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 _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALTHCARE CENTER	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) COMPLETION DATE
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on August 18, 2020. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations. Total census.	F 000		
F 880 SS=E	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. 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	F 880		9/11/20

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

Electronically Signed | 09/04/2020

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F 880	Continued From page 1 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 (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 observation, staff interviews, policy review and review of the "Handwashing, Proper	F 880	Preparation and submission of this plan of correction by Cornerstone	

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F 880	Continued From page 2 Technique and Personal Protective Equipment (PPE" in-service trainings, the facility failed to ensure one (1) staff member wore PPE appropriately and sanitized her hands prior to delivering meal trays on one (1) of three (3) halls, which increased the risk for spread of COVID-19. The census was 66. The findings include: On 8/16/20 at 5:44 p.m., during a meal observation on A-Hall, Certified Nursing Assistant (CNA) #1 was observed with a blue face mask covering her mouth, but positioned below her nose. CNA #1 was observed passing meal trays on A-Hall. CNA #1 entered multiple resident's rooms, placed trays on bedside tables, adjusted the bedside table and repositioned residents in bed... CNA #1 unwrapped food items, opened condiments and touched the bread with her bare hands. CNA#1 did not sanitize her hands as she went in and out of different resident's rooms passing trays, which increased the risk for the spread of infection. On 8/16/20 at 6:00 p.m., CNA#1 stated, "I wasn't thinking at the moment. This mask keeps sliding down. It's too big. I need ...one of those white ones (as she pointed to a Nurse who had on an N-95 mask). We were told it's important to keep the nose and mouth covered at all times. I should be wearing gloves." On 8/16/20 at 6:20 p.m., the Director of Nursing (DON) said, "Everyone should be washing their hands when going from room to room with trays. Masks should be worn to cover both your nose and mouth. We have several different types of mask here."	F 880	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 federal and state laws. F880 E Infection Prevention and Control 1. Certified Nursing Assistant one(1) was observed to be in violation of the facility's infection control procedures and was immediately in-serviced by Infection Preventionist and Staff Development Coordinator nurse on August 18, 2020, on hand washing and proper use of personal protective equipment (PPE) and performed return demonstration on hand washing/sanitizing and the use of personal protective equipment. 2. Each of the 67 residents in facility on August 18, 2020, had the potential to be affected. 3. In-services, with return demonstration, were started immediately on August 18, 2020, on hand washing/donning/doffing of personal protective equipment/wearing of masks/infection control by Staff Development Coordinator and will be ongoing by the Infection Preventionist and Staff Development Nurse until all staff are in-serviced on hand washing/proper	

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F 880	Continued From page 3 Review of the facility's staff in-service trainings revealed, CNA #1 attended training the following trainings: 5/20/20: "Protective masks to be worn at all times when in resident care areas." 3/15/20: Handwashing/PPE Training Staff were instructed on PPE use, and masks should fit snuggly around nose and chin. Review of the facilities policy entitled, "Handwashing/Hand Hygiene", revision date of 3/1/20, revealed "All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. Use an alcohol based hand rub containing at least 62% alcohol: or, alternately, soap (antimicrobial or non-antimicrobial) and water for the following situations: Before and after direct contact with residents. After contact with objects (e.g., medical equipment) in immediate vicinity of the residents. Before and after assisting a resident with meals ..."	F 880	placement of personal protective equipment/infection control and able to perform return demonstration. The viewing of the Centers for Disease Control Modules 1 on Infection Control/Prevention and Module 7 on Hand Washing were initiated on August 31, 2020 and will be ongoing until all staff complete both modules and obtain their certificates of completion. A notarized letter will be completed by the facility Administrator summarizing how the modules were completed by facility staff by September 11, 2020 on facility letterhead. Facility Quality Assurance Performance Improvement Committee completed the Root Cause Analysis on September 2, 2020 and the suggested Long Term Care Facility-Infection Control self-assessment findings was completed on September 4, 2020. On September 4, 2020, a Quality Assurance Performance Improvement Committee meeting was held to review the Root Cause Analysis and the Facility Infection Control self-assessment findings. The committee also reviewed/adopted/implemented a new facility policy entitled, "Infection Control Program Oversight and Coordination" on September 4, 2020. This new policy requires the Medical Director, Director of Nursing, and Infection Preventionist to be available to answer infection control questions from staff and staff will be in-serviced on this policy by September 11, 2020. The Quality Assurance Performance Improvement Committee meeting held on September 4, 2020 was attended by the Medical Director, Director	

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F 880	Continued From page 4	F 880	of Nursing, Certified Nursing Assistant Class Instructor, Staff Development Coordinator, and Infection Preventionist. A plan for facility monitoring of compliance with infection control prevention and surveillance was created and implemented on September 4, 2020. 4. Beginning September 11, 2020, the Director of Nursing or the Infection Preventionist will monitor staff's use of personal protective equipment and hand washing by observing five (5)facility staff twice a week for four (4) weeks, then 1 x a week for four (4) weeks, then monthly thereafter for 3 months. A report will be submitted to the Quality Assurance Performance Improvement Committee monthly by the Infection Preventionist for further recommendations. The Infection Preventionist is responsible for on-going monitoring and compliance. Any changes or revisions deemed necessary after review for monitoring/compliance will be initiated through the Quality Assurance Performance Improvement Committee.	