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 _____	02/08/2024

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 02/05/24 through 02/08/2024. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500 and M1570.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a	M 500		3/28/24

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M 500	Continued From page 1 pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observation, interview and record review, the facility failed to maintain a comfortable room temperature levels of 71 degrees to 81 degrees Fahrenheit (F) for two (2) of 18 sampled residents. Resident #13 and Resident #9 Findings include:	M 500	1. The thermostat that controls the temperature for residents' #13 and #9 was set to 75 degrees Fahrenheit (°F) auto and locked on 02/08/24. The owner had the thermostat relocated to the hallway on 02/19/24. Between 2/8/24 and 2/19/24, Administrator monitored rooms 17, 19 and 21 daily to ensure temperatures registered between 71-81 °F.	

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M 500	Continued From page 4 A review of the facility's "Safe and Homelike Environment Policy" dated Apr (April) 23 revealed " Policy: In accordance with residents' rights, the facility will provide a safe, clean, comfortable, and homelike environment ... Policy Guidelines: 7. The facility will maintain comfortable and safe temperature levels ..." Resident #13 On 02/05/24 at 12:53 PM, during an observation and interview with Resident #13, the resident complained the room temperature was too cold for him. He stated had had complained to all the staff about the room temperature, but nothing had been done. There was no unit or thermostat in the room for the resident to be able to adjust the temperature. On 02/08/24 at 9:52 AM, during a phone interview with Resident #13's wife, she explained the resident had complained about the room temperature being cold. She stated that she made staff aware, including the Administrator and the owner, and was told the system was being worked on. A record review of the "Admission Record" revealed the facility admitted Resident #13 on 05/28/21 with current diagnoses including Heart Failure. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/14/23, revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated his cognition was moderately impaired.	M 500	2. All residents have the potential to be affected. 3. On 2/8/24, the Director of Nursing (DON) and Administrator educated Maintenance and Nursing Supervisors on comfortable and safe environmental temperature levels, which should fall between 71-81 °F. 4. Beginning 2/20/24, resident rooms that contain thermostats, the dining room and the activities room will be monitored daily by Maintenance and/or Nursing Supervisors for a period of fourteen (14) days. Beginning 3/5/24, rooms and communal areas in the facility will be checked weekly for comfortable and safe environmental temperatures for a period of four (4) weeks. Should any temperature fail to meet the regulatory requirement, the administrator is to be notified immediately. Subsequently, the administrator will take corrective action to obtain comfortable and safe temperature. The temperature check log will be reviewed by the Administrator weekly times six (6) weeks. The Administrator will then report the finding to the Quality Assurance and Assessment (QAA) meeting on 03/27/2024. The QAA committee will review the findings and make recommendations as needed for three (3) months.	

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M 500	Continued From page 5 Resident #9 On 02/06/24 at 9:35 AM, during Resident Council Meeting, Resident #9 reported her room stays cold all the time, and that her hallway was also cold. A record review of the "Admission Record" revealed the facility admitted Resident #9 on 02/14/17 with the current diagnoses including Hemiplegia and Hemiparesis Following Unspecified Cerebrovascular Disease Affecting Left Non-Dominant Side. Record review of the Annual MDS with an ARD of 11/09/23 revealed Resident #9 had a BIMS score of 13, which indicated she was cognitively intact. At 4:35 PM on 02/07/24, during an interview with the Administrator, she explained some residents had requested the facility to turn up the thermostat in the building and in their rooms. She reported the heating units are in the attic and the thermostat controls are located throughout the facility. She confirmed that there were some thermostats located in resident rooms and all thermostats were set on 72 degrees or higher. On 02/08/24 at 10:20 AM, during an observation and interview with Maintenance #1, he explained that Resident #9 and Resident #13's room temperature were controlled by a thermostat located in another resident's room (Room 19). Upon entering Room #19, the thermostat was set on 68 degrees F and was on "cool". The resident in Room #19 stated that she had gotten hot during the night and had to turn on the air conditioner. She confirmed she adjusted the thermostat as she needed. Maintenance #1 confirmed residents have complained about	M 500		

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M 500	Continued From page 6 being cold and that the thermostat in Room #19 was not locked to prevent the resident from adjusting the temperature that affected other resident rooms. At 10:30 AM on 02/08/24, an observation of Resident #13's room (Room #21) with Maintenance #1, revealed the room temperature was 68 degrees when measured using a thermometer. Resident #9's room (Room #17) was 66 degrees initially, but when the thermometer was held near the vent in the ceiling, the thermometer reading increased to 69.4 degrees F. On 02/08/24 1:40 PM, during an interview with Administrator, she confirmed the thermostat in Room #19 controls the temperatures for Rooms #16 through #21. She stated that she locked the thermostat in Room #19 and turned the unit to auto, so it would turn off and on. She explained the owner had been working on the thermostats since June 2023 to remove thermostats from resident rooms. She explained that she expected all resident rooms to have a comfortable temperature from 71 degrees F and higher.	M 500		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance	M1570		3/28/24

