stated the resident can get UTI or skin infection. She stated the CNA should have folded towel or changed the towel. She stated CNA #3 spread germs by cleaning the catheter tubing from the insertion site to the drainage bag. On 11/4/21 at 2:10 PM, in an interview with Registered Nurse #1 (RN)/ Infection Control Nurse, she stated the resident can get a Urinary Tract Infection. She stated the CNA's actions can cause all kinds of harm and the resident can get any kind of infection. She stated it could make the resident sick. She stated sometimes an infection is not noticed until a resident gets septic, especially the elderly. She stated if a resident gets septic, they could die. Record review of the Admission Record revealed Resident #35 was admitted to the facility on 7/27/20 with diagnoses that included Chronic	M 620	procedures per week beginning on 11/11/2021, for six (6) weeks. IP/QA Nurse will report results to QAA committee. The QAA committee will review findings and make recommendations times 3 months and re-evaluate. The Care Plan Coordinator will review physician orders weekly beginning 11/11/2021 times 6 weeks, to ensure all Foley Catheters and Foley Catheter care is addressed on the resident plan of care (POC) and on the Certified Nursing Assistants (CNA) tasks in the EHR and ensure the POC is being followed. Care Plan Coordinator will check twice weekly beginning 11/11/2021 times six (6) weeks verification of task documentation by Certified Nursing Assistant (CNA) is completed. Care Plan Coordinator will visually verify, twice weekly, residents that have Foley catheters the leg strap is properly secured beginning 11/11/2021. All findings from the Care Plan Coordinator and IP/QA Nurse's audits will be brought to QAA meeting times 3 months for review and recommendations and re-evaluated.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 620	Continued From page 3 Obstructive Pulmonary Disease and Congestive Heart Failure. Record review of Resident #35's Order Summary Report for active orders as of 11/4/21 revealed foley catheter care using soap and water every shift. Record review of Resident #35 discharge Minimum Data Set (MDS) with and Assessment Reference Date (ARD) of 10/24/21 revealed a Brief Interview of Mental Status (BIMS) score of 99 which indicated the resident was unable to complete interview. Record review of Resident #35 Comprehensive Care Plan dated 5/6/21, revealed, "Focus: High risk for infection r/t (related to) F/C (foley catheter) ...Intervention: ...Clean foley with soap and water qs (every shift). Record review of CNA #3 Competency Based Orientation, start date of 10/22/21 and end date of 10/25/21, revealed CNA #3's signature on orientation and CNA #3's initials on competency for care of resident with a catheter and hand hygiene. Resident #117 During an observation on 11/03/21 at 11:14 AM, of incontinent care with CNA #1 and CNA #2 revealed Resident #117 had a catheter securing device that was not secure to her leg. The securing device was dislodged and was not secured to the residents leg to prevent possible trauma. No one addressed the securing device that was not connected to the residents leg. Licensed Practical Nurse (LPN) #1 and	M 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 620	Continued From page 4 Registered Nurse (RN) #1 were present. During an observation on 11/3/21 at 2:30 PM, revealed Resident #117 was sitting up in her wheelchair without a catheter securing device connected to the resident's leg to prevent tugging on the meatus. The catheter tubing was dangling. The catheter bag was connected to the right side of the wheelchair. During an interview on 11/03/21 at 02:47 PM, with CNA #1 confirmed the resident's catheter was not secured to the resident's leg. CNA #1 said this could cause trauma to the meatus and cause the catheter to come out or infection. CNA #1 said it is the CNA's responsibility to tell the nurse if the resident's leg strap or securing device has come off the Resident's leg. CNA #1 said she didn't realize the securing device was not connected to the resident. CNA #1 confirmed the resident has been sitting in the wheelchair all day with the catheter unsecured to the her leg. During an interview on 11/03/21 at 03:11 PM, with CNA #2 confirmed she failed to notify the nurse that Resident #117's catheter tubing was not secured while she was providing care. CNA #2 confirmed by pulling on the catheter could cause trauma to the meatus/bladder and or urinary tract infections (UTI). During an interview on 11/3/21 at 3:15 PM, with LPN #1 confirmed she failed to secure Resident #117 catheter tubing. LPN #1 confirmed that pulling on the catheter could cause trauma to the meatus and can cause infections. During an interview on 11/3/21 at 3:20 PM, with RN #1 confirmed she failed to secure Resident #117's catheter tubing while providing care and	M 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 620	Continued From page 5	M 620		

did not notice the resident's catheter was not secured to her leg. RN #1 said if the tubing is not secure it could cause trauma to the meatus and/or infection. RN #1 confirmed the resident has been sitting in the wheelchair all day with the catheter tubing unsecured.

