

CarePoint

by Mid South Rehab Services

WRITTEN IN THE SKY

Air force veteran
benefits from therapy



JULY - DECEMBER 2018 ISSUE



Care Point

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Letter from the President

Steven L. Cole, President & CEO



Dear Employees and Strategic Partners:

I'm extremely proud of the monumental progress we have made as a company this past year, and I am very excited about the opportunity for even more progress in the year ahead. We are a company that cares most deeply about our Employee and Strategic Partners. We know that you, our existing partners, serve as the catalyst to our success and growth, and I am grateful and thankful for our partnership.

We have seen our vision come to full-fruitition this past year regarding growth in all facets of our core business objectives; from promoting leaders from within, adding new therapy equipment and technology, operational growth, clinical programming, and we have provided and paid for clinical advancement and training for many of our Employee Partners. We have added additional Regional Clinical Directors and made regions smaller in order to be in your facilities more frequently. Thus, allowing us the ability to provide high-level customer support to ensure our success in exceeding the expectations of our Employee and Strategic Partners.

One of our priorities and initiatives for 2019 is to ensure that we deliver unwavering and exemplary customer service to our partners always. We will conduct an extensive satisfaction survey that we will email to all our Employee and Strategic Partners within the next thirty days.

It is of paramount importance to us that we receive your honest feedback in order for us to focus our efforts in areas that you believe we need improvement.

We have been tremendously blessed this past year, and we displayed strong organic growth in the Third Quarter of 2018. We added nine Skilled Nursing Homes to our portfolio in Arkansas,

one Hospital in Tennessee, one Hospital in Mississippi, and effective January 1st, we have added two Skilled Nursing Facilities in Arkansas.

As we look towards 2019, we anticipate our existing business to grow an additional 20% with most of our growth being in the Hospital space. We continue to believe that this strategy will position us for hypergrowth in the post-acute care space as ACO's become more relevant in the coming years.

Over the past year, Mid South has built momentum in each of its targeted segments; People, Finance, Compliance, and Growth. Our patient satisfaction scores continue to improve to record highs, our outcome scores continue to reflect and illustrate our success with our patients. The improvements we have made in these areas will play a pivotal and vital role in your facilities' success, as we transition from Perspective Payment Systems under RUG's reimbursement model to the newly Patient Driven Payment Model (PDPM) that will go into effect October 1, 2019.

For providers to be successful under this new payment model, it will be critical that you have the right Partner. Mid South has been actively involved since day one with our professional associations, our EMR Partner and CMS. We are astutely in tune with the necessary steps from a regulatory, reimbursement, and compliance perspective to ensure your continued success, as it relates to patient outcomes, regulatory, compliance, and financial viability under this new payment model.

We do not foresee any change in provider reimbursement, other than a potential pick up in profitability, for ensuring clinical excellence in the delivery of care. Mid South, your Strategic



Letter from the President

Steven L. Cole, President & CEO



Steven Cole presenting Employee of the Quarter to Theresa Fortenberry.



Steven Cole participating in the Make-a-Wish

Partner, will ensure your overall success and our Clinical and Operational team members will work closely with you over the next several months to ensure a smooth transition and to ensure that you are adequately prepared for the change.

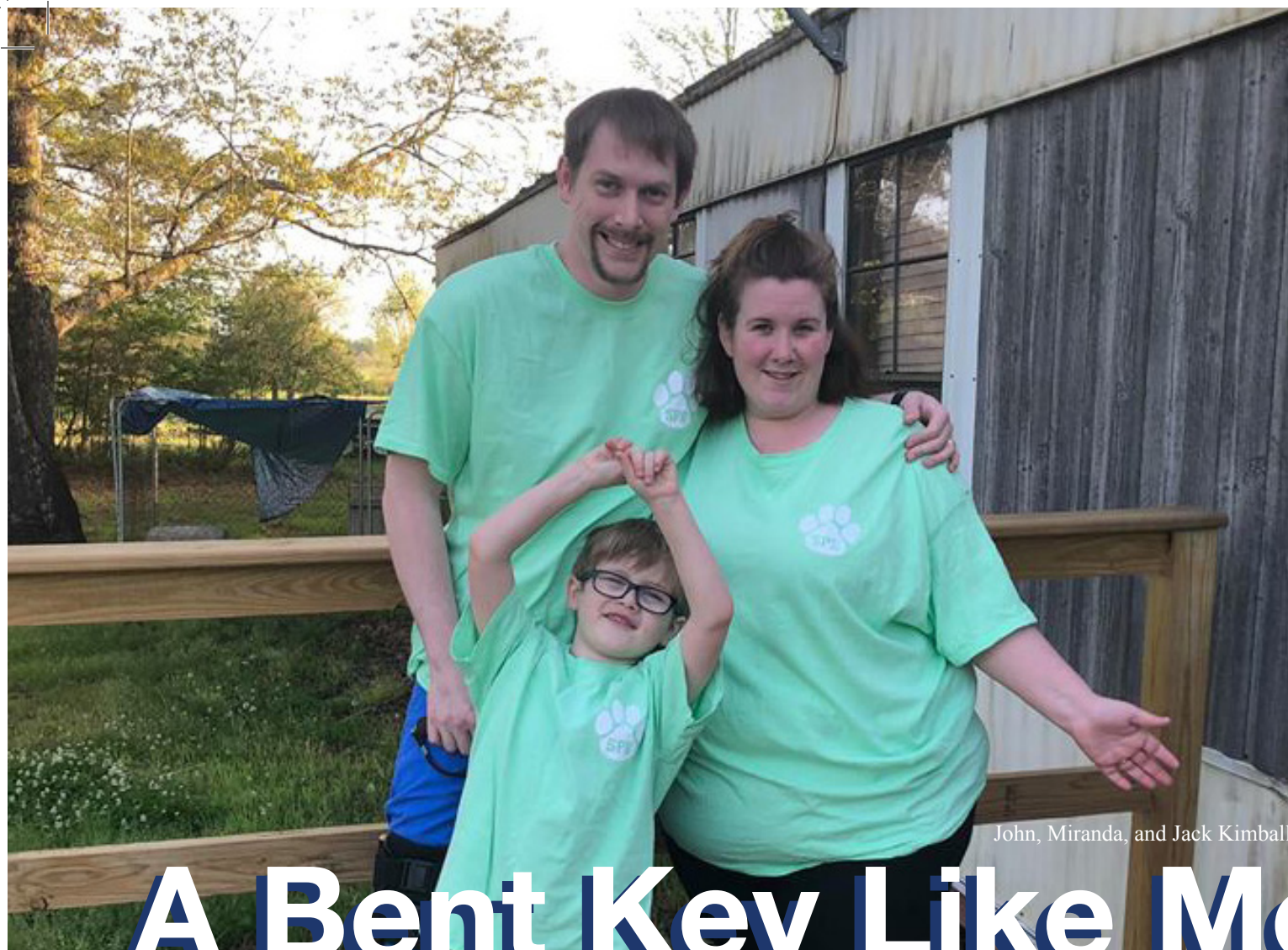
Looking ahead, our vision is to exceed your overall experience and to deliver “real value” through our clinical, operational, regulatory and compliance knowledge. A company’s culture is essential to its sustainability. Our culture is built upon Christian values, and our foundation is rock-solid. Over the last several years, we diligently worked to embed this culture across the company, and we are proud of who we are today. We have confidence in our ability and resilience to adapt to change and thrive in the face of challenges, and that serves as the foundation for our strong performance.

I want to take this opportunity to personally thank you for your continued confidence and support of the work we do every day to help make our patients’ lives better. Thank you, and I look forward to what God has in store for us in 2019.

May God bless you and your families!

Steven L. Cole

President and Chief Executive Officer



John, Miranda, and Jack Kimball

A Bent Key Like Me

Mid South speech language pathologist experiences the healing touch of his coworkers

Story by Lee Catherine Collins & Photos submitted by the Kimball family

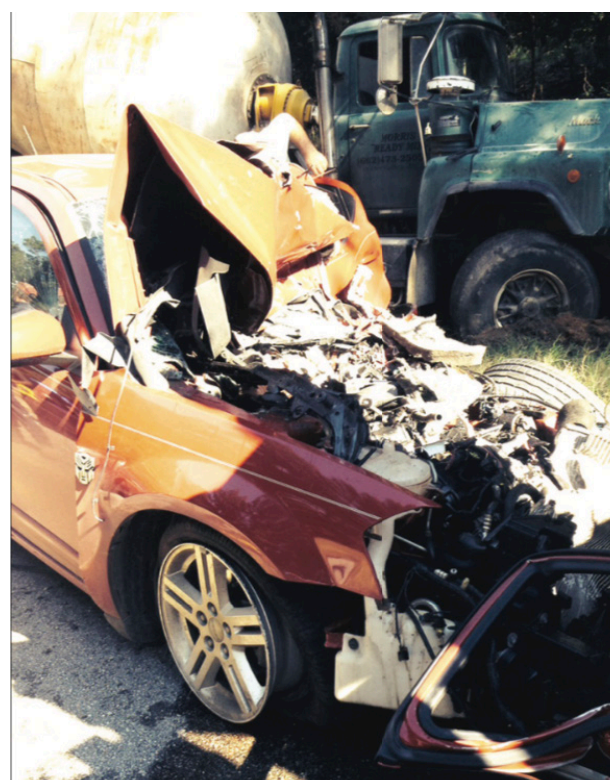
John Kimball was taking a curvy backroad to work. Yalobusha General Hospital was only a few miles away. He glanced at his new Apple Watch for only a split-second, saw a cement truck heading his way. He panicked - veering in front of the truck, closing his eyes. John crashed.

When he opened his eyes, the dashboard of his car had collapsed onto him. John was trapped with his feet hanging. His legs hurt, but he also felt like they were losing feeling. John noticed smoke coming from the engine, and realizing he

was trapped, did the only thing he could think about doing in the moment. John called his wife to try and say goodbye.

But John was not alone, and God had something planned.

Meanwhile, the cement truck driver called 911 and rushed to John's side. The emergency responders rescued John from the car, using the jaws of life to carefully remove him from the wreckage. His wife talked him through it all. The EMTs stopped the bleeding, loaded him onto a helicopter. He arrived in Memphis and went right into surgery - all on September 14.



John's vehicle after the crash.



John and his son, Jack, in the early days after the accident.

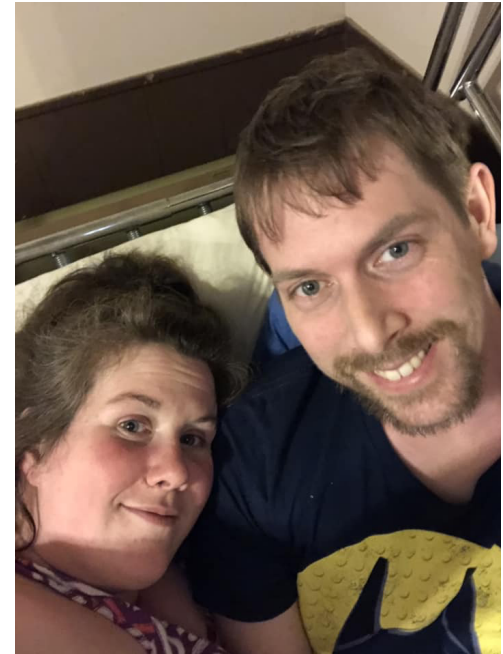
John Kimball woke up with both legs broken. His wife told him how much blood he had lost, that his coworkers at Mid South had been calling, visiting. John was in pain. He could not find a way to get comfortable in the hospital bed. His right leg was completely shattered - from his hip to his ankle. John was alive, but he had a long journey to face.

Thankfully, he did not ever face that journey alone.



John knew he worked for a company that valued family and loving one another, but one particular moment made a lasting impression on him. He remembers when Steven Cole, CEO and President of Mid South, came to visit him in Memphis. Steven told him that he was so sorry that this accident happened to him, but that by the grace of God, he would recover. They prayed together that day, and

after two hazy weeks of recovery at Regional One Health in Memphis, John went back to Yalobusha General - back to his coworkers, a room decorated just for him.



