

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Cornerstone Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Alcorn Drive Corinth, MS 38834	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46013</p> <p>Based on observation, resident and staff interviews, and facility policy review, the facility failed to maintain a clean and comfortable environment, as evidenced by dirty wheelchairs for three (3) of four (4) residents sampled. Resident #2, #3, #4.</p> <p>Findings include:</p> <p>A review of the facility policy titled Cleaning and Disinfection of Resident-Care Items and Equipment with a reviewed date of 3/2023 revealed, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current Centers for Disease Control (CDC) recommendations for disinfection and the OSHA Bloodborne Pathogens Standard .</p> <p>A review of Anonymous Complaint #MS 26061 revealed Wheelchairs are not being cleaned.</p> <p>Resident #2</p> <p>During an interview on 9/9/24 at 2:00 PM, Certified Nurse Aide (CNA) #1 revealed that the night shift aides are responsible for cleaning the wheelchairs. They have an assignment sheet they are supposed to follow to ensure that all wheelchairs are cleaned.</p> <p>An observation and interview on 9/9/24 at 2:05 PM, revealed Resident #2's wheelchair had a thick gray substance on the frame and the spokes of the wheels. Resident #2 revealed she wasn't sure when her wheelchair was supposed to be cleaned, but it needed it.</p> <p>A record review of Resident #2's Admission Record revealed the resident was admitted on [DATE] with diagnoses including Acute and Chronic Respiratory failure with hypoxia, Unspecified Diastolic (Congestive) heart failure and Bacteremia.</p> <p>Record review of Resident #2's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/01/24, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident is moderately cognitively impaired.</p> <p>Resident #3</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 255232
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation and interview on 9/9/2024 at 2:20 PM revealed Resident #3 sitting in his wheelchair, which was noted to have a dried, thick gray substance on its metal base. Resident #3 revealed, Yeah, my chair is dusty. It could use some cleaning.</p> <p>A record review of Resident #3's Admission Record revealed the resident was admitted on [DATE] with diagnoses including Acute and Chronic Respiratory Failure with hypercapnia, Unspecified Diastolic (Congestive) heart failure, and Unspecified Cirrhosis of Liver.</p> <p>Record review of the MDS with an ARD of 08/14/24, revealed Resident #3 had a BIMS score of 14, which indicated the resident is cognitively intact.</p> <p>Resident #4</p> <p>An observation and interview on 9/9/24 at 3:55 PM, revealed the wheels on Resident #4's wheelchair were cracked and the wheelchair was dirty, with a dark gray substance noted on the frame of the wheelchair and the spokes of the wheels. Resident #4 revealed she had a different wheelchair before she got this one, which was in worse condition. She revealed it needs to be cleaned and also fixed.</p> <p>A record review of Resident #4's Admission Record revealed the resident was admitted on [DATE] with diagnoses including Cerebral infarction, Cerebrovascular disease, Hemiplegia, and Hemiparesis following Cerebral Infarction affecting the right dominant side.</p> <p>Record review of the MDS with an ARD of 08/02/24, revealed Resident #4 had a BIMS score of 9, which indicated the resident is moderately cognitively impaired.</p> <p>In an interview on 9/9/24 at 4:15 PM, the Director of Nurses (DON) confirmed that the wheelchairs are supposed to be cleaned nightly by the CNAs. She revealed that there is an assignment list that they go by, but there is no sign-off sheet to document when it is being done.</p> <p>During an observation and interview on 9/9/24 at 4:55 PM, the Administrator confirmed that the wheelchairs for Residents #2, #3, and #4 were dirty and stated that some of the wheelchairs needed to be repaired as well.</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46013</p> <p>Based on resident, family and staff interviews, record review, and facility policy review, the facility failed to document a summary of the resident's and family's grievances and any corrective actions and follow-up for the grievances for one (1) of three (3) residents reviewed for grievances.</p> <p>Resident #1.</p> <p>Findings include:</p> <p>A record review of the facility's policy titled, Filing Grievances/Complaints with a revised date of 6/2024 revealed, .Our facility will assist residents, their representatives (Sponsors), other interested family members, or advocates in filing grievances or complaints when such request are made . 2. Grievances and/or complaints may be submitted orally, in writing, or electronically and may be filed anonymously.7. Upon receipt of a grievance and/or complaint, the Grievance Officer will review and investigate the allegations .11. The resident, or person filing the grievance and/or complaint of behalf of the resident, will be informed verbally and in writing (if requested) of the findings of the investigation and the actions that will be taken to correct any identified problems.</p> <p>Record review of Complaint Intake MS#25961 dated 07/24/24 revealed, We have had four (4) meetings with the Administrator over issues we have had over the last two (2) weeks.</p> <p>A record review of the facility Grievance Log, dated 3/1/2024 to 9/9/2024, revealed no grievances logged for Resident #1.</p> <p>During a phone interview on 9/9/24 at 1:20 PM, Resident #1's husband/Resident Representative (RR) revealed that he had six meetings with the administrator and stated we just got lip service, and nothing is ever resolved when we discussed issues. He revealed the complaints were about the resident being wet or dirty for long periods of time. He stated that the lady in therapy even went and got the administrator several times because my wife would be wet and needed to go to therapy. He revealed when she went to the hospital on 7/31/24, we did not go back to the facility.</p> <p>An interview on 9/9/24 at 2:48 PM the Director of Rehab (DOR) revealed she recalled a time when Resident #1 was first admitted that she went into the resident's room around 9:30 AM to get her for therapy and the resident told me that she needed to be changed first. The DOR confirmed that she had let nursing know and then talked to the administrator about it because I felt like we would have a complaint about it.</p> <p>During an interview on 9/9/24 at 3:55 PM, Registered Nurse (RN) #1 revealed that the family of Resident #1 had frequent complaints. She revealed that on one particular day, she went to the Director of Nurses (DON), and reported a concern voiced by Resident #1's husband about loud, disturbing voices outside of her room.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 9/9/24 at 4:05 PM, the Administrator (ADM) revealed that he was the grievance officer and was aware of the concerns that the family of Resident #1 had voiced and felt like they had addressed them all. He revealed the family would come directly to talk to me about their concerns and that he did not do a formal grievance form and therefore failed to follow-up and ensure the issues were resolved with the RR.</p> <p>An interview on 9/9/24 at 4:15 PM the Director of Nurses (DON) revealed that Resident #1's family did have frequent complaints, she revealed that she felt like we were addressing the issues but confirmed that she had not filled out a proper grievance form and stated, she understands that it is crucial to make sure resident's complaints or grievances are handled in the proper manner and that follow-up is done.</p> <p>A review of the Admission Record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses that included Diastolic (congestive) heart failure, Chronic obstructive pulmonary disease, and Type 2 Diabetes Mellitus.</p>		