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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 recertification survey from 05/28/19 to 05/30/19. During the survey the SA determined the facility was not in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The SA cited the state statutes M500, M780, and M805. The census at the time of entrance was 83, and the facility was certified for 95 beds.	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 contraindicated (as documented by a physician or nurse practitioner/physician assistant in his	M 500		6/27/19

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 500	Continued From page 1 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 given at least a quarterly accounting of financial transactions made on his behalf should the	M 500		

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 500	Continued From page 2 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 facility to work for improvements in resident care, and send and receive his personal mail	M 500		

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 500	Continued From page 3 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 interview, staff interview, resident council interview and facility policy review, the facility failed to ensure the residents' rights for resolution of grievances voiced related	M 500	M500 1. The Administrator begin reviewing the facility grievances log weekly starting 06/24/19 to ensure Resident grievances are being addressed in a timely manner.	

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 500	Continued From page 4 to food concerns for three of three (3 of 3) residents interviewed with food concerns. Residents #5, #20 and #26. Findings include: Review of the facility's policy titled, "Filing Grievances/Complaints", revised 11/2017, revealed, Policy Statement: Our facility will assist residents, their representatives (sponsors), other interested family members, or advocates in filing grievances or complaints when such requests are made. Policy Interpretation and Implementation: 3. All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response. Review of the facility policy titled, "Food: Quality and Palatability", revealed: Policy Statement-Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature. Definitions: "Food attractiveness" refers to the appearance of the food when served to the residents. "Food palatability" refers to the taste and/or flavor of the food". On 05/29/19, at 01:00 PM, a Resident Council meeting was held with Residents #26, #20, and #5 in attendance. Review of the Resident Council Minutes revealed the residents attended Resident Council meetings on three (3) of the last 3 months. They stated the food taste and quality was discussed at each of the meetings. During Resident Council, Resident #5 revealed she frequently goes to bed hungry because she	M 500	The Certified Dietary Manager met with Resident Council on 06/06/19 to listen to Resident grievances related to Dietary Services. The Administrator, Director of Nursing, and District Manager for the contracted Dietary Services provider met with Residents #5, #20, and #26, on 06/24/19 to discuss the plan to follow up on grievances related to Dietary. All three Residents stated they can see that the Certified Dietary Manager is listening to their grievances, and addressing their grievances. 2. Residents who receive meals from dietary department have the potential to be affected. 3. The facility department heads were in-serviced on the documentation and resolution of grievances on 05/31/19 by the Administrator. Facility staff was in-serviced by the local Ombudsman on 06/26/19 in regards to the requirement for the facility staff to report Resident grievances to the facility Social Services Director, who serves as the facility Grievance Officer, including the documenting and resolution of resident s grievances. 4. Beginning the week of 06/24/19, the Administrator will audit the Grievance Log maintained by the Grievance Officer weekly for four (4) weeks, then monthly for three (3) months to ensure that grievances are being resolved. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly by the Administrator for three (3)	

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 500	Continued From page 5 couldn't eat the food. She stated the food was "not fit to eat" and she hoped something could be done about it. She stated she had talked to the administrator but he said he didn't have anything to do with it because it was Corporate. Resident #26 stated, "We've talked until we're blue in the face. They said they have to go by the menu that was made up North. We're Southern, we don't like some of that food. There is such a turnover in the kitchen, you never know who is going to cook". In an interview on 05/29/19, at 3:45 PM, the Ombudsman, stated she had spoken with the Administrator several months ago regarding the food. She stated, on 02/13/19, then Vice President of the Resident Council, Resident #20, had given a report on the food and stated it was not good. She stated she had also spoken with Resident #5 and #26, who confirmed the food was bad. She stated the Administrator was very much aware of the problem. She stated, "We've been on them since the last survey." In an interview with the Administrator, on 05/29/19, at 4:30 PM, he stated he was aware of the problem with the food, that it was an ongoing issue since July 2018. He stated that food is absolutely important and the only thing some of the residents have to look forward to. He stated he had told the dietary staff that they can choose what they want to eat every night, but our residents get what you put in front of them. They don't have the ability to choose what they have. He stated there had been a lot of turnover in the dietary department. Healthcare Services is contracted for Dietary. He stated he did not eat from the kitchen, but agreed it would be a good idea to taste it every now and then. He confirmed he had spoken to the Ombudsman about the food	M 500	months for review and recommendations. The Administrator is responsible for on-going monitoring and compliance.	