Miranda and John

“Everyone arrives at 8:00, and by

8:01 everyone was in my room,” John recalls of his first day at Yalobusha as a patient.

“I think they wanted to make sure I was still myself, still me. And that meant a lot to me,” he said.

Having his coworkers as his therapists made John push harder. They would constantly tell him to remember September 13, the day before the crash. They told him his body would get back to that day - that they would work until his body functioned as if nothing had ever happened.

Carol Shepard, Christiana Spaulding, and many more skilled therapists worked with John, pushing him through the pain and into a miraculous recovery.

“As a speech therapist, I don’t always focus on physical therapy or occupational therapy or what they are doing, but as a patient, I got to really see the level of skill my coworkers possessed,” John said.

Today, John Kimball can walk. He can swim and walk around and play in the pool with his son, Jack. John still has pain in his right leg, mostly because his connective tissue was destroyed in the accident. He is planning to undergo a total knee replacement surgery with therapy to follow. His son wants him to run, so that is certainly a future goal.

Since the accident, he has become Director of Rehabilitation at another of Mid South's strategic partners, Shearer-Richardson Nursing Home in Okolona, Mississippi. John is enjoying a shorter, easier commute, and telling his story every day to his patients.

Of all things, John is thankful. He is thankful his life did not end the way it looked as though it might, burning, trapped in a car. He is thankful he kept his life, his legs, his job.

Today, when John drives to work, there is something

"The accident made me see that life can change so fast. You don't have to be a millionaire. I can just be me and help somebody," John said.

hanging from his review mirror - a bent key. He displays the key to his wrecked car to serve as a reminder of all that he has learned through the trauma, healing, support, and love. When he looks at that key, he remembers to pay attention while he is driving. He remembers that life changes in a heartbeat. He remembers to cherish what he has.

John has scars on his legs. He says that through all of this - the accident, recovery, the then and the now, so much of the bad has been outweighed by good.

"Know that there are people out there who will go above and beyond just for a stranger," he says.

Then, imagine what those people would do for the people they love - for family.



Christiana Spaulding, Carolyn Shepard, and Hope Williams



Jack Kimball learns more about dad's recovery from Shepard

More to the Story



JOHN KIMBALL RAFFLE!

Mid South Rehab Services is raffling off an Apple iWatch and a Apple iPad!

Join the raffle and be one of the lucky winners.

DRAWING ON DECEMBER 3, 2018

CHECK OUT THE BACK FOR MORE DETAILS

PRIZES

2 LUCKY WINNERS WILL GET THE CHANCE TO WIN:

1st Prize: Apple iPad

2nd Prize: Apple iWatch

\$10 per ticket
or
\$100 for 15 tickets

ABOUT JOHN

- John is a Speech-Language Pathologist at Yalobusha General Hospital. On Friday, September 14th, John was involved in a head on collision with a cement truck. His legs were pinned under the impact of the vehicle. After first responders used the jaws of life to free him from the wreckage, John was then airlifted to the trauma center in Memphis. Several surgery's later John is in stable condition. He has two broken legs, a broken arm and a long rehab journey ahead of him. Our thoughts and prayers go out to his wife Miranda, and their son Jack in these difficult times.

Mid South held a raffle to benefit John and his family. The first-place winner, Deepa Pillai, won an Apple iPad, and the second-place winner, Jason King, received an Apple Watch. The drawing took place on December 3 at Yalobusha General Hospital, where John worked and received his therapy for his injuries. Overall, the raffle contest generated \$3,070 for John and his family.

Kimball Is Thankful To Survive September Crash



John Kimball (seated) and his wife, Miranda (left of John), were in a raffle fundraiser. The money was raised for the Kimball family. By after John sustained serious injuries in a vehicle wreck on Sept. 14.

WATER VALLEY — It's been almost three months since John Kimball nearly lost his life in an automobile accident, a long road to recovery after both of his legs were crushed and his left arm was broken when he collided with a cement truck outside of Water Valley on Hwy. 72. But as tough as this journey has been, the traumatic experience has instilled a renewed appreciation for life for Kimball as his family, family members and co-workers have provided immeasurable support and love during his recovery.

Kimball lives in Frisco, Texas and on the morning of Sept. 14 he was making his daily commute to Yalobusha General Hospital where he is employed by Mid South Rehab Services as a SLP (Speech-Language Pathologist). He recalled that he had briefly looked down at his new Apple watch when he looked back up, he had veered into the path of the approaching truck.

"I hit me and crashed in the left side of my car," Kimball explained. "I wasn't under the dash, both legs were crushed. It took time for first responders to cut through his mangled vehicle to free him, moments Kimball vividly recalls. He knew his legs felt numb but had no idea of the extent of his injuries. At one point, he remembers becoming hysterical.

"I called my wife and she told her good-bye, I thought the car was going to burst into flames and I was going to get burned alive. I didn't know what was going to happen," Kimball recalled as he shared the details of the emotional experience last week with his co-workers at the hospital. Although he is walking again and expected to make a full recovery, he was perched in a wheel chair with his wife, Miranda Kimball, standing behind him. His boss, Mid South Rehab President Steven Cole, was also sitting beside him.

The group had gathered for a drawing, a raffle that raised over \$3,000 for the family that was coordinated by Mid South Rehab.

"This whole experience has been a God thing, blessing John and healing him," Cole explained before the drawing.

"If you look at the car, he should not have survived that. It's a miracle he is walking." This was not Cole's first time to visit Kimball since the accident, he made the trip to Regional One Health in Memphis, where Kimball was a patient for two weeks and underwent three surgeries. Other Mid South Rehab employees had also made the trip, even spending hours to wait for him to return from surgery.

"Mid Cole came the first week I was in Memphis to see me, and to tell me about the help they were going to give me and my family," Kimball continues. "He came to pray with me, I can't begin to thank Mid South."

The discussion returned to the morning of the accident, back to those terrifying moments when he had gathered a crowd of family members. Water Valley High School student, Lakin Gaudin, a cheerleader who stopped on the road on her way to school to see if she could help.

"She was being comforted by another lady when I looked at her and saw how distraught she was, I tried to calm my self," Kimball continued. "I started cracking jokes."

"When people help me, when I can't help myself they make me a better person," he explained.

Next he remembers the helicopter ride to Memphis, and recalls family members also rushing to get to the hospital to be with him. One brother or friend in Memphis and was there first. His parents were already en route to Memphis for a surprise visit that weekend.

"My family has been amazing, it just shows me how much of a plan God has," he continues. His family members alternated spending time with him, allowing Miranda time to attend school events with their five-year-old son, Jack, as Kimball slowly improved.

Kimball has only been employed with Mid South Rehab for just over a year, but he explained the family atmosphere was a blessing even before the wreck. When it was time to leave the Memphis hospital on Sept. 28, he told his health care providers that he wanted to spend the rest of his recovery time at Yalobusha General Hospital.

That was on a Sunday, and first thing Monday morning, Sept. 29, Kimball said all of his co-workers came to his room in the Water Valley hospital. He is out of the hospital now, attending physical therapy three times a week and excited about returning to his job soon.

"I think God has us go through all experiences, good and bad, for a reason. It has really brought everyone together. Everyone really rallied around John. From the hospital CEO, getting him in this house, about how we are going to get compensated. Just taking care of John. And to be able to see him walk is awesome," Cole adds.

"With no real permanent damage, he will have pain but he has all of his feeling. He has his legs, he can walk, he has his life," Miranda said.

"One of the things we do in the back seat. Whenever we are going just get there and then look at your phone," he teased. "It was a narrow, curvy road, home mom and having a special needs child, John was the breadwinner for the family. The one thing I wanted to do is make sure they didn't have to worry about finances," Cole said.

Kimball hasn't missed a check, co-workers have donated time and the company has also helped. "I feel like my faith has been renewed," Kimball added, explaining that he thanked God every day for the blessings that have followed the ordeal, a prayer he said now focuses on others who may be hurting.

Kimball also has strong advice for anyone behind the wheel.

"Before you get in your car, test whatever, call whoever, and take your cell phone and throw it out the back seat. Whenever we are going just get there and then look at your phone," he teased. "It was a narrow, curvy road, home mom and having a special needs child, John was the breadwinner for the family. The one thing I wanted to do is make sure they didn't have to worry about finances," Cole said.



A photo of the front of John Kimball's vehicle shows the damage from the wreck.

John Kimball was traveling to work in Water Valley on the morning of Sept. 14 when he looked down at his Apple watch and veered into an approaching cement truck. After three months, he continues to recover and thank God for the blessings that followed the near-death experience.

John's story was covered by the local newspaper, the North Mississippi Herald, in December.

But those who hope in the Lord
will renew their strength.
They will soar on wings like
eagles; they will run and not
grow weary, they will walk and
not be faint.

Isaiah 40:31

Welcome to



Ahna Farrar, PTA
CCC Magnolia



Alexa White, PTA
NMMC Iuka



Amy Klaas
ESC



Ashlie Slaton
ESC



Ashlie Stepro, SLP
MS State Hospital



Brandi Chisholm, COTA/L
RCD South AR



Brooke Mayfield
ESC



Christy Carwile, PT
NMMC Eupora



Cody White, COTA
CCC Jonesboro



Decrecia Nevels, COTA
DOR CCC West Memphis



Derek Jones, PT
CCC Batesville



Erica Miller
ESC



Gidgett Bradford, OT
CCC Searcy



Gretta Burgett
NMMC Hamilton



Hailey Rae Stact, PTA
MS State Hospital



Heather Daniels, SLP
CCC Jonesboro



Heather Holland
NMMC Hamilton



Jasmine Long, SLP
NMMC West Point



Jessica Sanders
ROM 360



Jessica Allison, SLP
CCC Magnolia

Our Team



Jessica Williams
ROM Magee



Jillian Duncan, SLP
DOR CCC Searcy



Jordan Ramm, PTA
DOR CCC Jonesboro



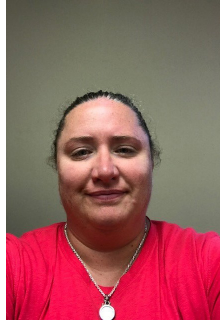
Katrina Thompson, PT
DOR The Grove



Kay Brasell, PT
GP Plant



La'Toya Bethea, COTA
DOR Crossett



Laura Wallace, PT
CCC Searcy



Lauren Barnett, SLP
Choctaw Residential Center



Maria Floresca, PT
CCC West Memphis



Mary Watson, OT
The Location



Melody Vowell, OT
Choctaw Residential Center



Michelle Beals, SLP
The Location



Michelle Bellew, PT
NMMC Eupora



Rebecca Gromley, SLP
CCC West Memphis



Bo Garrett, OT
Brookdale Clinton



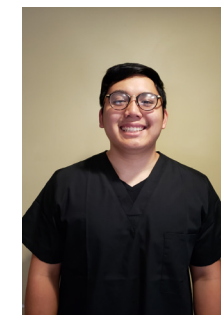
Sheila Martin, COTA
CCC Magnolia



Sonya Mirza, COTA
CCC Searcy



Stacy Castleberry, OT
CCC West Memphis



Tan Le, PRN
Elmcroft of Oxford



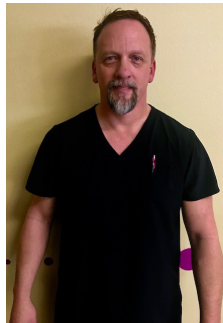
Caroline Love, RT
NMMC Eupora



Tiffany Turney
RCD North AR



Lauren Simmons, SLP
South Sunflower County Hospital



Daniel Van Dyck, PTA
Stonegate



Abby Mathis, PTA
Houston County



Meshelle Smith, COTA
Stonegate



Tara Stone
ROM Houston County



Sue James
ROM Brookdale Jackson Oaks



Shannon Rouse, PT
Houston County



Emily Williamson
ROM Noxubee General Hospital



Kimberly Kitchens, RT
NMMC Eupora





Spiritual Word

Celebrating Stories of God's Faithfulness

By Lee Catherine Collins

Associate of Marketing, Graphic Design, & Social Media

If I close my eyes and picture that old brown piano with the creaky, wooden bench, I can hear my mother's voice singing. It's just her and the piano, no background noise because we are in an old farmhouse in Marvell, Arkansas, surrounded by family and farmland. She sings, "Great is Thy Faithfulness" in a way that always stood out to me. Over the years, when that song plays, she and I just look at each other and smile.

