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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 an annual re-certification survey along with complaint investigations (CI) MS #18507, CI MS #18508, CI MS #18506 and CI MS #18270 at the facility from 3/21/22 to 3/24/22. During the survey, the SA determined that the facilty was not in compliance with the requirements of participation in Medicare and Medicaid. The SA did not substantiate CI MS #18507 related to abuse with no citations related to the complaint. The SA substantiated CI MS #18508 related to a nurse working with a suspended license and cited F839 related to qualified staff. The SA substantiated CI MS #18270 related to Activities of Daily Living (ADL) assistance and cited F677 and F725 was cited related to insufficient nursing staff. CI MS #18506 was substantiated and cited F677 related to ADL assistance. The SA also cited F645 related to coordination and assessment for a level 2 Pre Admission Screening Process, F646 related to identifying a significant change for Preadmission Screening and Resident Review, F656 related to development and implementation of a comprehensive care plan, F658 related to services provided to meet professional standards, F692 related to nutrition and hydration, and F812 related to food procurement. The facility had a census of 72 at the time of the survey and held a license for 95 beds.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary	F 677		4/29/22

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

Electronically Signed | 04/15/2022

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F 677	Continued From page 1 services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, record review and facility policy review the facility failed to provide baths and transfers for a resident that is dependent on staff for their Activities of Daily Living (ADL) for one (1) of 19 residents observed. Resident #44. Findings include: Record review of the facility policy titled, "Activities of Daily Living (ADL), Supporting" with a revision date of "March 2018" revealed under the policy statement, " Residents who are unable to carry out activities of daily living, independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene". On 03/21/22 at 07:33 AM, an interview and observation of Resident #44 revealed she was lying in bed alert, awake and oriented with disheveled, greasy hair. She revealed she was the last on the bath schedule due to having to be lifted with a lift and that she is suppose to have a bath on Mondays but sometimes it gets pushed to Tuesday or not at all. Resident #44 revealed she can't remember the last time she got up in the wheelchair. She has told the staff that she wants to get up, but they will tell me they are short staffed, and that they do not have anyone that is certified to use the lift. We've had days where the only CNA we had were ones that were in training. An interview with Certified Nurse Assistant (CNA) #1 on 3/23/22 at 8:45 AM, revealed that bath	F 677	1. On 3/23/2022, Certified Nursing Assistant and Temporary Nurse Aide immediately performed shower with personal hygiene providing out of bed activities on resident #44. On 3/28/2022 and by Staff Development Coordinator staff were educated on providing personal hygiene and Activities of Daily Living (ADL) care according to plan of care. 2. 72 Residents had the potential to be affected in receiving Activity of Daily Living Care. 3. On 03/28/22 current nursing staff were in serviced by Assistant Director of Nurses on completion with documentation of ADL care to include any refusals. On 3/28/2022 and by Medical Records, Staff Development Coordinator and Assistant Director of Nurses current residents care plans and care cards were reviewed to ensure proper bathing and ADL care were reflected. Any residents that were found with concerns were corrected immediately. 4. Beginning 4/3/2022, Audits by Medical Records, Staff Development and Assistant Director of Nurses for review of ADL documentation using Point of care three (3) times a week to ensure compliance for four (4) weeks and then weekly for three (3) months. Beginning April 21, 2022,	

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F 677	Continued From page 2 days are Monday, Wednesday, and Fridays for even rooms and if the resident is bed bound then they get a bed bath. She has some residents that refuse a bath but Resident #44 is not one of them. CNA #1 revealed the facility has been short staffed, so some things they do get put off due to not having enough people and confirmed this resident must be lifted with a 2 person assist lift. Record review of documented baths and transfers revealed Resident #44 has had two baths and two transfers between the dates of 3/11/22 through 3/21/22 with no refusals documented. According to the bath schedule for Resident #44 she should have received five baths during that time frame. Record review of the Admission Record revealed she was admitted to the facility on 12/27/21. Record review of the medical diagnoses revealed the following diagnoses: morbid obesity, fusion of spine cervical region and muscle weakness. Record review of Resident #44's most recent accepted Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/4/22, Section C revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicates the resident has moderate cognitive impairment.	F 677	report of findings will be submitted to the Quality Assurance Performance Improvement for review and recommendation monthly for three(3)months. The (DON) Director of Nurses is responsible for monitoring and compliance.	
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest	F 725		4/29/22