During an interview on 11/04/21 at 2:30 PM, with the Director of Nursing (DON) said the CNAs are trained to notify the nurse and the nurses are trained to secure the tubing to prevent tension. The DON confirmed CNA #1, CNA #2, LPN #1 and RN #1 could have caused trauma to the meatus/urethra and/or infections.

Record review of the Admission Record revealed Resident #117 was admitted to the facility on 10/22/2021 with diagnoses that included Hemiplegia, Hemiparesis, Osteoarthritis and Neuromuscular dysfunction of bladder.

Record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/28/21 revealed Resident#117 had a Brief Interview for Mental Status (BIMS) of 15 that indicted she is cognitively intact.

Review of the facility, "CNA Competency Based Orientation", dated 9/10/21 revealed Certified Nursing Assistant (CNA) #2 was educated on the care of residents with catheters.

Review of the facility, "CNA Competency Based Orientation", dated 4/16/21 revealed Certified Nursing Assistant (CNA) #1 was educated on the care of residents with catheters.

Review of the facility, "Nursing Competency Based Orientation", dated 9/11/21, revealed Licensed Practical Nurse (LPN) #1 was educated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 620	Continued From page 6 on the care of residents with catheters. Review of the facility, "checklist", dated 10/25/21 revealed Registered Nurse #1 was educated on the care of residents with catheters.	M 620		
M 855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interviews, the facility failed to ensure food was served at a palatable and satisfactory temperature for five (5) of twelve (12) residents interviewed in Resident Council. (Residents #16, #26, #38, #42, and #53) Finding Include: On 11/02/21 at 2:00 PM, during Resident Council meeting, residents complained of receiving cold food if they decide to eat in their rooms and not in the dining area. The residents explained that all three meals have been served cold in their rooms. Residents explained they have talked about food being cold in previous resident council meetings and have made the Social Worker aware of the cold food. At 3:00 PM on 11/02/21, during an interview with	M 855	1. On 11/2/2021 the State Survey Agency (SSA) notified the Administrator the sample tray served on the hall was cold. The Administrator informed the Dietary Manager (DM) of SSA findings and both the Administrator and DM went directly to the resident halls and asked each resident that received a meal tray in their room, if their meal was hot or cold, tasty or disliked. The Administrator and DM offered a fresh meal tray or substitution tray. Only one (1) resident stated their food was "luke warm" accepted the offer of a new meal tray. other residents questioned stated no complaints with meal. 2. All residents who eat meals in their room, have the potential to be affected. 3. All nursing, activity and dietary staff have been educated on timeliness of passing meal trays to ensure that all	12/26/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 855	Continued From page 7 Social Worker, she explained she does attend the resident council meetings monthly at the request of the residents and takes the meeting minutes. She confirmed the residents did have complaints about the food being served cold. On 11/03/21 12:00 PM State Survey Agency (SSA) observed Dietary #2 and Dietary #3 preparing hall lunch trays for the residents in the rooms. Dietary #2 explained the second cart is the cart that goes to the last hall and the last residents to be served in their room. SSA requested a tray to be fixed for SSA and placed on the last cart as the last tray served. SSA tray completed at 12:10 PM by Dietary #3 and the tray was placed in the insulated delivery cart which trays are placed inside the cart, with the doors closed, and await to be taken to the residents. At 12:15 PM, the insulated tray delivery carts leave the kitchen and go to the dining area and are left. SSA ask dietary #2 after cart leaves the kitchen who transports the carts with trays to the hall and the residents, she explained the aides from the hall will pick up the delivery carts and then takes the cart and delivers the trays to the residents in their room. At 12:20 PM no aides noticed to pick up delivery carts from the dining area. SSA observed Registered Dietician (RD) started to push the delivery cart down the hallway toward rooms. SSA asked the RD does she normally push the carts to the floor, she explained she always tries to help, but mostly does the dining observations in the dining room. The last tray off the delivery cart was delivered to room 45 and then the SSA tray was handed to the SSA at 12:30 PM. Two SSA tasted all food items on the tray, including rice, chicken teriyaki, oriental mixed vegetables, and vegetable egg roll. The oriental mixed vegetables were lukewarm, and the white rice and chicken teriyaki were cold to	M 855	meals are served at a palatable and satisfactory temperature completed by Administrator and Dietary Manager began on 11/5/2021 completed 11/30/2021. 