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	255232	A. BUILDING _____ B. WING _____	C 08/26/2021

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 a COVID-19 Focused Infection Control Survey and Complaint Investigations from 8/23/21 to 8/26/21. (CI) for MS# 17132 related to neglect, MS# 17152 related to pressure ulcers, quality of care and notification to the responsible party, MS# 17175 related to resident rights, dignity and respect, MS# 17247 related to verbal abuse of a resident, MS# 17944 related to neglect and rehabilitation services, MS# 17695 related to call lights being accessible and timely, and MS# 17794 related to staffing, pressure ulcers, weight loss, inappropriate feeding assist and Activities of Daily Living (ADLS) were investigated. All complaints were unsubstantiated and no deficiencies were cited related to the complaints.. The facility was found to not be in compliance with the requirements of participation in Medicare and Medicaid (CMS) Services at 42 CFR483.80 and and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 was cited F880 for Infection Control. The facility held a license for 95 beds and had a census of 66.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.	F 880		

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

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.

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F 880	Continued From page 1 The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and	F 880		

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F 880	Continued From page 2 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, record review, and facility policy review, the facility failed to ensure dietary staff wore masks and followed recommended infection control practices for one (1) of two (2) observations in the dietary department. Findings include: Record review of the facility policy titled "Infection Prevention and Control Program" with revised date of 1/2020 revealed, " Policy Statement: An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections ...6. Policies and Procedures ...c. The infection prevention and control committee, Medical Director, Director of Nursing (DON) Services, and other key clinical and administrative staff review the infection control policies at least annually. The	F 880		

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review will include ...b. Assessment of staff compliance with existing policies and regulations ..."

Record review of the facility plan titled COVID-19 Plan with revised date of 8/2021 revealed ...1. Purpose and Scope: Cornerstone is committed to providing a safe and healthy workplace for all employees. Cornerstone has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID -19 Emergency Temporary Standards (ETS) 2. Roles and Responsibilities: Cornerstone's goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan ... 3. Hazard Assessment and Worker Protections ... Personal Protective Equipment (PPE): Cornerstone will provide, and ensure that employees wear, facemasks, or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for facemasks will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

An observation on 8/23/21 at 2:07 PM, by the State Agency (SA) through the window of the kitchen door revealed three (3) dietary staff members were observed not wearing a mask and one (1) dietary staff member with a surgical mask on and this mask was below her bottom lip. All

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four (4) dietary staff were standing in a group in close proximity talking to each other. The SA observed all four (4) dietary staff members walk to the stove and sink area and the SA observed staff #2 took a can of spray and sprayed over a pan of what appeared to be meat patties, that was sitting on top of the stove. The SA opened the kitchen door and observed the three (3) staff members, that were not wearing a mask, immediately reached on the counter and got a mask and put it on and the other staff member was observed pulling her mask up to cover her mouth and nose.

An interview on 8/23/21 at 2:12 PM, with Dietary Staff #1 revealed that she had been vaccinated and that she felt like she should not have to wear a mask. Dietary Staff #1 revealed that she had not been in-serviced on anything, but that she was told last Thursday that they had to start wearing a N95 mask because there was COVID-19 in the facility.

An interview on 8/23/21 at 2:13 PM, with Dietary Staff #2 revealed that she does not think that she should have to wear a mask because she had been vaccinated. Dietary Staff #2 revealed that she was only vaccinated so she would not have to wear a mask and that the mask does not stop the virus anyway. Dietary Staff #2 revealed that she cannot breathe when wearing a mask, especially when she is cooking over the stove and that she feels comfortable not wearing a mask because she was vaccinated. Dietary Staff #2 revealed that she was tested two (2) times a week and so how could she be positive and spread anything? Dietary staff #2 revealed that she was told at different times that she was positive for COVID-19, once while working here

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and one time before and that she did not have any symptoms, so she believes that she did not have the virus. Dietary Staff #2 revealed that the facility required her to be off work for 10 days the last time, she was positive. Dietary staff #2 confirmed that she was told last week to wear the N95.

An interview on 8/23/21 at 2:15 PM, with Dietary Staff #3 revealed that she plans to be vaccinated next Wednesday and that she thinks it is fine to not wear a mask because they are in a separate area from the residents. She revealed that anytime she opens the door for someone or goes out of the kitchen that she always wears a mask. Dietary Staff #3 confirmed that she was told to wear a mask while in the facility. She revealed that she does not remember being in-serviced on COVID-19.

An interview on 8/23/21 at 2:18 PM, with Dietary Staff #4 revealed that she was hired 3 days ago and that she has not been in-serviced. She confirmed that she was told to wear a mask and confirmed that the mask should be kept pulled up over her mouth and nose so she would not spread germs. She revealed that she wants to be vaccinated and that they did offer the vaccine and she plans to get it as soon as they can give it to her.

An interview on 8/23/21 at 2:20 PM, with the Dietary Manager (DM), who was in his office, in the dietary department and was noted wearing a N95 mask, revealed that all staff is COVID-19 tested two (2) times weekly and that he does enforce the staff to wear masks and that not wearing a mask can spread germs. The DM revealed that all the dietary staff were told

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verbally last Thursday to wear the N95 masks.

An interview on 8/23/21 at 2:30 PM, with the DM and Administrator (ADM) confirmed that the Infection Preventionist (IP) is out of the building with COVID-19 and that she is serving as the IP in her absence and that all staff should be wearing an N95 and that they are all reminded when they enter the facility at the front entrance and are screened and they answer the COVID-19 questions and are instructed to use hand sanitizer and wear a mask and she expected them to adhere to this.

An interview on 8/23/21 at 2:40 PM, with the ADM revealed that the Dietary staff use the COVID-19 screening computer when they come to work. It requires them to answer the COVID-19 questions and then it commands them to use hand sanitizer and to wear a mask before their badge is printed out.

An interview on 8/25/21 at 4:40 PM, with the DON revealed that Staff Development is responsible for facility in-services and that she is out with COVID-19. The DON revealed that they have done many in-services on COVID-19 and infection control but that she cannot find any in-services with the Dietary staff.

An observation on 8/26/21 at 8:00 AM, of the Advanced entry screening computer questions that is required to answer yes or no to any symptoms of COVID-19 revealed questions: Yes or No to any recent out of country travel, and Yes or No to their vaccination status. After the questions are answered, and as the badge is printing, the computer voice commands you to practice good hand hygiene, to wear a mask, and

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F 880	Continued From page 7 use hand sanitizer. Record review of the computer entry log for Dietary staff #1 revealed dates of 8/22/21, 8/23/212, and 8/24/21. Record review of the computer entry log for Dietary staff #2 revealed dates of 8/21/21, 8/22/21, 8/23/212, and 8/24/21. Record review of the computer entry log for Dietary staff #3 revealed dates of 8/21/21, 8/22/21, 8/23/212, and 8/24/21. Record review of the computer entry log for Dietary staff #4 revealed dates of 8/5/21, 8/14/21, and 8/24/21. Record review of the facility in-services for Dietary staff #1 revealed Personal Protective Equipment (PPE) in-service quiz, infection control in-service quiz, and how to properly don and remove PPE Infection Control (IC) dated 3/15/21. Record review of a signed infection control overview and policy revealed a date of 6/10/21 for Dietary staff #2. Record review of a signed infection control overview and policy revealed a date of 5/21/20 for Dietary staff #3. Record review of a signed infection control overview and policy revealed a date of 8/24/21 for Dietary staff #4.	F 880		