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 500	Continued From page 6 issue a few months ago. The Administrator stated the issues with the food should have been documented in the Grievance Log, and that everybody in the building, management and the contracted dietary company, were aware there were issues. He said there was no excuse for not documenting the grievances, but believes it may be because it was an issue they were all discussing frequently. He stated that all grievances should be documented and followed up on per agency policy and that was not done. Record Review of the Grievance Log for 07/2018 - 05/2019 revealed no food grievances listed.	M 500		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. Level II Based on observation, resident and staff interview, and record review, the facility failed to provide activities that meet the resident's interests and needs for one (1) of two (2) residents reviewed for activities. Resident #34. Findings include: On 5/28/19 at 10:25 AM, an observation of Resident #34 revealed the resident in his room and in his bed sleeping. Resident #34 had an	M 780	M780 1. Resident #34 was placed on one-to-one Activities program on 06/01/19. Resident #34 is being invited to activities seven days a week by his department head Neighbor or Activity personnel. Resident #34 is being offered individual activities by both the Activities Department and his Department Head Neighbor. The facility also hired a second Activity Assistant to cover the days the Activity Director is on intermittent FMLA two days per week.	6/27/19

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 780	Continued From page 7 tube feeding infusing via a tube feeding pump. On 05/29/19 at 2:10 PM, an interview with the Activity Assistant (AA) revealed she stated, "he refuses to go to activities and when I go in his room to do an in room activity he refuses. But today when I went in his room he allowed my to do an in room activity." The AA revealed she does not have any documentation to show when she attempted to take Resident #34 to an activity, offered activities to the resident, or what activities she offered the resident and that he refused. On 05/29/19 at 4:33 PM, an interview with Resident # 34 revealed he would like to attend more activities and have more visits in his room. Resident #34 revealed he would like to attend Bingo, Church, Special Parties, and music. Resident #34 revealed he is not asked to attend activities and activities staff do not visit him in his room. Resident #34 stated he "gets lonely". Resident #34 stated, "I have asked to go to activities and they will not take me." Resident #34 revealed he would attend activities if they would come and get him and ask him to go. On 05/30/19 at 10:00 AM, an interview with Resident #34's mother revealed she visits her son two (2) days a week, and on those two days she arrives at 5:30 AM and does not leave until late in the afternoon, and she has not ever witnessed a staff member coming into the room and inviting the resident to an activity. Resident #34's mother stated only one time she has seen a staff member providing activities in the room to the resident. Resident #34's mother revealed that people from a church have come and visited the resident and she was so glad they did and she wished she could come more often but can only get a ride to the facility two days a week.	M 780	2. Twelve (12) Residents receiving one-to-one activities have the potential to be affected. 3. The facility department heads were in-serviced on 05/31/19 to relay the activities of the day to the Residents in the department head Nexion Neighborhood (assigned area), when they do their daily Neighbor Rounds, by the Administrator. The department heads also invite the Residents to activities Monday through Friday, and document that they invited the Residents. The Activity personnel that is on duty Saturday and Sunday invite the Residents to activities on those days. On 06/12/19, Daily Activities was added to our facility Morning Announcements that are made over the facility intercom system Monday through Friday. The Activity personal that is on duty Saturday and Sunday will announce the activities of the day over the intercom system. Facility staff was in-serviced by the local Ombudsman on 06/26/19 in regards to the requirement for the facility to provide one-on-one Activities for those residents who desire one-on-one Activities. 4. Beginning the week of 06/24/19, the Administrator will audit the one-on-one Activity Record weekly for four (4) residents who require one-on-one activity program weekly for four (4) weeks, then monthly for three (3) months, to ensure that 1:1 Activities are being offered. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly by the Administrator for three (3) months for review and	

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 780	Continued From page 8 On 5/30/19 at 10:30 AM, an interview with the Activity Director (AD) confirmed she did not document any attempts to get Resident #34 to participate in activities, in room or group, and she knew she should have. The AD confirmed she had not spent enough time with Resident #34 and it was because of not having enough time. The AD revealed things are a little messed up right now in her department while she is on Family Medical Leave and there is usually only one person in activities. Record review of the Activity Log for Resident #34 revealed he had attended one (1) activity since admission on 01/02/19. Record review of the Comprehensive Care Plan (DATE) for Resident # 34 revealed a focus area was developed for participation in activities and is limited due to resident's illness. The interventions included activities Resident #34 enjoyed were cards, games, spiritual activities, parties/social events, visiting with company and spending time outdoors. Record review of Resident #34's Face Sheet revealed an original admission date of 01/02/19, and most recent admission date of 04/12/19. Resident #34 was transferred to the hospital twice since his initial admission and readmission to the facility. Resident #34 had diagnoses which included Unspecified Sequelae of Cerebral Infarction, Tracheotomy Status, Cognitive Communication Deficit, Malignant Neoplasm of Laryngeal Cartilage, Major Depressive Disorder, Recurrent, Hemiplegia and need for assistance with personal care. Record review of the Minimum Data Set, with an	M 780	recommendations. The Administrator is responsible for on-going monitoring and compliance.	

