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 _____	R 12/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE REHABILITATION AND HEALTHCARI	302 ALCORN DRIVE CORINTH, MS 38834

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{M 000}	Initial Comments The State Agency (SA) conducted a Follow-up Survey at the facility on 12/20/23 and 12/21/23 for the Annual Survey conducted on 10/30/23 through 11/6/23. During the revisit, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm at M610 and an additional deficiency was cited at M225. The SA determined that the corrective measures taken by the facility for M190, M320, M500, M850 and M1570 corrected the deficient practices effective 12/5/23. The census at the time of the survey was 80 and the facility is licensed for 95 beds.	{M 000}		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director	M 225		1/17/24

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M 225	Continued From page 1 of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II	M 225	M225 Nursing facility	

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M 225	Continued From page 2 Based on observation, staff and resident interview, record review, facility assessment and policy review the facility failed to provide sufficient staffing resulting in Activities of Daily Living (ADLs) not being provided for two (2) of six (6) residents sampled. Resident #6 and #30 Findings include Review of the facility policy titled, "Staffing, Sufficient and Competent Nursing" with a revision date of August 2022 revealed under the "Policy ...Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment". This review revealed under "Policy Interpretation and implementation ...Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staffing ratios but are not necessarily considered a determination of sufficient and competent staffing". An observation on the A Hall on 12/20/23 at 9:25 AM revealed breakfast trays were still sitting in the resident's rooms and there was a strong smell of urine when entering the hall from behind closed doors. An interview on 12/20/23 at 9:40 AM, with Licensed Practical Nurse (LPN) #1 confirmed she smelled the urine and stated, they have not figured out exactly where it was coming from. She revealed that the housekeeping was trying to get into the hall, but all the breakfast trays had not been picked up yet. She stated that there were two Certified Nurse Assistants (CNA's) for A Hall for 30 residents and two CNAs for the A Plus (+)	M 225	1. On 12/22/2023, Facility will ensure sufficient staffing to ensure provision of resident care. Acuity is reviewed daily in Morning stand up meeting for changes needed in assignments. The Director of Nurses, Assistant Director of Nurses, and Staff Development Coordinator will ensure that there is adequate staffing on the floor according to resident acuity. On 12/20/2023, Department Head CNA (certified nursing assistant) was sent to work the open slot to ensure compliance. 2. The facility determined that all residents could be affected. 3. On 12/22/2023, a Staff agency was put into facility to cover the extra slot on the A and A plus hall giving 5 (five) CNA (certified nursing assistants) to provide care to residents per acuity. On 12/22/2023, Staff Development Coordinator and Assistant Director of Nurses were in-serviced by Administrator, that moving forward, they are to immediately notify Administrator of calls in and staffing issues. Staffing agency will be available for extra staffing and extra shift bonuses will be used for staffing needs. 4. Beginning, 12/22/2023, the Director of Nurses and Administrator will review sufficient staffing daily to ensure compliance of provision of resident ADL (Activity Daily living) care. Sufficient staffing will be reviewed daily in the Morning Meeting to ensure sufficient staffing needs by the Administrator. The acuity of residents is reviewed daily on the audit tool and adjusted accordingly. The staffing audit will be monitored weekly for three (3) weeks, monthly for 3 (three)	

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M 225	Continued From page 3 Hall for about 28 residents. She stated that they normally have a CNA that floats between the two halls, but they do not today, and it is hard for them to get all the baths done. An observation and interview on 12/20/23 at 9:50 AM, with CNA #2 revealed she was in Resident #6's room performing vital signs and picking up breakfast trays. A strong smell of urine was noted coming from Resident #6's bed and it was wet. CNA #2 confirmed that Resident #6 was due for a bath today. She stated it is just her and one other CNA for 30 residents and they have to do their own baths. She stated, we are going to get to them, but it's hard. They say we are not shorthanded, but this is hard to get everything done for the residents. She confirmed that normally they have a third CNA that floats and helps, but they do not today. She stated, we will just have to take turns giving our baths so one of us can answer the call lights. She revealed that there were a lot of residents on the A hall's that were totally dependent on staff. During an observation and interview on 12/20/23 at 10:10 AM, revealed Resident #30 had facial hair that was approximately ½ inch long on his chin and the sides of his face. Resident #30 stated the last time he had a shower and was shaved was last Thursday. The resident revealed that he is supposed to get a shower on Tuesdays, Thursdays, and Saturdays. He stated that a lot of times they will shower me and forget to shave me. An interview with CNA #1 on 12/20/23 at 1:55 PM, revealed there were two (2) aides assigned to A + hall and she was responsible for 14 residents. She revealed that they must give their own showers which made managing the resident	M 225	months. On 1/17/2024, audits will be reviewed per QA (Quality Assurance) weekly time 4(four) weeks, then monthly times 3(three) months.	