Four short years ago, I embarked on a journey through college. Leaving home hurt me - it hurt to miss moments with my parents and siblings, who I adore. But, I saw God open a door at the University of Mississippi, and I went, not knowing how I'd make it or what I would even be doing. During freshman year, I wondered if Ole Miss was even where I belonged. I did not have a major, did not even know why I needed to be at Ole Miss.

God gave me a friend, a precious, random roommate who I loved. She made Ole Miss more fun. God gave me a beautiful place to live sophomore year after I decided I was going to see this through - I would graduate from Ole Miss. God gave me more roommates to love. He gave me a friend at work, friends in my classes. In the years that followed, I had a little family at Ole Miss, and I had the time of my life.

I found my calling in storytelling. I learned and developed skills in every aspect of how to tell one - writing, photography, graphic design. God gave me a professor - a mentor and friend all in one. She believed in me, and she is why I get to call myself a designer.

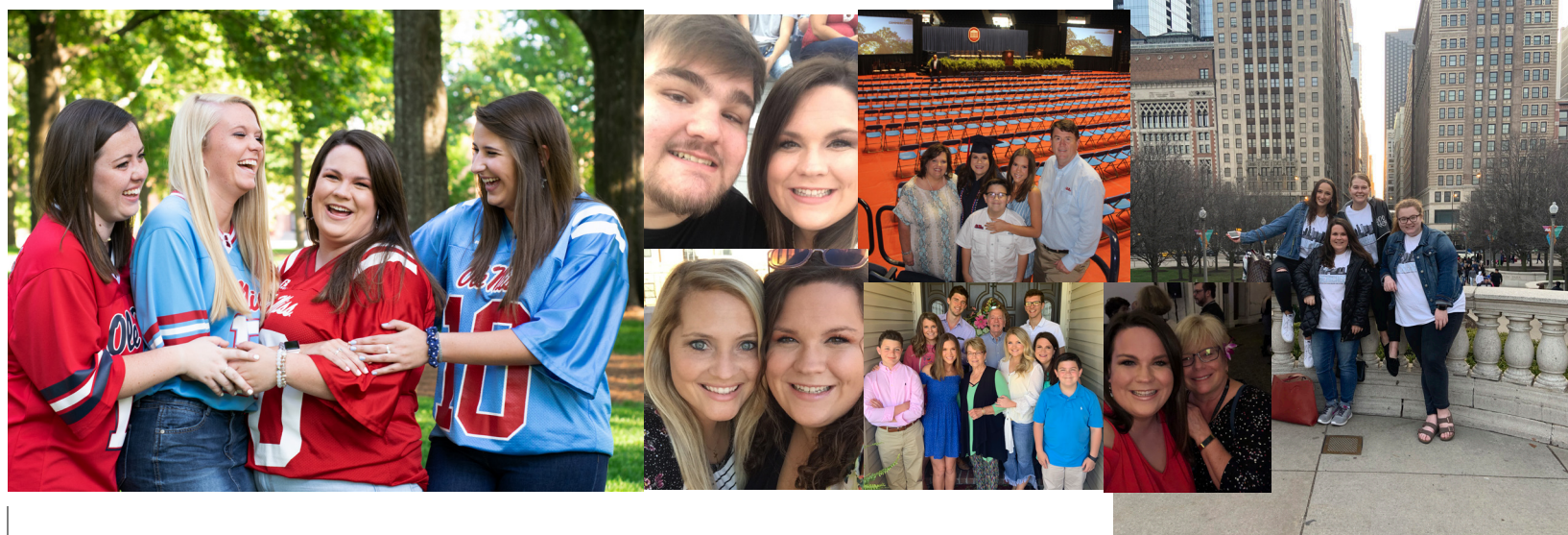
My fear began to creep back up when it came time to graduate. Fear of the unknown, finding a job and a new place to belong after I had just fallen in love with Ole Miss seemed daunting. But, I had finally learned my lesson. I put that fear away, cast it out, and I rested in the peace of God's unfailing provision.

I applied for a job posting online that sounded like a dream - like exactly what I felt called and prepared to do. I applied early, and I was afraid I would be passed over because I had a few months left until I graduated in May. In hindsight, I should have known that nothing would come between me and the plan God had for me. My job at Mid South is my dream come true. It is my long-awaited answered prayer. Finding a company that needed my skills and valued my heart blew my mind. It proved God's provision to me yet once more.

God carried me through those bad days freshman year and brought me through it all. He stood in the fire beside me. When what is in front of you seems scary and uncertain, I challenge you to look back and remember when God was faithful.

There is a line in that hymn, "Great is Thy Faithfulness," that reads, "All I have needed Thy hand hath provided." That line will always stop me in my tracks. Along the way, He has been faithful to provide for my every need, and He exceeds my expectations every single time.

I am so thankful for the opportunity to serve this company and to share your stories.





Written in the Sky

88-year-old Air Force Veteran benefits from therapy at Brookdale Clinton

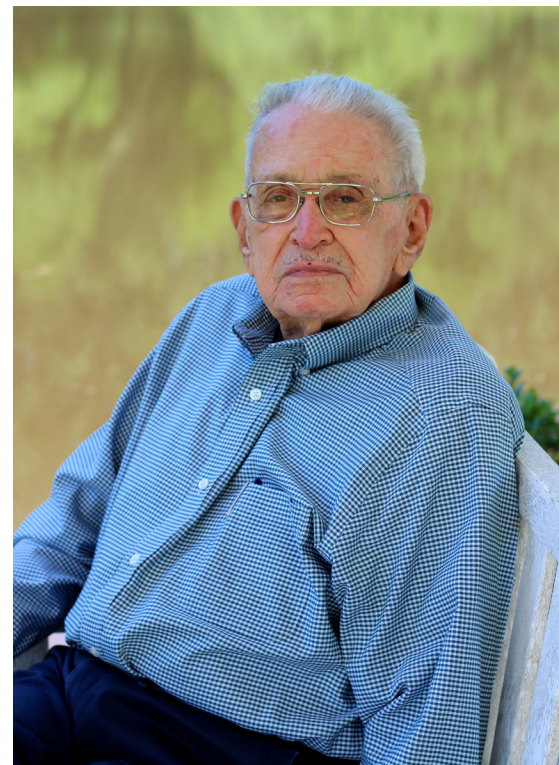
Story & Photos by Lee Catherine Collins & Photos submitted by Brookdale Clinton

Mr. Lawrence Rowe used to wear a back brace. His left elbow gave him problems. He used to have constant pain in his hands. His wrists, fingers, joints, especially his thumbs, were a terrible problem when he first arrived at Brookdale Clinton.

An Air Force Veteran, jokester, and lover of chocolate chip milkshakes, Rowe began therapy alongside his wife, Bonnie. Rowe worked hard in the therapy room with Bo Garrett, Brigitte Palmer, and Amanda Mix to improve the functioning

in his hands and try to relieve some of the pain from the carpal tunnel syndrome he had developed as well as arthritis.

After traveling the world with the military, Rowe graduated from Mississippi State University in 1958 and was employed by the Department of Agriculture. His time in the military had been flying with the crew and doing maintenance on the planes. His love and respect for the military, but the Air Force most specifically, is evident in how he tells the stories of long ago - stories he clearly cherishes.



Mr. Lawrence at the pond at Brookdale Clinton.



Bridgette Palmer, ST, DOR; Amanda Mix, PTA;
Wendy Bitner, OT; Bonnie, and Lawrence.

After his first wife died in a battle with leukemia, Rowe met his current wife, Bonnie.

“It was written in the sky. We were made for each other,” he says of their meeting with a smile on his face.

The two share a birthday, September 20, and this year, they both happened to be receiving care at Brookdale by Mid South therapists on that day. They were surprised with cards, cupcakes, and a celebration on that special day of therapy.

Since then, Mrs. Bonnie has moved to another facility close to her daughter, but that does not stop these two from being together. Rowe drives as often as he can to visit with her and often out on dates to dinner. Every day, they call each other and watch The Wheel of Fortune together, over the phone.

Rowe can drive himself for visits. He can sign his name. He is planning a trip with his son to see the Blue Angels airshow, and he is excited for the trip. He cannot wait to see those planes.

Rowe brags on his therapists, but he also teases and jokes with them constantly, making visits with him all the more exciting.

“They’re just as good of people here as you’ll ever want,” he said.



Mid South would like to thank Mr. Rowe for his service, as well as all of those who have served our country.



Mr. Rowe was voted “Mr. Brookdale 2019” by Brookdale staff. He is pictured here with Bridgette Palmer, ST, DOR.

All About

On September 1, Mid South Rehab Services, Inc. partnered with Community Compassion Centers of Arkansas, which meant 7 new facilities in Yellville, Jonesboro, Searcy, West Memphis, Nashville, and Magnolia. Mid South also gained strategic partners in Crossett and McGehee. Mid South is proud of this new partnership and cannot wait to see all the good that comes from these 9 Arkansas facilities.



Arkansas

Somerset Senior Living in Glendwood, Arkansas



Front entrance of Somerset Senior Living in Glenwood, AR



Therapy gym

Somerset Senior Living in Crossett, Arkansas



Latoya Bethea, COTA/L & Director of Rehab,
Kelsie Molnaird , PTA



Front entrance of Somerset Senior Living in Crossett, AR

All About



COMMUNITY COMPASSION CENTERS OF ARKANSAS

YOUR NON-PROFIT SKILLED CARE PROVIDER

Batesville



Derek Jones, DPT PRN, Michelle Beals, ST (in back), Mary Watson, OT, Lequita Keen, MDS, Tiffany Turney, PTA/RCD, John Allen, PTA PRN



We are like family! We bicker, fight, joke, laugh, and give each other a hard time, but I wouldn't have it any other way! These people care so much about our patients and have a lot of pride in the service they provide. When it gets crazy, they pull together as a team and get stuff done!