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 780	Continued From page 9 Assessment Reference Date of 03/30/19, revealed a Brief Interview for Mental Status score of 11, which indicated moderate cognitive impairment.	M 780		
M 805	45.28 FOOD SERVICES: GENERAL FOOD SERVICES: GENERAL This Statute is not met as evidenced by: Level II Based on observation, resident interview, staff interview, test tray sample and the facility policy review, the facility failed to ensure residents were served palatable and appetizing food for three (3) of 3 residents interviewed with food concerns. Findings include: Review of the facility's policy titled, "Food: Quality and Palatability", revised 09/2017, revealed, "Policy Statement, Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature. Definitions, "Food attractiveness" refers to the appearance of the food when served to the residents. "Food palatability" refers to the taste and/or flavor of the food". On 05/28/19, 2:54 PM, in an interview with Resident #5, she revealed at lunch today, "They ran out of everything by the time they got to me. Only thing I ate was potato wedges. I asked for mayonnaise for my hamburger but they said they ran out. I didn't get any green beans. By the time they got to our table they had run out of green beans, and they gave me carrots. I don't eat	M 805	M805 1. The Certified Dietary Manager met with Resident #5 on 06/06/19 to address her concerns related to running out of food, mayonnaise, green beans, bread being served not toasted, and Resident #5 likes and dislikes related to food. The Certified Dietary Manager is having on-going conversation multiple time per week with Resident #5 related to her meal service. The Certified Dietary Manager also met with Resident Council on 06/06/19 to listen to Resident grievances related to Dietary Services. The Certified Dietary Manager began making changes to the menu on 06/07/19 to address the Resident s wishes to have certain items, or combinations of items changed on the menu; changes were reviewed by the Registered Dietician on 06/07/19. The Administrator, Director of Nursing, and District Manager for the contracted Dietary Services provider met with Residents #5, #20, and #26, on 06/24/19 to discuss the plan to follow up on issues related to Dietary. All three Residents voiced agreement with plans implemented to address the food quantity, quality,	6/27/19

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 805	Continued From page 10 carrots, so the only thing I ate was potato wedges. I have told them I don't eat carrots". She stated the Resident Council members had talked to the Administrator, and he said he doesn't have any thing to do with the kitchen. She revealed she had talked with the manager from corporate a month ago and she told me she was going to see about getting some improvement, but it hasn't been any improvement so far. They have a new Dietary Manager who started yesterday. When they bring the food around on the carts at night, almost all the food goes back uneaten. Almost nobody eats it. I don't believe they wrote down my complaint on a grievance form. I do attend Resident Council Meetings in the dining room monthly. We voice our food concerns in Resident Council at every meeting. During an observation and interview, on 05/29/19, at 8:24 AM, Resident #5 stated, "This is what they gave me, this toast has never seen a toaster and the omelette was cold and hard. If my husband didn't bring me butter and jelly I wouldn't have any." This surveyor observed that Resident #5 had a tub of margarine and a jar of jelly on her overbed table that she stated she kept in her in room refrigerator. Present on the tray was a folded cheese omelette, a bowl of Cheerios, one (1), eight (8) ounce carton of milk, 1 piece of white bread that does not appear to have been toasted, orange juice, one (1) biscuit and two (2) pieces of bacon. On 05/29/19 at 11:11 AM, four of four surveyors sampled a test tray of the lunch meal. Foods on the tray included Chicken with Thyme, Noodles with Mushrooms, Capri Vegetables (Squash/Zucchini) , Rice, English Peas, Meatballs with Brown Gravy, Chocolate Pudding and a roll. The rice was mushy with no taste and	M 805	palatability, and attractiveness. 2. Residents receiving meals from the dietary department have the potential to be affected. 3. Beginning the week of 06/10/19, Meal Monitoring will be documented by the Nurse Supervising meals in the Dining Room and on hallways. The facility s Certified Dietary Manager was in-serviced by the contract Dietary Company s District Manager on 06/17/19 on purchasing practices with regards to forecasting and procurement of food to ensure that the facility does not run out of food items during meal service. The Certified Dietary Manager in-serviced facility staff on 06/17/19 related to food temps, Food Temp Logs, the importance of following recipes, preparation of food, seasoning, and appearance of the food when served to residents. The Dietary Department has had a list of always available items for Residents to choose from for the lunch meal. On 06/17/19 the Certified Dietary Manager implemented the always available resident choice items to the dinner meal. The facility staff was in-serviced on 06/26/19 by the Head Educator from the local hospital related to the preparations and serving to palatable and attractive food. The Administrator/Director of Nursing/Meal Monitor will start sampling meal trays daily the week of 06/24/19 to ensure that food being offered is palatable and attractive. 4. Beginning the week of 06/24/19, the Administrator will review findings of the	