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F 725	Continued From page 3 practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview and record review the facility failed to provide sufficient nursing staff to care for resident needs for 12 of 14 days reviewed. Findings include: Review of the facility policy titled, "Staffing" with a revision date of "October 2017," revealed, "Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment." This policy also revealed under "Policy Interpretation and Implementation. #1.	F 725	1. On 4/18/2022, Facility will assure sufficient staffing to ensure provision of resident care. Licensed and certified Interdisciplinary Team Members (Medical Records, Social Services, Staff Development Coordinator and Assistant director of Nurses) will be utilized to ensure adequate staffing requirements. Effective 4/18/2022, Temporary Nurse Aides have been taken out of the daily PPD (Per Patient Day) staffing percentages. Only Certified Nursing Assistants and Licensed personnel will be added into the PPD daily.	

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F 725	Continued From page 4 Licensed nurses and certified nursing assistant are available 24 hours a day to provide direct resident care services. #2. Staffing numbers and skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care." An interview on 3/21/22 at 6:20 AM with Licensed Practical Nurse (LPN) #1 revealed the facility has been short staffed for a long time. LPN #1 revealed that turnover had been bad, and they think we can handle covering for the ones that call in, but it is not easy. LPN #1 revealed that night shift is usually better than day shift and we just have to work as a team. An interview on 3/21/22 at 6:40 AM, with Registered Nurse (RN) #1 revealed the facility had two (2) Certified Nurse Assistants (CNA) call in last night, so me and an LPN worked the B hall together. An interview and observation on 03/21/22 at 07:33 AM, with Resident #44 revealed her lying in the bed alert, awake and oriented with hair that was disheveled and appeared greasy. Resident #44 revealed she was the last on the bath schedule due to having to be lifted with a lift. Resident #44 revealed that she is supposed to have a bath on Mondays but sometimes it gets pushed to Tuesday or not at all. Resident #44 revealed she can't remember the last time she got up in the wheelchair. Resident #44 revealed she has told the staff that she wants to get up, but they will tell me they are short staffed, and they tell me they do not have anyone that is certified to use the lift. Resident #44 revealed that day shift is usually a little better, but it depends on who's working. Resident #44 revealed we've had days	F 725	2. 72 Residents had the potential to be affected. 3. Certified Nurse Aide class started back on 3/28/2022. Awaiting Credentia to approve testing for the students, applications have already been submitted. Two (2) Nurse Aides have been scheduled for retesting of their skills on 5/14/2022. Another CNA (Certified Nursing Assistant) class began on 4/18/2022. Facility has a dedicated Nursing Recruiter for staffing needs. Facility offers extra shift bonuses. Referral bonuses remain active. Using job boards for advertising and sponsoring jobs. Participated in Local Job fair on January 26, 2022. Facility will continue to participate in offered job fairs within surrounding areas. 4. Daily PPD is reviewed by DON (Director of Nurses) and Administrator began review on 4/18/2202. Hours are reviewed to ensure staffing requirements meet 2.80. Daily PPD will be brought to Morning Stand up Meeting daily indefinitely. Beginning 4/21/2022, for review and recommendation at monthly Quality Assurance/Performance Improvement meeting for (4) four months.	

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where the only CNA we had were ones that were in training.

An interview on 3/21/22 at 11:30 AM, with Resident #16's Resident Representative(RR) revealed he is not happy because rarely do I see him out of his bed. He revealed he addressed the issue of getting him up more about a month ago with the head nurse. He revealed he visits his brother 2-3 times per week and in the last month he has seen him up one time.

A phone interview on 03/21/22 at 12:59 PM with Resident #6's RR revealed she knows that the facility is short staffed so she is happy that she gets extra care from hospice.