- Tiffany Turney, RCD North

Jonesboro

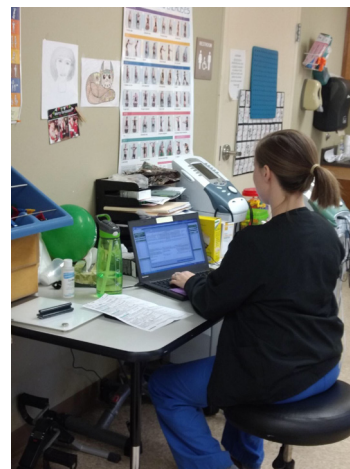


Cody White, COTA, Tiffany Floyd, PTA/DOR, Heather Daniels, ST, Jordan Ramm, PTA

Magnolia



Jessica Allison, SLP, Ahna Farrar, PTA, Sheila Martin, COTA



Jessica Allison, SLP

Arkansas

Nashville



Kelsie Cigainero,
COTA/L & DOR



Therapy Gym



Front Entrance

Searcy



Gidgett Bradford (OT), Sonya Mirza (COTA),
Jillian Duncan (ST, DOR), Amy Moody (PTA)

Yellville



Julie Vozdecky, Karl Hurst,
Alexa Thompson

West Memphis



Gigi (Maria) Floresca, PT, Rebecca Gromely, ST, Stacy Castleberry,
OT, Cree Nevels, COTA/DOR, Tiffany Turney, PTA/RCD

Happy Birthday

j u l y

1 Kelli Honnoll
2 Christiana Spaulding
5 Jayme Fowler,
Jennie Corbett
7 Gidgett Bradford,
Lori Davis, Ariel
Curtis-Owen

10 Betty Blacmon
11 Whitney Holmes,
Amy Klaas
15 Steven Cole,
Darius Williams
16 Kaila Jarrell
17 Myisha Johnson
18 Carla Magee,

Melissa McMullan
19 Devin Livingston
20 Jessica Henry
22 Ahna Farrar,
Brooke Wells, Mary
Autmon
23 Jennifer Bay
24 Tammy Bevan,

Jason King
26 Rhiannon M.
Edmondson
28 Daniel Van Dyck
30 Erica Billups
31 Lynn Lea

a u g u s t

1 Brian Wright
2 Tanya Crowe
6 Laura Miller
9 Ida Cole
11 Stephanie Hopper
12 Keely Fortenberry
13 Katrina

Thompson
15 Concepcion
Martinez
16 Annie Burt,
Melissa Cooper
17 Heather Daniels,
Mildred M. Davis
20 Carolyn

Johnson
21 Jasmine Long
22 Karen Leflore,
Anna Way, Priya
Ghayal, Kimberly
Kitchens
24 Judy Oglesby
26 Tina Andrews,
Alexa Thompson

27 Dietrich Rapp
28 Robyn Barwick,
Latoya Bethea
31 Jeska Sisk,
Charlean Williams

s e p t e m b e r

1 Karl Hurst
3 Felicia Murrah
7 Carol Nelson,
Jessica Allison
11 William Johnson
13 Brittany Scott

15 Gretta Burgett,
Miranda Wade
16 Hassan Farhat,
Maegan Hamblin,
Chelsea Theriot
18 Avis Conley
20 Jevorius Prince

22 Mary Schoolar,
Jessica Browning
23 Don Reynado
25 Kendria Coleman
27 Hendon Barber
28 Jennifer Stuart

30 Terrie Houk

From MSRS

o c t o b e r

1 Tiffany Floyd
2 Jerrie Cohill, Derek Merriman
4 Tiffany Pearson
5 Deborah Guilbert
6 Amy Cole, Karen Ivey, Pamela Reece, Jessica S. Fisher, Brittney Brantley

8 Sabrina McGuire
9 Mark Buckley
10 Marcia Wadley, Tia-Assante Yates, Ben Baughman
11 Monica Gary
12 Patricia Letort, Abby Mathis
13 Amy Wilborn,

Catherine Wilson
19 Marlon Dorsey, Kristen Post
20 Caroline Love, Candice Fairley
21 Melinda Ward, Jillian Duncan
22 Darreth Henderson, Jessica

Williams, Megan Holt, Loren Pearson
23 Johnny Wilson
28 Jessica Sanders
29 Lakesha Bentley
30 Morgan Mooney

n o v e m b e r

2 Erica Miller, Mary Watson
5 Sherry Whinery, Toni Powell
6 Heatherlea Hopson
8 John Kimball
12 Paige Tabor
14 Birdget Smith

15 Christina Clark
16 Elizabeth Johnson, Rebeca Gromley, Madalyn Dueker
17 Christina Jones
18 Nancy Brammer
19 Deborah

Watson
20 Rex Sullivan, Amanda Randolph
21 Charity Hilton
23 Kathy Hudson, Allyson Parker
25 Stephanie King, Clinton Mayes
26 Jennifer

Hamilton, Kayla McInnis
30 Brandy Hoell, Raquel Ashford, Taylor Graham

d e c e m b e r

2 Chelsey Howington
3 Kelly Skinner
4 Misty Greenwood
9 Haley Simmons
13 Teresa Wilkes

14 Jordan McComic
15 Shaquiria Ransom
16 Zachary Wooten
18 Teresa

Duckworth
19 Lois Denham
21 Cynthia Harper
24 Crysta Burleson, Kiona Dorsey, Shannon Rouse, Natalie

Owen
26 Ashlie Slaton
27 Ryan Black
29 Shannon Davis
30 Heather Holland, Melissa Clark

Celebrating

Independence Day Celebration

Jackson VA Rehab Team



Take us back to the Fourth of July! Our Jackson VA Rehab Team made snow cones and played games as part of an Independence Celebration. With 7 tents with face painting, popcorn, balloons, games, cotton candy, and a DJ playing music, it was a party to remember!

Christmas Parade

“You’ve Got a Friend in Therapy”



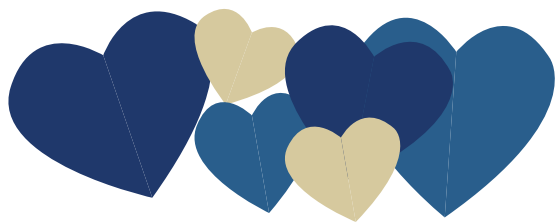
I wanted to share our team’s Toy Story theme “You’ve Got a Friend in Therapy” as they participated in the Annual Christmas Parade at MS State Hospital. They are the most amazing group who love working in their setting and being a part of all the activities on the beautiful campus. They always receive an award for their creativity!
- Kim Rayburn, RCD Central



Fran S., Katherine Carter, Michelle C., Hailey Stacy, Heather Pierce, Ashlie Stepro

Valentine’s Day Celebration

VA Collins Therapy Team



back: Karen Leflore, Felician Murrah,
Amy Green, Rodney Easterling
front: Christina Clark, Diane Stringer, Brittany Scott

Good Times

Halloween Costume Contest Winners

Company-wide contest



front: Anna Way, Joey Lewing, Brenda McCullough, Carol Shepard
back: Stephanie Hopper, Mikki Gregory, Shannon Vick, Miranda Wade, Catherine Wilson, Christiana Spaulding



Ryan Black, Patty Warriner, Jerrie Cohill,
Shellie Webb, Amy Webb



Teresa Manning, Brooke Mayfield, and Eric Miller



back: Surya Nallamala, Stephanie Gorsuch, Megan Holt,
Kaila Jarrell, and Zach Wooten,
front: Alexa White, Salome Williams, and Rhonda Mitchell



Sheila Martin, Ahna Farrar,
Kristen Davis, Jessica Allison



June Thames, Jennifer Kennedy,
Melissa Easterling, and Jessica Williams



back: Ida Cole, Anna Arrington,
Madison Kuykendall, Raquel LaTara Ashford
front: Deborah Kristen Guilbert Dale, Christina Nichols-Jones,
Keely Fortenberry, Allison Albritton, Carolyn Johnson



Christmas at

Christmas Door Decorating

Company-wide celebration



Accounting at ESC



Brookdale Hattiesburg



Magee General Hospital



Marion General Hospital

360 Total Rehab - Flowood

Mid South

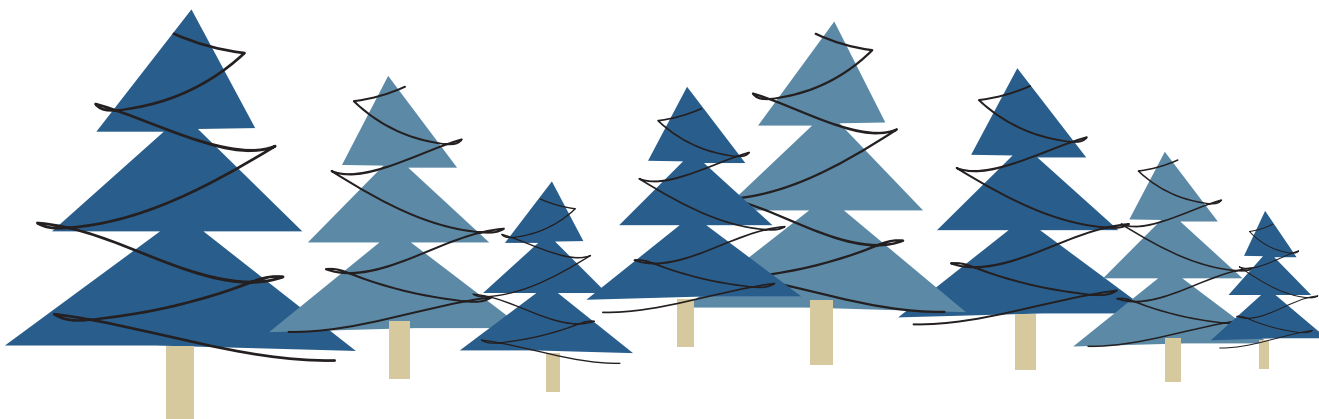
Christmas Door Decorating

Company-wide celebration

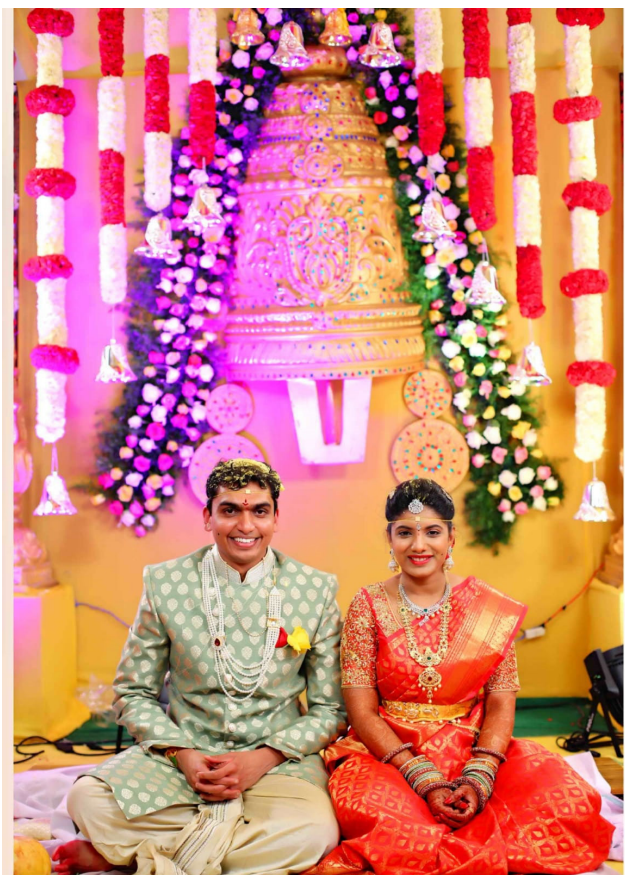


The Mayor, Board of Alderman along with generous donations from the community and businesses we were able to make Christmas special for some children and as well as some seniors. During the Christmas season I, Anna Evans Alderman of Ward 3 in Columbia, MS., came up with a slogan for a drive. It's called, "Someone caught you doing something nice." It's actually kids in need, that are trying to succeed. We ask the schools to pick the kids that fit the category. This year with the generous donations from various businesses and community, we were able to place a total of twelve bikes in the schools and an additional twelve bikes in the community. We were able to give ten senior citizens a turkey or ham. We all know that Christmas is a Season of Giving and with the help of Giving hearts, our event was a great success. I can truly say "WE" made a difference in some lives during Christmas of 2018.

- Alderman of Ward 3, Anna Evans



Big News &



Surya Nallamala , PT NMMC-Iuka and his wife Svaranthi were married on August 15, 2018



Katy Cooper, daughter of Melissa Cooper, COTA at Oxford VA, and husband, Curt Cooper, was born on August 30, 2018.

NMMC-Iuka is excited to congratulate Zach Wooten on his recent engagement to Anna Brooke Page. Zach is a COTA at NMMC-Iuka, and Anna Brooke is a middle school teacher at Belmont School.



Stella Louise Brumfield, daughter of Haley Brumfield, OT/DOR at Ridgeland Place and husband, Parker Brumfield, She was born on December 3, 2018.



Wilkes Dorlan Edmondson was born on Friday, September 21 at 4:37 p.m. at 6 lbs. 13 oz. to Rhiannon and Ethan Edmondson. Rhiannon is a speech language pathologist at NMMC-Iuka.

Life Events



Valkyrie Grace Dixie Holmes, daughter of Whitney Holmes, SLP/DOR at Oxford VA, and husband, Sean Holmes, was born on November 10, 2018. She shares a birthday with the Marine Corp, and Sean is a veteran of the Marine Corp.



