

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/09/2024
NAME OF PROVIDER OR SUPPLIER CORNERSTONE REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 302 ALCORN DRIVE CORINTH, MS 38834		
(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 complaint investigations (CI) MS# 25961 and CI MS# 26061, at the facility on 09/09/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA identified non-compliance and cited M 500 related to CI MS# 25961 for failure to ensure the right to voice grievances was maintained and cited M1020 for CI MS#26061 for failure to ensure the physical environment was clean.	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	M 500		10/10/24

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

09/19/24

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2 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; 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	M 500		

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M 500	Continued From page 3 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 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 resident, family and staff interviews, record review, and facility policy review, the	M 500	F585 Grievances 1. The immediate response was to put in a grievance on resident #1 related to	

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M 500	Continued From page 4 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. Resident #1. Findings include: 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. 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." A record review of the facility Grievance Log, dated 3/1/2024 to 9/9/2024, revealed no grievances logged for Resident #1. 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,	M 500	these issues for that resident. This grievance was completed on 9/9/24. Past three months grievances were reviewed by the Social Services Director (SSD) and Administrator on 9/10/24 with all grievances being resolved. 2. All residents residing in the facility had the potential to be affected by this deficient practice. 3. On 9/10/24 current staff were in-serviced by the Director of Nurses (DON) and Assistant Director of Nurses (ADON) on the grievance process, when to report, how to report, and who to report to. On 9/10/24 Administrator/Grievance Officer was also in-serviced by Regional Corporate Nurse Consultant on the grievance process and what to do when a grievance is reported. 4. Beginning 9/10/24, Grievance Rounds for residents to be performed by Administrator, Social Services Director (SSD) or Director of Nurses (DON), three (3) days a week, on ten (10) residents for eight (8) weeks, then once monthly for three (3) months. IDT (Interdisciplinary Team) will meet five (5) days a week for eight (8) weeks to discuss and review ongoing and resolved grievances and will discuss in Monthly Quality Assurance (QA) meeting on 10/10/24 and continue for	

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M 500	Continued From page 5 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. 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." 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. 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. An interview on 9/9/24 at 4:15 PM the Director of Nurses (DON) revealed that Resident #1's family	M 500	three (3) months.	

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M 500	Continued From page 6 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. A review of the Admission Record revealed Resident #1 was admitted to the facility on 7/8/2024 with diagnoses that included Diastolic (congestive) heart failure, Chronic obstructive pulmonary disease, and Type 2 Diabetes Mellitus.	M 500			