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 _____	C 03/23/2023

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 000	Initial Comments The State Agency (SA) conducted a complaint survey for CI MS #20809, on 03/23/23 and determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm. The SA cited M500 (45.17.2) for resident rights.	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 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	M 500		4/28/23

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M 500	Continued From page 1 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 facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 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 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 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 2 Based on staff and resident interviews, record reviews, and facility policy review, the facility failed to ensure a resident's rights were protected from alleged verbal abuse for one (1) of four (4) residents reviewed. Findinds Include:	M 500	M0500 Free from Abuse and Neglect 1. Resident #1 was interviewed by Administrator on 2/20/2023. Resident #1 stated that Registered Nurse # 1 called him an asshole. He also stated, "that's why you have no legs." Registered Nurse Supervisor #1 was suspended on 2/20/2023. Social Services interviewed	

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M 500	Continued From page 4 During an interview on 03/23/23 at 11:30 AM, an interview with Resident #1, revealed that on Saturday, February 18, 2023, around 1:00 PM, that Registered Nurse (RN) #1 had disrespected him by yelling at him and had told him that he was an asshole and that was probably why he had no legs. Resident then stated to this SA, "She was an asshole to me." At 11:45 AM on 03/23/23, an interview with Certified Nursing Assistant (CNA) #2, revealed that she was working the day shift on February 18, 2023, when the incident between the resident and nurse occurred. She revealed that after Resident #1 was assisted back towards his room, that she (CNA #2) overheard the resident say, "Screw all of you bitches." Then she overhead the RN #1 reply to resident, "No, screw you, Buddy." CNA #2 revealed that Resident #1 was difficult at times; but "You have to learn to bite your tongue and walk away." In an inteview on 03/23/23 at 12:00 PM, with CNA #1, revealed that on February 18, 2023, at approximately 1:00PM, she was in the front bathroom near the conference room when she overheard RN #1 speaking loudly to Resident #1. CNA #1 walked out of the bathroom and heard RN #1 say, "You're just an asshole, you're really mean and it's probably why you have no legs." CNA #1 revealed that RN #1 looked around and saw her (CNA #1) and then RN #1 replied, "He's so mean, I don't know why and he's an ass." CNA #1 revealed that she knew this was verbal abuse and had to be reported immediately. She stated after the witnessed occurrence between Resident #1 and RN#1 was over, she reported to the Director of Nursing (DON) by phone. CNA #1 revealed that she told the DON that she (CNA#1)	M 500	resident on 2/20/2023 to assure resident social well-being. 2. The facility has determined that each of the 92 residents have the potential to be affected. 3. All staff members including, Director of Nursing, Assistant Director of Nurses, Director of Admissions/Social Services, and Assistant Director of Admissions/Social Services were in-serviced by Administrator on 3/24/2023, on reporting Abuse/Neglect, Types of Abuse, Facility providing a safe resident environment and protect residents from abuse and providing a written statement after reporting the Abuse. All staff were in-serviced on 3/24/2023 by the Nurse Educator on reporting Abuse/Neglect, Types of Abuse, Facility providing a safe resident environment and protect residents from abuse and providing a written statement immediately after reporting Abuse. Staff in-services started on 2/20/2023 for Abuse/Neglect, Vulnerable Adults and Resident Rights. Beginning 3/30/2023, Abuse /Neglect Incidents were added to the daily stand up meeting for daily review by Interdisciplinary Team. 4. In-service provided per Region IV Mental Health Services by the Director of Intellectual and Development Disabilities of Elderly Services, on 4/11/2023 and 4/13/2023. In Service provided by Ombudsman for the Mississippi State Department of Health on 4/12/2023. On 4/10/2023, Audits to be conducted on	

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M 500	Continued From page 5 was aware that this was abuse and it had to be reported immediately. CNA #1 then revealed that the DON had instructed her (CNA #1) to go back to work, to write statements and slide them under the Administrator's door and that this situation would be addressed on Monday, February 20, 2023. During this interview, CNA #1 also revealed that RN#1 returned to work on 02/19/23 and worked the entire day shift. The DON confirmed on 03/23/23 at 3:00 PM, during a phone interview, that she was notified by phone of the altercation between Resident #1 and RN #1 on Saturday, February 18, 2023 after it occurred and revealed that she received the information verbally from CNA #1; but that she did not realize the extent of the situation until she read the witness statements on Monday 02/20/23, which were left under the door of the Administrator's office. The DON revealed that if she had known the seriousness of this incident, she would have come in and investigated it immediately that day. The DON also revealed that she knew that this kind of verbal abuse should be investigated immediately and had she known the extent of it then she would have handled it differently. The Administrator (ADM) stated on 03/23/23 at 4:00, during an interview that she really didn't realize the seriousness of the incident since Resident #1 exhibited behavioral issues frequently. The ADM confirmed that the alleged verbal abuse was not investigated immediately and that she took full responsibility for this incident not being investigated timely and would make sure this kind of situation never occurred again. The Administrator confirmed that she did not notify the State Board of Nursing related to the confirmed verbal abuse that the RN	M 500	three employees weekly for four (4) weeks and then monthly for three (3) months to assure Compliance with Reporting Allegations of Abuse/Neglect/Exploitation is understood according to Facility Policy and Procedure. Audits will be taken to Quality Assurance monthly for review for three (3) months by the Administrator to monitor compliance starting 4/27/2023. The Administrator will conduct an audit of five (5) residents weekly beginning 4/10/2023 for four (4) weeks and monthly for three (3) months to assess and interview residents to identified issues/complaints, proper investigation and reports to the appropriate people were made.	

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M 500	Continued From page 6 commited. Record review of Resident #1's Face Sheet revealed documented an original admit date of 04/14/2016 and readmission date of 04/03/20 with the following diagnoses to include: Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side, Anxiety, Major Depressive Disorder, Acquired Absence of Left Leg Below Knee, Acquired Absence of Right Leg Above Knee. Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference date of 03/13/23, documented Brief Interview for Mental Status Score of 15 which indicated that resident was cognitively intact. Record review of timecards dated 02/18/23 and 02/19/23, revealed that RN#1, CNA #1, and CNA #2 worked day shift on these dates.	M 500		