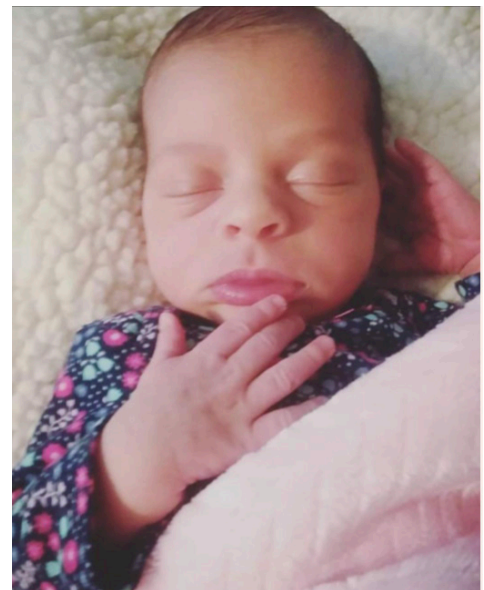
Rett Eric Singley was born August 29, 2018 at 7lbs. 4 oz. 21 in. to parents, Kyle and Mindi, and big sister, Addi.



Christiana Spaulding started to COTA to OT bridge program at Belmont University. She is set to graduate in August of 2020, and she is a member of the OT honor society, Pi Theta Epsilon.



Deborah "Kristen" Guilbert Dale, SLP



Sadie Olivia Grubbs was born November 9, 2018 at 6lbs 1oz 19" to Shannon Smith, COTA/DOR at Jeff Davis ECF

MSRS Goes

Block Party

Brookdale Ridgeland Therapy Team



Director of Rehab and former Employee of the Year, Bridgette Palmer, is pictured below at the Block Party hosted by Brookdale Ridgeland. Many vendors participated in this fun event for the residents and their families. Each vendor was responsible for bringing an item/snack for them to enjoy. Bridgette picked watermelon which was a HUGE hit at the party! We also gave away MSRS cups and water bottles. It was a great success. Thank you, Bridgette!!

- Kim Rayburn, RCD

Breast Cancer Awareness Month

MSRS Supports Breast Cancer Awareness



Jerrie Cohill, COTA; Shellie Webb, SLP; Amy Webb, Occupational Therapist;
Ryan Black, DPT; Patty Warriner, PTA



Out & About

Stewpot Community Services ESC Team



back: Ashlie Slaton, Clinton Mayes, Theresa Fortenberry, Steven Cole, Shelly Aaron, Thomas Fuller

middle: Ann Tillman, Melissa Clark, Amy Klaas, Lynn Lea, Brooke Mayfield, Amy Nichols, Charlean Williams

front: Charlie Buckley, Mark Buckley, Karen Leflore, Erica Miller, Kayla McInnis, Nikki Davis, Grace Buckley, and Robby Buckley



For Thanksgiving, we provided & served the clients of Stewpot a delicious meal of turkey, dressing, mashed potatoes, mac & cheese, rolls, cake & sweet tea.

Buckets of Goodies Rolling Fork Therapy Team



Our Rolling Fork Therapy Team recently made personalized buckets of goodies and script pads for the local doctors and nurse practitioners. They went as a team to deliver them to each one of the professionals in order to introduce Johnny Wilson, our newest OTR member, as well as tell them what each discipline could do to benefit these patients in both Outpatient and Nursing Home skilled stay. In addition, our team traveled to a clinic in Hollandale as well as a clinic on Highway 61 to promote/market our services. Great job to Kiona, Olivia, Johnny, and Misty!

MSRS Goes

MHAPAC 2018 Sporting Clay Event Providence Hill Farm

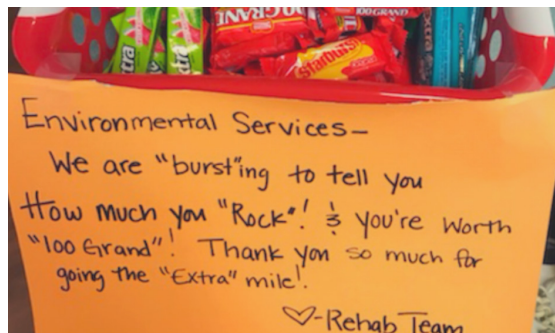


Tim Moore, CEO MHA and Steven Cole



Chad Netterville, CEO Field Memorial Health System, Centreville, MS;
Paul Breazeale, ME; Courtney Phillips, CEO, South Sunflower Hospital,
MS; Wes Sigler, CEO UMC Grenada Lakes Hospital, Grenada MS

Humble Brag NMMC West Point



I wanted to brag on Jordan McComic, DOR at NMMC West Point. She always goes above and beyond to ensure her rehab team shows their appreciation to the many departments of their fabulous hospital. Jordan and her staff are always making creative baskets and special goodies from therapy because they love their co-workers and their NMMC family! Fantastic job, Jordan, and all of the Mid South Rehab/ NMMC West Point Team!

- Kim Rayburn, RCD Central



Out & About

Veterans Gala

Mississippi State Veterans Home Oxford, MS

- **Warner Webb:** Sargeant Major 9, Parachute Rigger
- **Michael Tait:** Sargeant E5, Combat Infantryman
- **William Strickland:** Staff Sargeant E6, Combat Infantryman
- **Gary Fiveash:** SP4, Medical Corpsman
- **Richard Strong:** Corporal E4, Combat Engineer



Veterans from the MS State Veterans Home in Oxford, along with Pam Thrash, the Nursing Home Coordinator for the MSVA, attended the inaugural Veterans Alumni Gala. This event is hosted by the Ole Miss Student Veterans Association, and was held in November 2018. The Veterans photographed were honored at the event for their service in the military by all who attended, including Robert Wilkie, secretary of the Department of Veterans Affairs; U.S. Sen. Roger Wicker; U.S. Rep. Trent Kelly; and Gov. Phil Bryant.

Heroes: Past and Present Event

Rolling Fork Therapy Team

We had a great time participating in the community event tonight in Rolling Fork! It was a great crowd, and we got to see Jerry Kever get wet at the dunking booth! (Nic from the nursing home, too!) We gave away lots of wonderful Mid South goodies to the public. We also held a contest for the person who could jump the most times with a jump rope in one minute. It was lots of fun! Some of our therapists were able to bring their precious children, and it was a wonderful family event!

- *Kim Rayburn, RCD*



MSRS Goes

Open House Event NMMC Eupora Team



Eupora's Open House Event featured quite a spread of delicious food. A time of fellowship with door prizes, hot apple cider, and hot chocolate made for a special event for all.

Out & About

Watermelon Festival Yalobusha General Hospital Team



Scarlett Pullen, Kim Pullen, and
Brenda Tallent passing out MSRS products

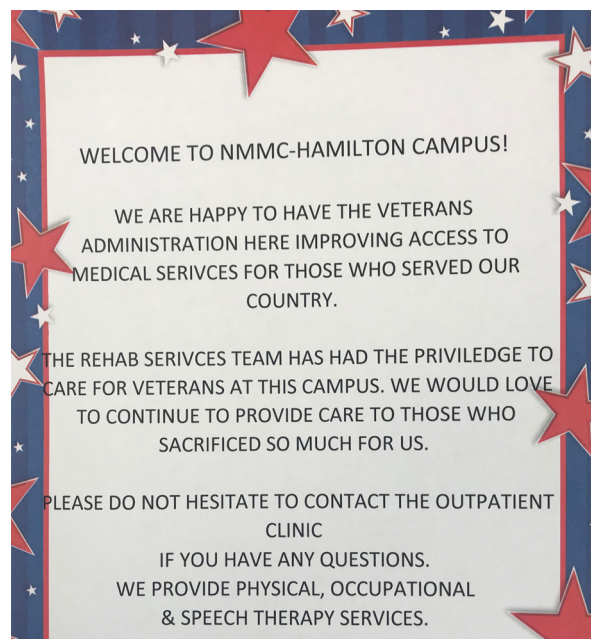
Mr. Upchurch:
patient that
received Out
Patient therapy
services. He had
great things to
say about his
services!



Hope Williams,
Brenda Tallent,
Scarlett Pullen,
and Kim Pullen



A Gift to Veterans NMMC Hamilton



I was able to go and introduce myself to two of the VA clinic nurses today. I invited them to walk over to see the Rehab Outpatient clinic. They were very friendly and happy for the visit. The attached photo is the marketing basket full of goodies and a letter that was included in the basket.

- Teresa Wilkes, PT
Director of
Rehabilitation
Services
NMMC-Hamilton

MSRS

Take a Swing at Cancer with NMMC



Mid South was proud to donate in support of the 2018 Take a Swing at Cancer event, benefitting the Health Care Foundation of North Mississippi. This event provided funds needed to assist many NMMC cancer patients and families.

Treat Street Event with NMMC



Zane Leflore, Anna Kate Easterling, and Bree Leflore at the 2018 Treat Street Event. Treat Street is an annual fun and family-friendly event where business and organizations come together to benefit the children in the community and support Health Trust, the charitable foundation for Magee General Hospital. Mid South Rehab is a proud partner of MGH and is an annual sponsor of this event.



A very, very special thanks to both Melissa Easterling and June Thames for working our booth for the entire event.

Sponsorships

Miss Magnolia State Pageant Congratulations to Lorelai



Mid South was proud to support Miss Lorelai Warmack, daughter of Misty Warmack, COTA, in the 2018 Miss Magnolia State Pageant. Lorelai won 2018 Overall Most Beautiful for age group 0 to 3 years, 1st alternate, 2nd Alternate for Best Fashion and The Golden Star Award .



OCRA ovarian cancer research alliance



Mid South was proud to donate in support of OCRFA's Ovarian Cycle Jackson event in partnership with Newk's Eatery and Newk's Cares. This event raised \$250,000 for the Ovarian Cancer Research Fund Alliance, and we are proud to have contributed to the cause.

OCRFA has collected more than \$80 million in private research funding since 1998.

MSRS

Make-A-Wish Old Waverly Golf Classic

Mid South and friends support the cause



Make-A-Wish®

Justin Palmer, Steven Cole, Paul Breazeale, and Wes Sigler



Jeff Flagg, golf pro for the “Hire a Pro” Hole, Steven Cole, Justin Palmer, Paul Breazeale, and Wes Sigler

Sponsorships

16th Annual Critical Access Hospital Annual Conference
SOMETHING THAT MARK TELLS ME



Mike Edwards, Mark Buckley, SOMEONE, David Graham, Brantley Pearson, Jerry Keever, Steven Cole at the event.



MHA's Compliance Roundtable August 10, 2018

AGENDA:

- | | |
|----------|---|
| 8:30 am | Registration |
| 9:00 am | Legislative Update
Richard Roberson, MHA |
| 10:00 am | Compliance Roundtable <ul style="list-style-type: none">• Open Discussion• Future Shape of the Meetings• Issues |
| Noon | Adjourn |



THANK YOU SPONSOR!

Thank you to Mid South Rehab Services, Inc. for sponsoring our Compliance Roundtable Meeting! Please take time to visit their table in the meeting hallway.

Clinical Operations

Mark Buckley, VP of Clinical Operations & Compliance



Blazing a Pathway for Future Success

Clinical & Operational Innovation & Excellence in 2018

Mid South Rehab and our Strategic Partners demonstrated amazing advancement in all facets of clinical operations and quality in 2018. Through the development and implementation of innovative and cutting edge strategies, we demonstrated optimal clinical and operational effectiveness while preparing for current and future regulatory and reimbursement changes. Our steadfast commitment is to ensure we are at the forefront of providing the highest level of quality care to achieve optimal outcomes for our patients in the most efficient manner. To this end, care delivery in rehabilitation clinics throughout our company and in our partner facilities showed the highest level of functionally effective outcomes combined with optimal financial stewardship. Planning, training, education, and implementation of key clinical and operational strategies has served as a catalyst to our future success in 2019. Some of the most noteworthy achievements of 2018 included:

1. Medicare Part A - Patient Driven Payment Model plan development and implementation:

a. Over the last 2+ years we have participated with multiple national long-term care and rehabilitation associations, the APTA, and national lobbyist efforts to advocate for fair and appropriate reimbursement during the rule making process for Medicare Part A payment reform. In 2018 we enhanced these efforts to an even higher level to advocate for the best interest of our patients, strategic partners, and Mid South Rehab. These efforts included direct advocacy efforts in many areas that included but were not limited ensuring the use of standardized and objective patient characteristics and functional measures to drive fair reimbursement. We additionally

participated with drafting and providing comments to CMS through our membership in a national rehabilitation association.

b. Throughout 2018, we provided the latest and most precise updates and education to our employee and strategic partners as well the long-term care industry. This included updates throughout the rule making process including the proposed rule release and continuously leading up to the final rule. We were key note speakers at the Independent Nursing Home Association in June of 2018, where we presented on the newly proposed PDPM model when it was first announced. This was followed by continued and updated education throughout 2018.

c. Our comprehensive strategic plan development and rollout to ensure PDPM success was communicated to all employee partners and strategic partners with beginning stages undertaken in the last quarter of 2018.