An interview on 3/23/22 at 8:45 AM, with Certified Nurse Assistant (CNA) #1 revealed the facility has been short staffed, so some things do get put off due to not having enough people, such as baths and utilizing the lifts to get some of the residents up out of bed.

An interview on 3/23/22 at 9:05 AM, with License Practical Nurse (LPN) #2 revealed the facility has been short staffed but we try to do the best we can.

An interview on 3/23/22 at 3:15 PM, with the Admissions Assistant revealed she helps on the halls sometimes, but she is not certified so she can not use a lift, so she just passes ice and water and helps with passing meal trays at times.

An interview on 3/23/22 at 3:30 PM, with the Director of Nurses (DON) revealed staffing has been an issue and it was just difficult to get people to come to work. The DON confirmed that

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the facility thought their CNA program had been on hold and that the facility Administrator thought that the Nurse Aide Program was on a temporary hold as well and they had not sent the Nursing Assistant's (NA) to get tested and receive their certification, so they are utilizing them as Hospitality Aides.

Record review of the "Job Description," dated 03/2020, of the "Hospitality Aid," stated, "The Hospitality Aide performs non-nursing, non-direct resident care duties under the supervision of licensed nursing personnel and assists in maintaining a positive physical, social and psychological environment for resident. Answer resident call lights, make unoccupied beds, pass fresh drinking water and deliver snacks, take menu orders for residents, serve/deliver food trays after checked by licensed nurse to residents during meal times, remove food trays. There are certain functions, procedures, and tasks that you should never perform. Dont's: Do not attempt to transfer a resident or assist with a resident's transfer. Do not attempt to feed a resident or give them fluids to drink. Never supervise the work of other hospitality aides. Do not raise or lower the position of an occupied bed."

An interview on 3/24/22 at 9:00 AM, with the Social Worker revealed that the facility is short staffed, and the staff do not always get the residents up like they should.

Record review of the first facility Staffing Grid provided to the State Agency (SA) by the DON indicated the facility included uncertified NAs in their staffing numbers.

An interview on 3/24/22 at 10:00 AM, with the

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Administrator and the DON revealed they were utilizing Hospitality Nurse Aides, also known as NAs, who were not certified on the schedule and including them in their "Per Patient Day" (PPD) staffing percentages for their staffing. The Administrator revealed that the SA came in August 2021 due to a complaint and we received an infection control tag, which would have been the second infection control tag in a row for the facility. The Administrator revealed that her corporate people told her to hold off on the CNA classes because they would probably be canceled due to the fines they might receive due to having two Infection Control tags in a row. The Administrator revealed that the SA came back in October 2021 and put the facility back in compliance, but we thought our CNA classes were still canceled. The Administrator confirmed the facility did not receive any correspondence from the SA or Centers for Medicare and Medicaid (CMS) regarding their CNA classes having to be canceled and that the facility has just assumed that they did not have their CNA classes any longer. The Administrator revealed that the person that handles the CNA classes for the State got in touch with her a few weeks ago regarding questions about her CNA classes and that was when we found out the classes had not been canceled. The Administrator stated that the corporate office along with the facility just thought that their CNA classes were canceled, but they were not and they could have had the Nursing Assistants (NA) tested and certified if they had known or had called someone to verify.

Review of the facilities corrected Staffing Grid indicated they had 12 days in the last 14 days that were reviewed by the SA that the facility had insufficient numbers of licensed and certified

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nursing staff. The staffing dates were 03/08/22, 03/09/22, 03/10/22, 03/11/22, 03/12/22, 03/13/22, 03/14/22, 03/15/22, 03/16/22, 03/18/22, 03/19/22, 03/20/22.

Review of the facilities licensed and certified staff revealed that the facility currently has a total of 14 CNA's and 14 Hospitality Nurse Aides on staff.

Review of the Hospitality Nurse Aide "Temporary Nurse Aide 8 Hour Training Certificate of Completion," revealed six of the Hospitality Nurse Aides had completed their training on the following dates: 3/22/21, 5/7/21, 6/21/21, 6/23/21, 10/30/21 and 11/17/21 but have not became certified as of the SA last day of survey on 03/24/22.