4. The Infection Preventionist / Quality Assurance (IP/QA) nurse along with the Dietary Manager (DM) developed a log / tracker to ensure temperature of food on the hall trays. The IP/QA nurse and DM will check temperatures on hall cart four (4) times a week over three (3) meals times six (6) weeks, beginning on 11/19/2021. Additionally the DM will provide temperature checks over 3 meals times six (6) weeks beginning 11/19/2021. The IP/QA nurse and the DM will calibrate the thermometer together prior to taking any readings, using the fifty/ fifty (50/50) ice to water method. Placing thermometer in 50/50 ice water until the thermometer temperature has stabilized at that point the thermometer should read thirty two (32) degrees Fahrenheit. The temperature will be taken on the food line and recorded and again as the last tray is taken off the hallway cart and recorded. IP/ QA will maintain the temperature log times 6 weeks. Findings will be brought to the Quality Assurance and Assessment meetings beginning 12/22/2021 times three (3) months for review and recommendations and process will be re-evaluated after 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 855	Continued From page 8 the taste and cold to the touch. On 11/03/2 at12:35 PM the Administrator was notified of the cold food served on the tray. The Administrator explained she is sorry for the cold food and will notify the Dietary Manager. On 11/03/21 at 12:45 PM, in an interview with the Dietary Manager, she explained she is sorry about the lunch tray. On 11/03/21 at 1:00 PM during an interview with Dietary #2, she explained she knew the food would be cold due to it took too long for Dietary #3 to serve the trays, close the door on the insulated tray delivery cart, and get the cart out of the kitchen. She explained this does happen frequently. At 2:30 PM on 11/04/21 interview with Resident #16, she explained her breakfast is served cold. On 11/04/21 interview with Resident #26 at 2:40 PM, she explained she tries to eat in the dining room for all meals now due to meals were always cold when served in her room. At 2:50 PM on 11/04/2021 during an interview with Resident #38, she explained all three meals have been served cold to her in her room. At 3:00 PM during an interview with Resident # 42 on 11/04/21, she explained her meals have been served cold to her in her room, so she tries to eat lunch in the dining room but does eat dinner in her room at times. On 11/04/21 at 3:10 PM during an interview with Resident #53, he explained is always served cold for all meals.	M 855		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 855	Continued From page 9 On 11/04/21 at 3:30 PM during an interview with the Administrator, when ask for a food policy on serving food, she explained the facility does not have a policy regarding the temperature of food when served to residents. Resident #16 Record review of Resident #16's Admission Record revealed the facility admitted Resident #16 on 02/17/2020 with the diagnosis of Type 2 diabetes mellitus. Record review of Resident #16's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 08/02/221 revealed Resident #16 had a Brief Interview for Mental Status (BIMS) score of 8, which indicated moderate cognitive impairment. Resident #26 Record review of Resident #26's Admission Record revealed the facility admitted Resident #26 on 09/05/2019 with the diagnosis of Type 2 Diabetes mellitus. Record review of Resident #26's Annual MDS 08/17/2021 revealed Resident #26 had a BIMS score of 15, which indicated cognitively intact. Resident #38 Record review of Resident #38's Admission Record revealed the facility admitted Resident #38 on 03/05/21 with the diagnosis of Fracture of second vertebra with delayed healing. Record review of Resident #38's Quarterly MDS	M 855		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24GN	A. BUILDING: _____ B. WING _____	11/04/2021

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) COMPLETE DATE
M 855	Continued From page 10 with ARD of 09/08/2021 revealed Resident #38 had a BIMS score of 15, which indicated cognitively intact. Resident #42 Record review of Resident #42's Admission Record revealed the facility admitted Resident #42 on 03/19/2015 with the diagnosis of Chronic Obstructive Pulmonary Disease. Record review of Resident #42's Quarterly MDS with ARD of 09/14/2021 revealed Resident #42 had a BIMS score of 15, which indicated cognitively intact. Resident #53 Record review of Resident #53's Admission Record revealed the facility admitted Resident #53 on 10/07/2020 with the diagnosis of Atherosclerotic Heart Disease of native artery. Record review of Resident #53's Annual MDS with ARD of 09/28/2021 revealed Resident #53 had a BIMS score of 15, which indicated Resident #53 is cognitively intact.	M 855		