2. Standardized Outcomes Measures:

In keeping with our commitment over the last 4 years to continue assessing and electronically documenting, tracking, and reporting standardized functional outcome measures, we continued to train and certify all full time PT's and OT's to report on self-care and mobility care item sets and all ST's in NOMS. In October of 2018, CMS adopted most of the care item set into Section GG on the MDS for tracking functional outcomes of patients in a Medicare Part A stay. The progressive training of our therapists over the last 4 plus years allowed us to transition seamlessly into the use of Section GG as our new electronically reported standardized functional outcome measure.



Clinical Operations

Mark Buckley, VP of Clinical Operations & Compliance

The data we have collected in the last 4+ years allows us to compare our outcomes with rehab providers across the country in a national database, and our outcomes have proven to be well above our peers. Section GG will be one of two key components in the new PDPM payment model that determine the facilities reimbursement for PT and OT therapy services provided. Our PT's and OT's are the experts in this area of functional scoring through their extensive training, which will ensure optimal and fair reimbursement to our facility partners and optimal regulatory compliance. The certification of all full time SLP's to report outcomes through the National Outcomes Measurement System (NOMS) continues to allow us to compare our speech outcomes nationally against other industry leaders who have also been selected to report in this system.

3. Medicare Part B regulatory and reimbursement changes:

From the repeal of the therapy CAP in February of 2018, to preparation for the removal of functional limitation g-code reporting that occurred in January of 2019, Part B therapy underwent significant shifts in regulations in 2018. Through progressive training and education of our staff and facility partners and advocacy through professional organizations, we were able to stay at the forefront of these changes and see great success. In 2018, CMS established a new Part B therapy "threshold" of \$3,000 annually per beneficiary for PT and ST services combined and separately for OT services. This became and continues to be the standard threshold at which CMS audits or reviews may occur based on billing patterns of the provider. We proactively developed a revised internal monitoring process to match this regulatory change and ensure compliance. Through

this new process we closely monitor for appropriate utilization of CPT codes billed while ensuring optimal care for the patients and reimbursement for services provided. In 2018, we were able to continuously and proactively prepare for and implement plans that ensured success with all Medicare Part B changes.

4. Clinical Program Development and Enhancement:

2018 was a year of substantial growth in the advancement of clinical education and programs for Mid South employee partners including new areas of focus in patient treatment. Mid South partnered with multiple employee partners by investing in their professional growth and development through continuing education initiatives that resulted in the highest level of clinical expertise and care delivery to patients. New areas of clinical expertise and certification included, but were not limited to:

a. **Dementia Training and Certification Program:** The dementia program included comprehensive training, education, and certification courses conducted by Mid South's own, Haley Brumfield, OT. The course, approved for 7 hours of continuing education credit, provided comprehensive training and education of facility and therapy staff simultaneously to understand, assess, and treat dementia residents holistically through an interdisciplinary "team" approach.

a. **Dry Needling Training and Certification Program:** Mid South hosted a dry needling certification course for 5 Mid South PT's at our 360 Total Rehab Outpatient Clinic in Flowood, MS. In addition to this training, we were able to partner with multiple additional therapists to attend different dry needling certification courses throughout the year. The course hosted by Mid

Clinical Operations

Mark Buckley, VP of Clinical Operations & Compliance



South as well as the other courses attended by employee partners consisted of over 50 hours of training for Mid South PT's to become board certified to perform this brand new and revolutionary treatment procedure.

Facilitating and Nurturing Excellence in Clinical Education:

Mid South Rehab continued to nurture the clinical education relationship that has been developed with numerous PT, PTA, OT, COTA, and SLP programs in MS, AL, TN, and AR. In 2018 we continued to serve as a leader in clinical education by providing student clinical rotation sites for William Carey, UMMC, Jackson State, MUW, UCA, UT, and many additional therapy educational programs. One of the most notable partnerships is with the newly established PT program at William Carey University, where Mid South is an active member of the Advisory Committee. As a member of the Advisory Committee, we frequently assist the university in serving as guest speakers and lecturers and providing feedback on best practices and educational strategies and initiatives. Our extensive network of expert clinicians and strategic partner facilities offer the highest level of clinical education experience.

We were truly blessed as a company in 2018 and saw our great, mighty, and loving God bless us tremendously as we sought to honor Him by utilizing all of the gifts, talents, and abilities He has given us to serve our patients, strategic partners, and one another in love. Through an unending and unwavering commitment to honor God through our service we know that He has great plans for all of us in 2019!

God bless you all!

Mark Buckley, DPT

VP of Clinical Operations

John 13:34-35 New International Version (NIV)

34 "A new command I give you: Love one another. As I have loved you, so you must love one another. 35 By this everyone will know that you are my disciples, if you love one another."



Accounting

Thomas Fuller, VP of Finance

Growing Business, Growing Family

Fuller's first few months as part of the Mid South Family

Hello everyone,

My name is Thomas Fuller, and I am the new Vice President of Finance for Mid South Rehab Services, Inc. My first day with Mid South was October 29, 2018 and what an exciting 5 months it has been! I started in the midst of a very busy time with Mid South as we were taking on 9 facilities in Arkansas, preparing the 2019 budgets, and traveling to existing partnerships. I have had the opportunity to meet many of you during these facility visits, and I am extremely excited to continue to meet many more of you in the coming months.

I first wanted to start off by telling you a little bit more about myself. I grew up in Madison, MS (just a few miles from our corporate office at the ESC) and received my Bachelor's and Master's degrees in Accounting from Mississippi State University. I started my career as an auditor for a public accounting firm in Jackson, MS, and ultimately ended up specializing in healthcare. After my life as an auditor, I served in several different roles in several different hospitals with my last role as Assistant CFO at Merit Health River Oaks and Merit Health Woman's Hospital in Flowood, MS. My wife and I live in Ridgeland, MS. We just welcomed our little girl into the world on February 7th, and we could not be happier! In my spare time I enjoy fishing, hunting, cycling, and mountain bike riding, but I don't think I will have as much time for those this year!

As of December 2018, revenue has grown over the prior year by 14% largely due to our expansion into the Arkansas market, but also due to increasing therapy visits in existing facilities. As the new VP of Finance, I look forward to helping us continue to grow our revenue by adding new facilities, but also to help control costs in order to keep us competitive in this industry. I will be working with your RCD's and DOR's to come up with new ways to help manage our costs, and I need your help in monitoring your productivity. If you have any ideas of cost control opportunities you see in your facility, please let your DOR, RCD, or myself know. We all play a role in the success of our organization. We have many new challenges ahead of us in 2019, but with everyone's help, I know we can continue to grow this business.

I look forward to working with everyone, and I am proud to be part of the Mid South family!

Thomas Fuller
Vice President of Finance

Human Resources

Karen L. Cole , Director of HR



Changes in People & Programs

New roles for human resources make the most of talent & time

2018 was most assuredly a year of change in the HR arena at Mid South. We started with growing our Department and welcomed Amy Klaas to our team in the position of Human Resources/Marketing Assistant; then Kayla McInnis assumed the full duties of HR Assistant & Benefits Coordinator; followed by fully transitioning Shelly Aaron to her role of MSRS Senior Recruiter.

Shortly after Theresa Fortenberry joined the MSRS family as Director of Payroll and Benefits in June, we embarked on the massive endeavor of transitioning to our new Payroll/Timekeeping/Human Resources Information System...KRONOS! To say that this has been a monumental task would be a definite understatement, but the rewards and benefits of this transition will soon be evident to all involved. I would like to send out a heartfelt “thank you” to Theresa Fortenberry, who has spent countless hours at night, and has sacrificed her weekends, to ensure that installation runs smoothly and efficiently. Her devotion to this project is overwhelming, and we are certainly blessed to have Theresa as a member of the team.

With Phase 1 of the installation projected for the first payroll in April 2019, we hope to be fully operational in all aspects of the Kronos system by 4th Quarter 2019. We are confident that the new features of electronic check stubs, W-2 forms, Online Performance Appraisals, and Electronic Onboarding will be a remarkable benefit to all our Employee Partners.

We in HR would like to take this time to thank each of you for your patience and understanding as we work through the process. Once we are up and running, we hope that you agree that it was worth every minute!

Some things to look forward to in 2019...

Results of the 2019 Employee Partner Survey

2019 Revised Employee Partner Handbook Company-wide Anti-Harassment/Sensitivity Training

We truly appreciate each of our Employee Partners as you are “why we do what we do!”

Karen L. Cole

Director of Human Resources



Information Technology

Clinton Mayes, Director of IT

To Email or Not To Email

A look at the risks of emailing PHI

Sending Protected Health Information (PHI) by email exposes the PHI to two risks:

- The email could be sent to the wrong person, usually because of a typing mistake or selecting the wrong name in an auto-fill list.
- The email could be captured electronically.

HIPAA requires that we take reasonable steps to protect against these risks but acknowledges that a balance must be struck between the need to secure PHI and the need to ensure that clinicians can efficiently exchange important patient care information. The MidSouth Rehab's HIPAA Policy on Communicating PHI via Email (MR-080) and Personal Device Policy (MR-075) strikes a reasonable balance.

You must continue to observe the following rules:

- Limit the information you include in an email to the minimum necessary for your clinical or billing purpose.
- Whenever possible, avoid transmitting highly sensitive PHI (for example, mental health, substance abuse, or HIV information) by email.
- Never use automatic forwarding with your midsouthrehab.com email account.
- Never send PHI by email unless you have verified the recipient's address (for example, from a director or a previous email) and you have checked and double-checked that you have entered the address correctly.
- Always include a privacy statement notifying the recipient of the insecurity of the email and providing a contact to whom a recipient can report a misdirected message. This statement is on all

midsouthrehab.com emails by default that go outside of our domain.

You may continue sending PHI by email from one midsouthrehab.com email address to another midsouthrehab.com email address or to a MidSouth Rehab partner email address (including trilogy- health.com, casamba.net, and yalobushageneral.com) so long as you follow the rules above.

You may exchange PHI by email outside the midsouthrehab.com network, so long as you follow the rules above AND so long as one of the circumstances below applies:

1. The email is being sent to a non-MidSouthRehab clinician AND it contains information urgently needed for patient care AND the patient identifiers are limited to name, date of birth, medical record number, or phone number, as needed.

OR

2. The email is being sent to a non-MidSouthRehab clinician AND it must be transmitted in a timely manner, AND it contains no direct identifiers (name, address, Social Security number, date of birth, phone/ fax numbers, or patient email address) and no highly sensitive PHI (for example, mental health, substance abuse, or HIV-related information).

Note: Less direct identifiers such as medical record number or initials (for example, "Mr. S") may be included.

OR

3. The patient or research subject has agreed to the use of email by completing a Consent for Email Communication form

Information Technology

Clinton Mayes, Director of IT



OR

4. The email is encrypted through a secure messaging system such as encrypted MidSouthRehab email.

Note: All email that contain PHI sent to external destinations shall be encrypted prior to delivery by placing the keyword “Encrypt” in the subject line.

Please note that the circumstances set out above include different time elements. You may send PHI by email to non-MidSouthrehab clinicians (circumstances 1 or 2) only if the information must be communicated in an urgent or timely manner. There is no timeliness requirement attached to circumstances 3 or 4.