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care difficult, but they do the best they can. She revealed that they do not get any help from the office staff and strictly relied on aides to help each other out to meet the residents' needs.

An observation and interview on 12/20/23 at 2:00 PM, with Resident #30 and the Director of Nurses (DON) confirmed that Resident #30 needed to be shaved. She confirmed that Resident #30 should be receiving a shower on Tuesdays, Thursdays, and Saturdays which includes shaving. Resident #30 stated to the DON, "The last time I had a shower or was shaved was a week ago."

An interview on 12/20/23 at 2:05 PM with CNA #4 revealed she cannot be seen talking to the State Agency (SA) in the hall because they have already come around and told us that we are throwing them under the bus, but I am not, I am just telling the truth, we need help. It is hard to get everything done when there are just two of us for 28 residents and sometimes things go undone.

An interview on 12/20/23 at 2:20 PM, with LPN #1 confirmed that baths sometimes do not get done on the day shift for different reasons but sometimes it is "because we are shorthanded."

An interview and observation on 12/20/23 at 3:00PM, with Resident #6 revealed she was sitting in the dining area participating in activities. This observation revealed the resident had an odor of urine and her hair was in a long braid and hair was coming out of the braid and sticking up on top of her head, appeared greasy. On interview Resident #6 revealed the facility is short staffed a lot and those girls have so much to do so she doesn't complain and tries to do as much on her own as she can. She stated she is supposed to get a bath on Monday, Wednesdays,

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and Fridays, but she did not get one today. She confirmed that her sheets were wet this morning when she finally got up around 9:30 AM. She stated she wears a brief during the day and admitted she had the same brief on that was put on her this morning around 9:30 AM and that no one had checked it today. She revealed that sometimes she can tell when she has used the bathroom and sometimes, she cannot.

An interview with CNA #2 on 12/20/23 3:06 PM, revealed that she was working A hall and assigned to 15 residents. She revealed that the aides were responsible for making sure the residents were clean/dry, toileting, turning and repositioning every 2 hours, showers, vital signs, passing meal trays and assisting with feeding, getting residents up and putting them back to bed, passing out ice and water and at times taking the residents out to smoke for a 15-minute smoke breaks. She stated that it's hard to get everything done. She revealed there may be things that do not get done in a day. She stated that this past Saturday they only had 3 aides and 2 were agencies. She revealed not all the residents got a shower that were scheduled to.

An interview on 12/20/23 at 3:15 PM, with the Administrator revealed she had a CNA quit over the weekend and she had to terminate one on Monday. She stated she was not aware that there were only four (4) CNAs on the A halls, because she is not responsible for staffing. She stated the only reason she got involved with the staffing this past weekend was because her Director of Nurses (DON) had called in for the week. She stated, "I give that responsibility to someone else, and I expect them to do their job". She revealed they do have a standup meeting each morning and talk about staffing and she has

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a way of printing the Per Patient Day (PPD) report off. She confirmed she should have been aware of only having 4 CNAs for the A Halls and stated that normally they did have a fifth one but after that one quit Sunday it was hard to find someone to fill that spot. She admitted that she has CNA staff working in offices in the building that could have gone to help.

An interview on 12/20/23 at 3:45 PM with LPN-Staff Development revealed she prepares the schedule for all nursing staff, and she was aware that the A Hall only had 4 CNAs on duty the last few days, because they had a CNA to quit and one that got fired. She admitted that the A hall has most of the total care residents and it is hard to get everything done with just 4 CNA's. She stated they have started using some agencies, but it has to be approved with corporate and that is difficult. She states they normally only approve us to use agency on the weekends and there is a cap for how many we can use financially.

Record review of the staffing grid for 12/20/23 and interview with the Administrator on 12/20/23 at 4:00 PM, revealed there were seven (7) CNA's for 7a-7p and when compared to the working schedule for today it revealed there were six (6) CNA's until 3p-7p, when the business office manager came out and worked the floor. The Administrator stated she put a total of 7 CNA's down on the staffing grid because the Transporter/CNA was their 7th CNA.

An interview on 12/20/23 at 4:10 PM, with the Transporter/CNA and the Administrator present revealed she only works the halls if she is asked to, so today and the last couple of days she has just transported and restocked supplies. She

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stated she went to the floor on Monday (12/18/23) for a little bit after she transported.