Review of the facilities time sheets for the date of 3/19/22 revealed the facility had only one CNA in the building from 7AM-3PM and one CNA from 12PM-5PM. The time sheets revealed there was four (4) Hospitality Nurse Aide's from 7AM-9AM, three (3) from 9AM-1PM, 4 from 1PM-5PM and the census was 73.

An interview on 3/24/22 at 3:10 PM, with the Administrator revealed that the corporation had given incentives and bonuses, but they cannot find CNAs to hire. The Administrator confirmed she realized that short staff is more than just not meeting the guidelines for staffing, but that it is more about being able to care for the residents we have. The Administrator confirmed she understood that the 1135 waiver meant that Hospitality Nurse Aides could be utilized but not included in your licensed and certified staff numbers. The Administrator revealed that is not what she understood the 1135 waiver to originally

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F 725	Continued From page 9 mean. Review of the "Facility Assessment Tool" with a date of assessment or update as "3/15/22, " revealed on "page 10" under "Total number needed or average or range," that "6-9 LPN's and "15-19 CNAs were needed" if the facility was at full capacity.	F 725		
F 839 SS=D	Staff Qualifications CFR(s): 483.70(f)(1)(2) §483.70(f) Staff qualifications. §483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. §483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and facility policy review the facility failed to ensure a registered nurse maintained a current license as defined under state law and regulations for one (1) of 12 registered nurses reviewed. Findings Include Review of facility policy titled "Pre-hire Background Checks" revealed, "All new hires will have two forms of background checks, a Mississippi State Department of Health (MSDOH), fingerprint and commercial background check such as Sterling or Hire Rite. A notarized clearance letter from a previous employer that was dated within 2 years of the	F 839	1. On 1/24/2022, (RN) Registered Nurse # 3 was noted to have revoked licenses. RN #3 was immediately removed from schedule. On 1/24/2022, all licenses and certifications were checked on all active employees by Nurse Educator. 2. 21 residents had the potential to be affected on the hall the RN was assigned too. 3. Beginning 1/24/2022, Human Resources and Staff Development Coordinator were in serviced by Administrator with AD HOC Quality Assurance, that all licenses and	4/29/22

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F 839	Continued From page 10 applicant starting employment at the facility may be acceptable." Review of facility policy titled "Prohibition of Abuse, Neglect and Misappropriation of Property" revealed that the pre-employment screening will be completed on all employees, to include criminal background check, background check, reference check from previous employers, and professional licensure, certification or registry check as applicable. The facility will not hire or retain any employee with a history of abuse or neglect if that information is known to the facility. On 03/21/2022 at 11:30 AM, an interview with the Administrator (ADM) revealed that she was told by her Director of Nurses (DON) that another nurse had phoned her telling her that Registered Nurse (RN) #3 was in the Mississippi Board of Nursing Magazine for a revoked license. She advised the DON to not allow RN#3 to come back to the facility until an investigation could be complete. The investigation was initiated and on 01/24/2022, it was found that the nursing license had been revoked for RN#3 as of 07/30/2021. On 01/24/2021 the employee RN#3 was suspended. The ADM reported the incident to the Mississippi Department of Health (MSDH). The employee denied the license was revoked at first, then later said she had only known a couple of weeks. The ADM reported that the facility called a Quality Assurance (QA) meeting and a QA review was done to check all licenses by the 20th every month. The QA audit found all licenses were up to date. On 03/23/2022 at 3:00 PM, an interview with the ADM to confirm search results from License Verification from Mississippi Board of Nursing	F 839	certification be checked by the 20th of each month by Human Resources/Staff Development Coordinator. That each license and certification be stamped and noted on the date checked and initialed. 4. Effective 1/25/2022, All staff in serviced on Abuse/Neglect. Audits will be completed by Human Resources three (3) times weekly for (2) two weeks, weekly for three (3) months on new hires for approved/clear background checks starting on 3/28/2022. The report of the audits will be reviewed by the Administrator weekly and brought to Quality Assurance Performance Committee for review and recommendation monthly for four (4) months starting on April 21, 2022.	