Remember:

- These guidelines attempt to minimize the risk of a breach of privacy, but they do not eliminate that risk.
- If you discover that an email with PHI has been misdirected, you must immediately report it to the privacy/security officer: Clinton Mayes at 601-605-6777 ext: 1346 or hotline: 800-259-2417

Frequently Asked Questions

Can I send an encrypted email with attachments?

Yes. When you encrypt the email by adding [encrypt] to the start of the subject line, both the message itself and any attachments are encrypted.

What do I do if a patient sends me an unencrypted email?

Patients can send their own information in any way that they deem appropriate, including

via unencrypted email. Before responding to a patient’s email, it is important to verify that the email is in fact from the patient. Some things to consider:

- Is the email address the same as the email address that is on file?
- Does the email contain information that only the patient would know?

If there is any doubt about the authenticity of the sender, contact the patient using the phone number on file in the EMR system.

In responding to a patient’s unencrypted email, you have several options:

- Respond to the patient using encrypted email.
- Review the patient’s chart to see if they have consented to the use of unencrypted email using the HIPAA Email Authorization form or the HIPAA Representative form.
- Respond to the patient via unencrypted email without including any PHI, including deleting any PHI that the patient had previously sent to you. In your initial response, it would be advisable to confirm that the patient would like to continue sending PHI via unencrypted email.

How do I know if a patient has authorized the use of unencrypted email?

The following are indicators that the patient has been warned of the risks of unencrypted email and has authorized its use:

- Signed authorization for communication form has been scanned into the EMR system and on file with MidSouthRehab.
- There is an email address listed in the patient



Information Technology

Clinton Mayes, Director of IT

demographics screen of patient registration.
(Note: Staff members are expected to remind patients of the risks of unencrypted email when requesting email addresses verbally.)

- The patient indicates in the email that he or she approves the use of unencrypted email.

Clinton Mayes

Director of IT

Major HIPAA PHI Breach Caused by One Wrong Email Address

On May 26, 2015, Massachusetts General Hospital learned that an employee had sent an email containing the names, lab results and Social Security numbers of 648 patients to the wrong address. Although it appears the breached PHI was not misused after the incident, this incident shows how small mistakes — like mistyping an email address — can lead to massive HIPAA privacy violations.

It's clear that Mass General was getting multiple things wrong in the lead up to the breach. For example, it's never a good idea to email big groups of patient records through a singular email.

H.I.M & Compliance

Charlean Williams, OTR/L, CHC - Director of HIM & Compliance



Changes in People & Programs

New roles for human resources make the most of talent & time

Effective and accurate documentation is a must for reimbursement. While it will demand a lot of your time and attention, effective documentation is an essential element for a clinician and supports our value as a skilled expert in our respective areas of practice.

Documentation Do's

Do document timely. To accurately report events and patient responses document timely. Point of service or soon thereafter is best practice. Progress Reports and POC completion must also be timely. Payment guidelines require timely documentation.

Do be thorough. If you don't document it, it didn't happen. When defending your services, only the medical records will be able to speak for you. Include all pertinent information in the record to justify the need for your skilled care as well as justification for your decision making regarding the patient's care. Include education topics and audiences.

Do make every record individualized. Make every record client specific. The documentation should paint a clear picture of the patient. Remember your record will be all the reader has to determine if your services were warranted. The note for your 16-year-old knee patient should be different than the note for your 50-year-old knee patient.

Do ensure your treatment note reflects the time billed. The treatment note should support the time billed for each session. A note for a 50-minute session should be more involved than a note for a 20-minute session. They shouldn't be identical. If the patient required additional time to complete a task than expected be sure to include

that information in the record. It will help justify the time billed if reviewed.

Documentation Don'ts

Don't copy and paste. Each note should be different to justify the need for your presence as a subject area expert. This will further justify your interventions and the need for the interventions. Repetitive tasks and language give the impression that the intervention requires little to no clinical reasoning, adjustment and could safely be performed by a non-skilled person.

Don't use slang or unapproved abbreviations. Unclear terms, slang, non-standard abbreviations and misspelled words can lead to confusion. Items that contain confusing language or terms will likely be discredited. Use approved abbreviations only along with medical terminology to support the need for the provided complex and sophisticated skilled services.

Don't only document a list of the tasks performed by the patient. Remember the service being paid is for the clinician's service, not for what the patient has done. The note should contain a description of the intervention; however, it should clearly establish the skills and clinical reasoning utilized by the clinician during the session. Why was it necessary for you to be present? Explain how the chosen will assist the patient to achieve goals.

Over the past few years in healthcare, compliance has become a very hot topic. **What is a compliance program?** Simply put, a system of policies, guidelines and procedures, developed to assure compliance and conformity to laws and regulations. According to the Office of the



H.I.M. & Compliance

Charlean Williams, OTR/L, CHC - Director of HIM & Compliance

Inspector General (OIG) an effective compliance program should have seven fundamental elements. The OIG is part of the Department of Health and Human Services, and its main role is to fight fraud and abuse in Medicare, Medicaid, and other HHS programs.

The Seven Elements are:

1. Written policies and procedures
2. Compliance officer and committee
3. Effective lines of communication
4. Education and Training
5. Effective Auditing and Monitoring
6. Discipline for non-compliance
7. Investigation promptly of detected offenses

Each of the 7 elements are important; however, for the purposes of this article, we will discuss the 5th listed element:

Effective Auditing and Monitoring

Auditing and monitoring help the organization identify and reduce potential risk for overpayment or improper behavior. Establishing internal audits makes rehab directors, leaders and the compliance officer aware of risk factors so corrective action can begin.

What is the difference between auditing and monitoring? Audit: An organized review and assessment of current practice to identify specific improper practices. Monitor: A part of risk management for an organization; regular activities performed to identify potential improper practices, outliers and practices that may need further attention.

Audits are performed to ensure departments and

the organization are following laws pertaining to HIPAA, coding rules, claims development and submission.

Mid South has a multi-tiered audit process. Currently the auditor spans from the facility level by the rehab director or peers to the corporate level by the medical review nurse or compliance officer. Once a potential issue or improper practice is identified on any audit level, corrective action should be implemented in a timely manner.

Auditing is an important component of every compliance program. As an organization, we must inspect what we expect. Education and monitoring are required to achieve continuous improvement. We all play an important role in our compliance program. Together we can make it happen!

Charlean Williams, OTR/L, CHC

Director of HIM & Compliance

Central Region News

Kim Rayburn, M.S. CCC-SLP - RCD Central Mississippi



The Dysphagia Diet:

The IDDSI along with Swallow Truths vs Myths

Dysphagia diets can be confusing! Now there is a standardized edition called The International Dysphagia Diet Standardization Initiative or IDDSI. It has developed global standardized terminology and definitions for texture modified foods and thickened liquids to improve the safety and care for individuals with dysphagia. Check out their tests to see what texture a food or liquid really is!

SLPs are consistently needing to educate patients, families, and other medical staff to promote safety during feeding or meals. Unfortunately, there are many myths about dysphagia that must be distinguished from the truth to ensure safety in all levels of swallow. SLPs often utilize formal in-services as an excellent source in a SNF or ALF to teach the workers ways to identify symptoms. They also provide education to family and caretakers throughout therapy from the initial evaluation to the discharge of every patient to maximize all training tools as well as swallowing benefits/compensatory techniques.

Below are some of the myths pertaining to a functioning swallow as well as truths:

Sometimes a Cough is Just a Cough

1. Myth: If you don't cough, you aren't aspirating.

Truth: It's called silent aspiration for a reason. There's no sound. The only way to tell if someone is taking food or liquid into their lungs is to see it on an instrumental swallowing assessment (MBS/VFSS or FEES).

2. Myth: If you cough, you're aspirating.

Truth: A cough is a protective reflex meant to

expel things from the airway. A strong cough is a good sign you're not getting food caught in your lungs. A cough can be a sign of aspiration, but it can also be the way a person protects themselves from aspiration. It can also be from another medical condition and completely unrelated to eating. So, in some cases, you need to see what's happening using an instrumental swallowing assessment to know for sure.

3. Myth: If you cough, you're choking.

Truth: Related to the one above, coughing is protective. It takes air to cough, so if you're coughing, you're breathing. Technically, choking is about not being able to breathe because something is obstructing the airway, but the term "choking" is often confused with "coughing." Please be specific when documenting trouble at mealtimes. Was the person coughing or choking? If he/she was choking, the Heimlich maneuver should have probably been administered.

Thickened Liquids

4. Myth: Thickened liquids are always safer than thin.

Truth: Thickened liquids move slower, so they give the body more time to react and swallow. This makes them easier to swallow for some people with dysphagia. But for others, thick fluids are more likely to leave residue in the pharynx and then fall into the airway, and they are harder to clear. Patients are also less inclined to drink fluids the thicker they are, so a recommendation for honey-thick fluids may result in dehydration, which can cause a multitude of other health issues. Think about ice cold water presented as thick as honey – not too appealing.



Central Region News

Kim Rayburn, M.S. CCC-SLP - RCD Central Mississippi

5. Myth: Thickened liquids must be recommended along with modified solids.

Truth: Food and liquid recommendations are not dependent on one another. It's possible to be safest on thin liquids and pureed solids (if the oral phase is weakest), or on regular solids with thickened fluids. SLPs do a detailed assessment that looks at the underlying impairments, and food/drink recommendations are made separately, based on those findings. Don't assume that a "dysphagia diet" is pureed food with honey-thick fluids.

6. Myth: If a person is on thickened liquids, they can never have water.

Truth: Water is sometimes recommended as the only thin liquid a person can have if good oral care can be ensured. There is a procedure of offering water for some dysphagia patients to keep hydration up – especially those who are otherwise medically stable and physically active. It is called the Frazier Free Water Protocol, and the idea is that even if a small amount of pure water is taken into the lungs, the body will clear it without infection. That is why good oral care is essential.

Modified Solids

7. Myth: People without teeth (edentulous) can't eat a regular-texture diet.

Truth: Some people have strong gums and can bite into a raw apple. Don't assume what a person can eat based on their dentition. Ask and observe.

8. Myth: Ice cream and Jell-O are soft solids.

Truth: Both foods melt into thin liquids in the mouth before being swallowed. If a person is not safe with thin fluids, they are generally not safe with these items either.

9. Myth: If a person can have thin liquids and soft solids, they're good to have Minestrone soup.

Truth: Dysphagia diets often restrict "mixed textures." These are foods that combine two or more textures together, like non-blended soups, cereal with milk, and even juicy fruit like grapes or oranges. Mixed textures are harder to control in the mouth. If the patient has difficulty with mixed textures, soups should be blended or simply broth, and cereal should absorb the milk or be drained.

10. Myth: Cooked rice and corn are part of a dysphagia diet because they are soft.

Truth: Maybe. These are tricky foods that don't form a cohesive bolus in the mouth. Grains like rice, corn, and barley scatter in the mouth. There are some preparations that may lessen the risk (like risotto for rice), but it's important to test the individual food.

Swallowing Strategies

11. Myth: People with dysphagia shouldn't use straws.

Truth: Straws propel fluids into the back of the mouth faster, so they sometimes cause problems for people with dysphagia. However, some people have trouble propelling the fluid backward, and a straw can make swallowing easier. It's always best to test what effect a straw makes during an instrumental assessment to know for sure. It just depends on the individual.

12. Myth: Tucking your chin down makes swallowing safer.

Truth: The "chin tuck" is a popular compensatory strategy for swallowing impairments. Tucking the chin to the chest closes

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The Dysphagia Diet:

The IDDSI along with Swallow Truths vs Myths

off the airway for many patients, but for others, it can make things worse and cause aspiration. Use of a chin-tuck strategy should always be tested with an instrumental assessment to see what impact it has on the swallow.

13. Myth: Smaller bites are always safer than big ones.

Truth: For people with reduced sensation, a bigger bite may give more sensory information and can be swallowed more safely. It's important to test bolus size on instrumental assessments to know what size is best. That doesn't mean a HUGE bite; that just means a normal bite versus a small bite.