An interview on 12/20/23 at 4:15 PM, with the Administrator revealed LPN/Staff Development and the Director of Nurses (DON) does staffing and they should know who is scheduled and I am not sure if we had any call in's for today either. I thought the Transporter/CNA was going to help on the floor when she got finished transporting, so I did not know she was not. She stated she does not know what else to do, she has about 11 open positions total right now.

An interview on 12/21/23 at 12:15 PM, with CNA #3 revealed there were two residents on A HALL that did not get their baths as scheduled yesterday, so we have been working to get those done this morning and do the men's baths today. She stated that some of the office staff came out to the floor after 3 PM yesterday, so that helped us get some more baths completed or it would have been more than just 2. She revealed that Resident #6 finally got her bath after they got help on the floor, but it was after 3 PM. She revealed she knows the resident wets herself often during the night and should have been washed off before dressing and putting a new brief on for the day. She stated it is just hard to do it all with just the two of us.

An interview on 12/21/23 at 12:32 PM, with the DON confirmed that she has discussed staffing issues this morning and she is new, but she plans on looking at the acuity of the residents and trying to come to a solution to make sure we have enough staff.

Record review of the facility census on day of entry 12/20/23 revealed the facility census was 80

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M 225	Continued From page 8 and was licensed for 95 beds. Record review of the facility assessment updated on 8/22/23 revealed on page 20 that the facility had on average 86 residents that needed 1-2 staff assistance with dressing,46 residents that needed 1-2 staff assistance and 37 that was totally dependent on staff for bathing and 85 that needed 1-2 staff assistance with toileting; page 29 revealed that the facility required a restorative CNA 6 days per week (completed by the floor CNA) and 7-9 CNA's on day shift (adjusted per census) A record review of the facility staffing grid 12/6/23 - 12/20/23 revealed there were 5 days that the facility had less than 7 CNAs in the facility on day shift. Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 12/04/06 with medical diagnoses that included Hypertensive Heart and Chronic Kidney Disease with Heart Failure. Record review of Resident #6's Minimum Data Set with an Assessment Reference Date of 10/11/23 revealed a Brief Interview for Mental Status score of 08, which indicates the resident is moderately cognitively impaired and in Section GG that the resident needed "partial to moderate assistance" with toileting, bath/shower, and personal hygiene. Record review of Resident #30's "Admission Record" revealed the resident was admitted to the facility on 3/15/22 with medical diagnoses that included Major Depressive Disorder and Need for Assistance with Personal Care.	M 225		

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M 225	Continued From page 9 Record review of Resident #30's MDS with an ARD of 8/28/23 revealed in Section C a BIMS score of 11, which indicated the resident has moderate cognitive impairment and in Section GG that the resident needs substantial/maximal assistance with showers/bathe self.	M 225		
{M 610}	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, record review and facility policy review the facility failed to provide bathing/shaving for residents requiring assistance with ADLs (Activities of Daily Living) for two (2) of six (6) sampled residents. Resident #6 and #30. Findings include: Review of the facility policy titled, "Activities of Daily Living (ADLs), Supporting" with a revision date of 3/2018 revealed under "Policy Statement ...Residents who are unable to carry out activities	{M 610}	M 610 Activities of daily living 1. The facility failed to provide showers for Resident # 30, resident # 6 and failed to shave Resident #30 who required assistance with ADLs (Activity of Daily Living). On 12/20/2023, the CNA (certified nursing assistant) showered and shaved resident #30 and showered resident # 6 according to the plan of care. On 12/22/2023, All residents were observed per IDT (Interdisciplinary Team) and any resident ADL (Activity of Daily Living) was addressed to ensure residents care plan	1/17/24