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 805	Continued From page 11 had brown specks in it. The chicken was dry. Capri Vegetables and English peas had no seasoning. The noodles were dry and bland with no seasoning. On 05/29/19, at 1:00 PM, a meeting with the Resident Council was held. Residents #26, #20, and #5 attended. Review of the Resident Council Minutes revealed that these residents had attended Resident Council meetings on three (3) of the last 3 months. They stated that food taste and quality was discussed at each of the meetings. During Resident Council, Resident #5 revealed she frequently goes to bed hungry because she couldn't eat the food. She stated the food was "not fit to eat", and that she hoped something could be done about it. She stated she had talked to the administrator but he said he didn't have anything to do with it because it was Corporate. She stated she had a refrigerator in her room that her husband had stocked with snacks and that she will get a snack around 10:00 PM because she's hungry. She stated the beans and peas are dry with no liquid and the corn bread is so hard you could knock a hole in the wall with it. She revealed she had ordered a Bacon, Lettuce, and Tomato sandwich Monday night, and that she got two (2) pieces of "light" bread with two (2) strips of bacon, no mayonnaise, lettuce or tomato. When she asked where it was, the staff member stated, "in the kitchen", and did not bring it back to her. Resident #20 revealed she also was hungry most nights "because we didn't get a good dinner. I can't wait for breakfast". She stated, "We are old. We've worked hard all our lives and want respect and to be treated right. They take our checks, all we have is 44 dollars a month left and we expect food fit to eat. Something needs to be done". She revealed she and her roommate, Resident # 26,	M 805	Meal Monitor reports weekly for four (4) weeks to and follow up with Certified Dietary Manager on any negative findings at that time. Meal Monitor report findings will be reported to the Quality Assurance Performance Improvement Committee monthly by the Administrator for three (3) months for review and recommendations. The Administrator is responsible for on-going monitoring and compliance.	

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 805	Continued From page 12 keep peanut butter and jelly in their room and hope for two pieces of bread on their dinner tray so they can make a sandwich. All three residents stated they dreaded to lift the lid on their plates. She stated that lunch today was awful, the chicken was hard and the noodles were dry with some mushrooms in them. She stated the food had no seasoning and the green beans tasted as if they were just dumped out of the can. Resident # 26, President of the Resident Council, stated a lot of food goes back to the kitchen on the trays because no one eats it, and the staff should realize that something needed to be done about it. She stated a new Dietary Manager started this week, and she plans to ask her to attend a meeting to talk about the food. She stated, "We've talked until we're blue in the face. They said they have to go by the menu that was made up North. We're Southern, we don't like some of that food. There is such a turnover in the kitchen, you never know who is going to cook". In an interview on 05/29/19, at 3:45 PM, the Ombudsman stated she had spoken with the Administrator several months ago regarding the food, and that she had been following that problem since the last survey. She stated on 02/13/19, then Vice President of the Resident Council, Resident #20, had given a report on the food and stated it was not good, and she had also spoken with Resident #5 and 26, who confirmed this report. In an interview with the Administrator, on 05/29/19, at 4:30 PM, he confirmed he was aware of the problem with the food and it was an ongoing issue since July 2018. He stated food is absolutely important, and the only thing some of the residents have to look forward to. He stated he had told his dietary staff they can choose what	M 805		

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 _____	05/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALT	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 805	Continued From page 13 they want to eat every night, but our residents get what you put in front of them. They don't have the ability to choose what they have. He stated there had been a lot of turnover in the dietary department. Healthcare Services is contracted for Dietary. He stated he did not eat from the kitchen, but agreed it would be a good idea to taste it every now and then. He confirmed he had spoken to the Ombudsman about the food issue a few months ago.	M 805		