

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>255232</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CORNERSTONE REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>302 ALCORN DRIVE CORINTH, MS 38834</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, staff interviews, policy review and review of the Handwashing, Proper 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. 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 snugly 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 .		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.