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(MBON) that was reviewed in the employee file for RN#3 that revealed the employee had an active license with an expiration date of 12/31/2022. The ADM confirmed that RN#3 was hired on 06/03/2021. At that time her RN license was showing active with no discipline, using the Mississippi Board of Nursing License Verification site.

Record review of RN#3 personnel file revealed a background check letter that was dated April 8,2019 that verified she was suitable for employment.

Record review of the facility investigation related to unqualified personnel revealed that on 01/24/2022 an audit check of licenses, it was found that RN#3 had a revoked Registered Nurse License. RN#3 was licensed with the Mississippi State Board of Nursing on 06/15/2007. She was notified to see why the license was revoked and stated that she was not aware until last week when she tried to use a discount code while shopping online for nurses. She also stated that she received no notification of this from the State Board of Nursing. The ADM was informed that the license was revoked on 07/30/2021 by the State Board of Nursing. The employees' last day of work was 01/20/2022. She was removed from the schedule at this time until the investigation was completed. The employee did advise that she has obtained counsel for resolving this issue. There have been no complaints about RN#3 concerning abuse, neglect, care, or medical knowledge. Inservices were completed on Abuse/Neglect, Resident Rights, and Vulnerable Adults Act to staff. Life Satisfaction Rounds were conducted on residents with BIMS (Brief Interview for Mental Status) scores of 12 and higher which

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 03/24/2022

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 839	Continued From page 12	F 839		

indicates intact mental status. Body Audits completed on residents with BIMS less than 12, with no issues noted. Human Resources was instructed and inserviced that monthly audit needs to be completed on all licensed staff and certified staff. This was completed, with no further findings. In conclusion, the ADM did substantiate that the license was revoked, and the employee did not notify Administration. Audits will be completed monthly by Human Resources going forward. The DON/Administrator will oversee the process. The Mississippi Attorney General Office has been notified of the incident.

Record review of facility Quality Assurance Meeting minutes dated 01/26/2022 revealed that the facility held a meeting with appropriate staff in attendance and determined to perform a facility licensure and certification check and it was determined that all licenses to be checked monthly per Staff Development Coordinator/Human Resources.

Record review of Board of Nursing State of Mississippi final order stamped as Certified by MS Board of Nursing revealed "Findings of Fact" to include that the respondent RN#3 was not present at the hearing and was not represented by legal counsel, it was determined to revoke her license on 07/30/2021, related to falsification of data entry to records and falsely documenting the delivery of a controlled substance.

Record review of the Board of Nursing License Verification that was performed as part of the facility investigation revealed RN#3 Nursing License to be Revoked - and a warning to please contact the board for more information.

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Record review of the "MS Vulnerable Adult Act" dated 8/2001, revealed the Legislature required the Mississippi State Department of Health to adopt regulations implementing the criminal history check requirements. The law provides that new employee shall not be permitted to provide direct patient care or services until the results of the criminal history record check revealed no disqualifying record.

A record review the employment package dated 6/8/2021, revealed county criminal search, federal court records search, national sex offender search, and FACIS for RN#3 revealed no results found. Fingerprinting was completed by Human Resources (HR,) but fingerprints were unsuccessful, a second fingerprinting was attempted on August 10, 2021, with unsuccessful attempts as well.

On 03/24/2022 at 2:10 PM, an interview with the DON revealed that RN#3 was never assigned as the charge nurse or house supervisor, she was assigned to a medication cart on the A hall that had a 32 beds capacity when at a full census.

Record review of the facility Life satisfaction rounds performed by social services revealed that the Life satisfaction rounds were completed on residents with BIMS (Brief interview for Mental Status) scores of 12 which resulted in 26 resident interviews. Questions asked were, do you know (RN #3) and do you feel like you have received proper care when she was taking care of you? 18 out of 26 residents responded they did not know her. Eight (8) out of 26 residents responded they knew her and had positive feedback of care rendered.

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F 839	Continued From page 14 The State Agent (SA) was unable to reach RN#3 for interview during the survey.	F 839		