MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02CI	A. BUILDING: _____ B. WING _____	08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALTHCARI	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 a Complaint Investigation (CI) for MS00017132 related to neglect, MS00017152 related to pressure ulcers, quality of care and notification to the responsible party, MS00017175 related to resident rights, dignity and respect, MS00017247 related to verbal abuse of a resident, MS00017944 related to neglect and rehabilitation services, MS00017695 related to call lights being accessible and timely, and MS00017794 related to staffing, pressure ulcers, weight loss, inappropriate feeding assist and Activities of daily living (ADLS) , was investigated at the facility from 8/23/21 through 8/26/21. The facility was found to be in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm state licensure requirements. No deficiencies were cited. The facility held a license for 95 beds and had a census of 66.	M 000		

Mississippi State Department of Health

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