GREENBRIER NURSING & REHABILITATION CENTER OF TYLE

Report ID: CCN 675267
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§ 1 Facility Identity

Facility	GREENBRIER NURSING & REHABILITATION CENTER OF TYLE
CCN	675267
Location	3526 W ERWIN ST, TYLER, TX, 75702
Ownership type	For profit - Corporation
Certified beds	120

§ 2 CMS Federal Record

Civil money penalties on file	$0
Deficiency citations — current cycle	18 (157% vs prior 24 months (7))
Deficiency citations — prior 24 months	7
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	Not listed
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	$0
TX state average	$49,788 (this facility is 0.0× the TX average)
National average	$31,239 (this facility is 0.0× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 18 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F684	Provide appropriate treatment and care according to orders, resident’s preferences and goals.	E	Standard survey
F725	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.	E	Standard survey
F755	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.	E	Standard survey
F585	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.	D	Complaint
F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	D	Complaint
F880	Provide and implement an infection prevention and control program.	D	Complaint
F580	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.	D	Standard survey
F638	Assure that each resident’s assessment is updated at least once every 3 months.	D	Standard survey
F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	D	Standard survey
F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	D	Standard survey
F759	Ensure medication error rates are not 5 percent or greater.	D	Standard survey
F760	Ensure that residents are free from significant medication errors.	D	Standard survey
F761	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals	D	Standard survey

	must be stored in locked compartments, separately locked, compartments for controlled drugs.		
F802	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.	D	Standard survey
F812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	D	Standard survey
F880	Provide and implement an infection prevention and control program.	D	Standard survey
F924	Put firmly secured handrails on each side of hallways.	D	Standard survey
F926	Have policies on smoking.	D	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: CREATIVE SOLUTIONS IN HEALTHCARE (149 facilities); Owner on file: LIBERTY COUNTY HOSPITAL DISTRICT NO.1 (organization)
Ownership chain	CREATIVE SOLUTIONS IN HEALTHCARE (149 facilities)
Penalties vs chain average	$0 vs $60,790 (0.0× the chain average)
Current deficiencies vs chain average	18 vs 9.8 (1.8× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	2 / 5 (state avg 2.7 · US avg 3)
Health inspection	3 / 5 (state avg 2.8 · US avg 2.8)
Staffing	1 / 5 (state avg 1.8 · US avg 2.9)
Quality measures (QM)	3 / 5 (state avg 3.8 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/675267
Snapshot SHA-256	b1652d234ce4c03358d382cd60acd9db2f0b0c429511d49a44400d7eaeb35bc7
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 675267.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash b1652d234ce4.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

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