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{M 610}	Continued From page 10 of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene ..." Resident #6 An observation and interview on 12/20/23 at 9:50 AM, with Certified Nurse Assistant (CNA) #2 revealed she was in Resident #6's room performing vital signs and there was a strong smell of urine coming from Resident #6's bed with the sheets wet. CNA #2 confirmed that Resident #6 was due for a bath today and her sheets were wet and needed changing. An interview and observation on 12/20/23 at 3:00PM, with Resident #6 revealed she was sitting in the dining area participating in activities. This observation revealed the resident had an odor of urine and her hair was disheveled and greasy. She stated she is supposed to get a bath on Monday, Wednesdays, and Fridays, but she "did not get one today." She confirmed that her sheets were wet this morning when she got up. She stated that she wears a diaper to bed, but she had "peed so much that it came through and wet the sheets." She stated she wears a brief during the day and admitted she had the same brief on that was put on her this morning around 9:30 AM and that no one had checked her brief. She revealed that sometimes she can tell when she has used the bathroom and sometimes, she cannot. An interview on 12/21/23 at 12:15 PM, with CNA #3 revealed that Resident #6 did get a bath after they got help on the floor, but she cannot remember what time, she just knew it was after 3 PM. She stated the resident went to the eye doctor and then participated in activities, so she is	{M 610}	was being followed. 2. All residents in the facility have the potential to be affected in receiving Activity of Daily Living Care. 3. On 12/22/2023, current nursing staff were in-serviced by the Administrator on Provide Personal hygiene and Activities of Daily Living (ADL) care according to Plan of Care and Document. Also, where to find Resident□s Kardex on POC (Point of Care). On 12/27/2023, Nexion Neighbor Rounds sheets were update to include additional ADL (Activity of Daily Living) items, and rounds are completed daily Monday thru Friday on 100% of facility residents, to ensure ADL (activity daily living) care/personal hygiene. 4. On 12/27/2023, Audits by MDS (minimum Data Set) Nurses will review ADL (Activity of Daily Living) Care by observation of 5 (five) residents 3 (three) times weekly for 2 (two) weeks, weekly times 2 (two) weeks, and then monthly for 3 (three) months. The MDS (minimum data set) Nurse is responsible for monitoring and compliance. On 1/11/2024, Check off□s were initiated by Regional Clinical Services Nurse to all facility CNA (certified nursing assistants) to ensure proper and accurate ADL (activity of daily living) care. Regional Clinical Services Nurse audited and completed all ADL (Activity of daily living) on 1/11/2024. On 1/17/2024, audits will be reviewed per QA (Quality Assurance) weekly time 4(four) weeks, then monthly times 3(three) months.	

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not sure when her brief was changed during the day yesterday. She revealed she knows that Resident #6 does wet herself often during the night and should have been washed off before dressing and putting a new brief on for the day and should have had a bath before going to the eye doctor and coming out to participate in activities.

An interview on 12/21/23 at 12:25 PM, with Licensed Practical Nurse (LPN) #1 confirmed that a resident that had urine on them needed to be washed and not remain that way all day, because it could lead to skin issues.

Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 12/04/06 with medical diagnoses that included Hypertensive Heart and Chronic Kidney Disease with Heart Failure.

Record review of Resident #6's Minimum Data Set with an Assessment Reference Date of 10/11/23 revealed a Brief Interview for Mental Status score of 08, which indicates the resident is moderately cognitively impaired and in Section GG that the resident needed "partial to moderate assistance" with toileting, bath/shower, and personal hygiene.

Resident #30

During an observation and interview on 12/20/23 at 10:10 AM, revealed Resident #30 had facial hair that was approximately ½ inch long on his chin and the sides of his face. Resident #30 stated the last time he was showered or shaved was last Thursday. The resident revealed that he is supposed to get a shower on Tuesdays, Thursdays, and Saturdays but did not get one

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 _____	R 12/21/2023

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 610}	Continued From page 12	{M 610}		

yesterday or Saturday. He stated that a lot of times they will shower me and then say they will shave me when we get back to the room, but when we get back to the room they usually forget, and I don't get shaved.

An observation and interview on 12/20/23 at 2:00 PM, with the Director of Nurses (DON) confirmed that Resident #30 needed to be shaved. She confirmed that Resident #30 should be receiving a shower on Tuesdays, Thursdays, and Saturdays which includes shaving. Resident #30 stated to the DON, "The last time I had a shower or was shaved was a week ago."

An observation and interview on 12/20/23 at 2:10 PM, with Resident #30 and the Administrator (ADM) confirmed that Resident #30 needed to be shaved. Resident #30 revealed to the ADM that he had not been shaved or had a shower since last Thursday. The administrator asked Resident #30 if he was going to let them shower and shave him. Resident #30 stated, "Oh yes, I don't refuse that."

An interview on 12/20/23 at 2:25 PM, with Certified Nurse Aide (CNA) #1 revealed she was assigned to the resident today and confirmed that he needed to be shaved and revealed it didn't look like he had his shower yesterday when he was supposed to.

An interview on 12/20/23 at 3:30 PM with the Staff Development Nurse confirmed that Resident #30 did not get a shower or bed bath or get shaved on Saturday his designated shower day.

Record review of Resident #30's "Admission Record" revealed the resident was admitted to the facility on 3/15/22 with medical diagnoses that

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	02CI	A. BUILDING: _____ B. WING _____	R 12/21/2023

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{M 610}	Continued From page 13 included Major Depressive Disorder and Need for Assistance with Personal Care. Record review of Resident #30's MDS with an ARD of 8/28/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident has moderate cognitive impairment and in Section GG that the resident needs substantial/maximal assistance with showers/bathe self.	{M 610}		