

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 08/10/2022
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 The State Agency (SA) conducted a Complaint Investigation (CI), MS #18563 and MS#18783, at the facility on 8/8/22 through 8/10/22. During the survey, the SA determined the facility was in compliance with the Mississippi Regulations Minimum Standards for Institutions for the Aged or Infirm and there were no deficiencies cited. The SA did not substantiate MS #18563 for neglect, resident not groomed, discharge rights, and falls. The SA did not substantiate MS #18783 for verbal abuse, misappropriation of property, facility staffing, following physician orders, and resident left soiled/wet. There were no deficiencies cited.	M 000		

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

08/22/22