STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255232	A. BUILDING _____ B. WING _____	C 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALTHCARE CENTER	**302 ALCORN DRIVE CORINTH, MS 38834**

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F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) complaint investigations (CI MS #25961 and CI MS #26061) at the facility on 09/09/24. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services and cited F585 for failure to ensure grievances were resolved related to CI MS #25961 and F584 for failure to maintain a clean and comfortable environment related to CI MS# 26061. The census at the time of the survey was 74 with a bed capacity of 95 beds.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584		10/10/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/19/2024

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F 584	Continued From page 1 and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: 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. Findings include: 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 ..."	F 584	Preparation and submission of this plan of correction by Cornerstone Rehabilitation and Healthcare Center, Corinth, MS does not constitute an admission of agreement by the provider of the truth, or the facts alleged, or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is submitted and prepared solely pursuant to the requirements under the federal and state laws. F584 Home Like Environment¿ 1. Wheelchairs for Residents #2, #3, and	

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F 584	Continued From page 2 A review of Anonymous Complaint #MS 26061 revealed .... Wheelchairs are not being cleaned. Resident #2 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. 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. A record review of Resident #2's Admission Record revealed the resident was admitted on 06/13/2024 with diagnoses including Acute and Chronic Respiratory failure with hypoxia, Unspecified Diastolic (Congestive) heart failure and Bacteremia. 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. Resident #3 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	F 584	#4 were cleaned on 9/9/24, and the cracked wheels on Resident #4's wheelchair were also replaced on 9/9/24. A 100% audit was done of all wheelchairs on 9/10/24 by Maintenance Staff. 2. All residents have the potential to be affected by this deficient practice. 3. On 9/10/24 current nursing staff were in-serviced by the Director of Nurses, Assistant Director of Nurses, and Administrator on maintaining a home like environment, the wheelchair cleaning process and appropriate documentation of such cleanings. On 9/10/24, wheelchair cleaning schedule was updated, and a form was created to include signatures from Certified Nursing Assistants (CNAs) who perform the cleanings, and signatures of Licensed Practical Nurses (LPN) who supervises those Certified Nursing Assistants (CNAs) to be signed after cleanings are done. 4. IDT (Interdisciplinary Team) will review five (5) times a week for accuracy and will visually observe wheelchairs for cleanliness starting on 9/10/24 and continue for (3) months. Findings will be brought to Monthly Quality Assurance (QA) meeting on 10/10/24 and continue for three (3) months.	

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substance on its metal base. Resident #3 revealed, "Yeah, my chair is dusty. It could use some cleaning."

A record review of Resident #3's Admission Record revealed the resident was admitted on 08/07/2024 with diagnoses including Acute and Chronic Respiratory Failure with hypercapnia, Unspecified Diastolic (Congestive) heart failure, and Unspecified Cirrhosis of Liver.

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.

Resident #4

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.

A record review of Resident #4's Admission Record revealed the resident was admitted on 08/16/2023 with diagnoses including Cerebral infarction, Cerebrovascular disease, Hemiplegia, and Hemiparesis following Cerebral Infarction affecting the right dominant side.

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.

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F 584	Continued From page 4 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. 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.	F 584		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a	F 585		10/10/24

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grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:
(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;

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F 585	Continued From page 6 (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: 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. Resident #1.	F 585	F585 Grievances 1. The immediate response was to put in a grievance on resident #1 related to 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	

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F 585	Continued From page 7 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, 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	F 585	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 three (3) months.	

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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 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

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F 585	Continued From page 9 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.	F 585		