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M1570	Continued From page 7 program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to provide peg tube care (Resident #29) and catheter care (Resident #61) in a manner to prevent the possible spread of infection for two (2) of five (5) resident care observations. Findings Include: Review of the facility's "Gastrostomy Site Care Policy", dated 10/23, revealed, " Policy: It is the policy of this facility to perform gastrostomy site care as ordered. Policy Guidelines ...14. Using soap and water/wound cleanser gently clean the area around the tube and continue in an outward circular fashion, ensuring that under the bolster is cleaned ..." Review of the facility's "Hand Hygiene Policy", dated 8/23, revealed, "Policy: This facility	M1570	1. On 2/8/24, Director of Nursing (DON) assessed Resident #61 and Resident #29 for signs and symptoms of infection. No signs and symptoms of infection were found. On 2/8/24, Staff Development Coordinator (SDC) in serviced Licensed Practical Nurse (LPN) #1 on appropriate infection control procedures for Percutaneous Endoscopic Gastrostomy (PEG) tube care, and LPN #1 successfully completed return demonstration. On 2/8/24, SDC in-serviced Certified Nursing Assistant (CNA) #1 on infection control procedures while rendering catheter care, and CNA #1 successfully completed return demonstration. 2. All residents who have a foley catheter and/or a PEG tube have the potential to be affected. 3. On 2/27/24, Infection Preventionist	

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M1570	Continued From page 8 considers hand hygiene the primary means to prevent the spread of infections. All staff will perform proper hand hygiene procedures to prevent the spread of infection to ...residents ...Policy Guidelines ...6. Additional considerations: 1. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning (putting on) gloves, and immediately after removing gloves ..." Resident #29 On 02/07/24 at 3:02 PM, during an observation of Percutaneous Endoscopic Gastrostomy (peg) tube care by Licensed Practical Nurse (LPN) #1 for Resident #29, she cleaned the peg tube insertion site using one (1) gauze, circling the site three (3) times. She did not rotate the gauze or use a new gauze with each circle around the peg tube insertion site. On 02/07/24 at 3:14 PM, in an interview with LPN #1, she confirmed she should have rotated the gauze or changed the gauze with each circle and her actions could have caused the resident to acquire an infection. Record review of the "Admission Record" revealed the facility admitted Resident #29 on 12/09/23 with current diagnoses including Aphasia following Cerebral Infarction. Record review of the "Order Summary Report" revealed Resident #29 had a Physician's Order, dated 12/11/23, to " ...Complete tube site care q (every) day and PRN (as needed)." Record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/20/23 revealed Resident #29	M1570	(IP) and SDC began in-servicing CNAs on infection control procedures regarding catheter care and licensed nurses on PEG tube care. The aforementioned in-services will be completed by 3/5/24. The in-service training will include return demonstration. 4. Beginning 3/6/24, IP and/or SDC will observe both three (3) Foley Catheter and three (3) PEG tube care procedures per week for a period for 6 weeks. IP will report results to the Quality Assurance and Assessment (QAA) committee on 3/27/24. The QAA committee will review the findings and make recommendations as needed for three (3) months.	

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M1570	Continued From page 9	M1570		

had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident was severely cognitive impaired.

Resident #61

On 2/08/24 at 8:33 AM, an observation of catheter care for Resident #61 completed by Certified Nursing Aide (CNA) #1 revealed CNA #1 washed her hands and applied clean gloves. She filled the wash basin with water and turned the water off while wearing the same gloves. CNA #1 touched the water faucet handle, doorknobs, and the resident's bed linen while wearing the same gloves and did not discard and apply a new clean pair of gloves before providing catheter care.

On 02/08/24 at 8:55 AM, in an interview with CNA #1, she stated she should have changed her gloves and applied a new pair of clean gloves before beginning catheter care because the resident could acquire an infection.

Record review of the "Admission Record" revealed the facility admitted Resident #61 on 3/20/23 with current diagnoses including Retention of Urine and Benign Prostatic Hyperplasia.

Record review of the "Order Summary Report", revealed Resident #61 had a Physician's Order, dated 3/20/23, for "Foley cath (catheter) care every shift."

Review of the Quarterly MDS with an ARD of 12/5/24 revealed Resident #61 had a BIMS score of 5 which indicated he was severely cognitively Impaired.

On 02/08/24 at 10:56 AM, in an interview with the

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M1570	Continued From page 10 DON, she confirmed CNA #1 should have prepared the wash basin and gathered supplies first and washed her hands and applied clean gloves before initiating catheter care for Resident #61. She stated there was a potential to introduce bacteria to the resident by not conducting catheter care with clean gloves. The DON stated LPN #1 should have gone around the peg tube site once per gauze or swab for Resident #29. She should have discarded it and got a new one to clean the site.	M1570		