14. Myth: If a person is eating or drinking during speech therapy sessions, they're good to have a full meal, sips of water, or their favorite snacks.

Truth: Patients often eat as part of therapy for exercise or to practice strategies, but that doesn't mean they're safe to have a full meal or eat unsupervised. Just as a patient seen taking steps with a physical therapist isn't ready to run a marathon, a dysphagia patient eating in speech therapy isn't ready for a cheeseburger and fries.

Oral Care for Dysphagia

15. Myth: People without teeth don't need to clean their mouths.

Truth: EVERYONE needs a clean mouth. Without teeth, you can still brush the gums, tongue, and palate. Saliva can carry the germs from the mouth into the lungs and cause pneumonia, and we sometimes aspirate a little saliva while we sleep, making oral care before bed even more important.

16. Myth: Swabbing the mouth with an oral care sponge is just as good as a toothbrush.

Truth: Toothbrushes and toothpaste are the most effective means of cleaning the mouth. That's why we all use them at home on ourselves. Good oral care is important for preventing pneumonia, so advocate for your facility to provide toothbrushes and implement oral care guidelines.

Only Diamonds are Forever

17. Myth: The recommendations of the SLP for a specified diet are forever.

Truth: Diet recommendations are put in place to compensate for a swallowing problem while rehab is in progress, so they should regularly change. In the cases of degenerative conditions, diets may be downgraded. If a patient is on a modified diet and isn't happy or seems to be struggling, ask for a re-assessment.

18. Myth: If someone aspirates during an instrumental swallow study, they shouldn't eat an oral diet – ever.

Truth: While instrumental assessments are the gold standard, they are only a snapshot in time. Putting a sick person in an unfamiliar room with a large fluoro machine and feeding them barium-coated crackers does not replicate a normal mealtime environment. While FEES can be done in a more natural environment than an MBS/VFSS, eating with a camera tube up your nose is not the normal way of eating either. The study should be repeated after a course of rehab and recommendations adjusted.

19. Myth: If you opt to have a feeding tube, you will never eat again.



Central Region News

Kim Rayburn, M.S. CCC-SLP - RCD Central Mississippi

Truth: A feeding tube surgically implanted in the stomach can be a good way to get the nutrition you need while your swallow improves. The procedure is reversible, so once you're getting enough nutrition by mouth, the tube can come out. It's like a crutch for a sprained ankle – it helps until the problem is healed

20. Myth: *If you have a feeding tube, you can't also eat by mouth.*

Truth: Patients recovering from dysphagia may start to eat a small amount, first therapeutically, then for nutrition. It's important to involve the dietitian as there may be a need for calorie counts and to adjust the amount of tube feed formula used to prevent unnecessary weight gain.

21. Myth: *People with feeding tubes can't aspirate because they aren't eating.*

Truth: Saliva can be aspirated, as can regurgitated tube-feeding liquid and other stomach contents. Feeding tubes are not a fail-safe way to prevent aspiration pneumonia. In fact, tube-feed formula sometimes causes acid reflux, and acid in the lungs is particularly dangerous. When dealing with an end-of-life situation, families often opt for a feeding tube, thinking it will help. However, it often only prolongs the inevitable with a painful surgery and removes one of the person's last remaining pleasures – eating.

Signs and Symptoms of Dysphagia

22. Myth: *A runny nose while eating is a sure sign of aspiration.*

Truth: While a person who is aspirating may have a runny nose, watery eyes, and cough, the presence of only a runny nose while eating is not necessarily a predictor of dysphagia. It is

completely normal, especially while eating hot and/or spicy food.

23. Myth: *An instrumental study is done solely to determine if a person is aspirating.*

Truth: While aspiration can be visualized during instrumental studies, it is not the only reason we test. Even more valuable than seeing aspiration is seeing WHY the aspiration is happening. So even if a patient aspirates on a study, the study might continue to better understand what the physical swallow deficits are.

Kim C. Rayburn, M.S. CCC-SLP
Regional Clinical Director

South Region News

Karen Leflore, OTR/L - RCD South Mississippi



Working Toward a Higher Quality of Life

Occupational therapy meeting the needs of adults with cancer

Adults with cancer are at high risk for functional limitations that would negatively affect their quality of life. Occupational therapy not only helps patients regain control of their lives, but by addressing symptoms of their treatments, it also makes their cancer care more manageable.

Individuals diagnosed with cancer can have increasing limitations in basic (ADLs) and instrumental activities of daily living (IADLs). In some cases, the cancer itself will affect nerve and muscular functions. In other instances, the individual may be most affected by the side effects from chemotherapy and radiation. This can cause increased pain or neuropathy, decreased strength, activity tolerance, mobility, balance and/or cognition.

What are some ways occupational therapy can help?

A common challenge that makes daily tasks very difficult is fatigue and decreased activity tolerance. Providing a home exercise program to gradually increase endurance over time is key. Also, education on energy conservation/work simplification strategies could help as well.

Providing environmental modifications, adaptations, and compensatory strategies to make tasks easier to complete on a day to day basis such as adding grab bars, shower/tub seats, use of adaptive devices for dressing could be another way to help.

Incorporating patient-specific goals and tasks into the treatment plan can help address the psychological aspects of patients who are worried if they will be able to return to their prior level of function

such as return to work or perform hobbies. This could allow the patient to see that they can reach their personal goals.

Teaching the patient techniques and strategies to compensate for memory loss and difficulty with complex tasks such as setting phone alarms to remind them to take their medication is another way occupational therapy can benefit a person with cancer.

These are just a few examples of the numerous ways occupational therapy can impact cancer patients' lives to become more enjoyable, productive, and lived at their highest quality of life possible.

Karen Leflore

Regional Clinical Director South



North Region News

Carol Shepard, Interim RCD North Mississippi

How Life Applies to Leadership

A lesson and reminder on the importance of good leadership

How to become a good leader? This is a question that is asked frequently when interviewing for elevated position in a company. When interviewing to become the Director of Rehab at Yalobusha General Hospital, I was asked this particular question. Thinking about my interview, the answer I may have given would be different today, now that I have been the DOR for over 5 years. Reflecting on how I have lead the rehab department, I formed an acronym that I believe demonstrates my leadership qualities.

L - Listening:

Listening is one of the greatest attributes of a good leader. Taking time to hear what employees and patients and/or families have to say both positively and negatively can help you understand how to improve employee relations and facility or policies. Giving your time to listen to others allows them to feel important and that they matter and in turn gives you the knowledge to help your team and patients.

E - Experiences

As you live, you go through different life experiences that mold you into the leader that you become. With each patient you serve, you learn how best to treat them and help them achieve full recovery. Interaction with fellow employees gives you experiences on everything from how to handle problems to helping promote a good employee.

A - Attributes

A positive attitude, good communication, and team work are three important attributes of a leader. As a leader, it is imperative that you reflect a positive “can do” attitude, encouraging each employee to do their very best. Communication is

necessary to lead your team in the right direction and provide information and positive feedback.

D - Discipline

As a leader, one must always practice obeying rules and reflect a good code of behavior and work ethic in a timely manner. Self-discipline is the ability you have to control and motivate yourself, stay on track, and do what is right.

E - Emotional intelligence

Individuals with high emotional intelligence have increased ability to understand and relate to people. They have skills in communicating and decoding emotions, which in helps them deal with others wisely and effectively.

R - Role model

A good role model is someone who is always positive, calm and confident in themselves. Everyone likes a person who is happy with their achievements, but continues to strive for bigger and better objectives. The best role models reflect honestly and productively on their own behavior and others.

In ending this piece on leaders, some are born into it, some work many years to achieve it, and others just happen to luckily be placed as it. No matter how you become a leader to a group of people, I hope that the above information will help you become an effective leader.

Carol Shepard

Interim RCD North Mississippi

Tennessee Region News

Hassan Farhat, RCD Tennessee



Dry Needling: Why & How Is It Done?

Mid South Rehab's commitment to new training

Dry needling is a Western medical modality that has no historical ties to acupuncture. The only similarity between dry needling and acupuncture is that they both use fine needles. Dry needling has its own theoretical concepts, terminology, techniques, and clinical application.

According to the American Physical Therapy Association; "Dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and to stimulate underlying myofascial trigger points, muscular, and connective tissues for management of neuromusculoskeletal pain and movement impairments."

Trigger points have been identified in numerous diagnosis such as, but not limited to:

- Radiculopathy
- Joint dysfunction
- Disk pathology
- Tendinitis
- Craniomandibular dysfunction
- Migraines
- Tension headache
- Carpal Tunnel Syndrome
- Computer-related disorders
- Spinal dysfunction
- Pelvic pain

The American Academy of Orthopedic Manual Physical Therapists also states: "Dry needling is a neurological, evidence-based treatment technique that research supports that dry needling improves pain control, reduces muscle tension,

normalizes biochemical and electrical dysfunction of motor end plates".

Mid South Rehab Services provides therapists, who are interested, with the opportunity to attend this program and to become certified in dry needling. To meet the State Board requirements, the therapists need to attend a minimum of 50 hours of direct supervised training. The certification process normally is divided into two courses, and each course runs 3-days (often on Friday, Saturday, and Sunday).

Mid South Rehab Services collectively believes in the following: "An investment in knowledge pays the best interest." - Benjamin Franklin



North Arkansas News

Tiffany Turney, RCD North Arkansas

How Life Applies to Leadership

A lesson and reminder on the importance of good leadership

Hello, Mid South,

I am Tiffany Turney, and I transitioned to Mid South back on September 1, 2018 as part of the Arkansas group. I am currently serving as the Rehab Director of Community Compassion Center of Batesville and the Regional Clinical Director for our 5 North Arkansas Buildings. We have a great team of caring therapists in each of my buildings, and we have been through a lottogether! Through each transition, we learned something different, most importantly, how to adapt and support each other through our frustrations. We love our buildings and our patients, so we have committed our service to them.

A little more about me personally. I was born and raised in the Batesville, Arkansas area, and this has always been home. Though I love to travel and experience new things, a small town is all I have ever known. Growing up, I always felt the need to help others and, against popular opinion in school, stand up for the “little guys.” This is a trait I continue to instill in my two children; Aiden is almost 12 and Bella is 10. I am very proud to be their mother; they are such caring kids! They are growing so fast that each day my son stands next to me to see if he is taller yet. My husband and I will celebrate our 9 year anniversary in May.

Before beginning my PTA career, I was a massage therapist for several years. I loved the gratitude clients gave after their pains were relieved and when tired moms got pampered. It was difficult to earn a sustainable living in the small community. A client told me about her mom going through the PTA program, but I was not even aware of what it was! After some research,

I convinced myself and my husband that I was going back to school! With two young kids, it was the biggest challenge I had faced.

Graduating in 2013, I took the first job that was open, a SNF. Without having a SNF rotation I was completely clueless, but quickly found a love for our geriatrics and will have been in the same building 6 years this August. I have been the DOR since April 2016 and held a Regional position since October 2017 with different companies. The role varies based on the company, but I am happy that my team has been with me through each transition. They really make me look good!

I love learning new things and coaching people to become better professionally, as well as personally. We all have some area to grow! People commit to people, and I want to be someone they trust and on whom they can depend. This year, I hope to see our therapy departments thrive and our business expand.

Tiffany Turney, PTA

RCD North Arkansas

South Arkansas News

Brandi Chisholm, COTA/L - RCD South Arkansas



Journey to Management

Chisholm's timeline to her current position

On September 1st 2018, Mid South Rehab Services partnered with Joey Wiggins and Mike Joyce in the state of Arkansas, gaining 4 facilities in the South AR region and 5 facilities in the North East AR Region.

My name is Brandi Chisholm, and I am the Regional Clinical Director for Mid South Rehab Services, Inc., managing the South AR facilities. I was born and raised in Magnolia, AR and have lived here my entire life. After graduating high school, I took courses to major in Biology at Southern Arkansas University. Before graduating, I decided to transfer to South Arkansas Community College in El Dorado, AR to finish the prerequisite courses required to apply for the Occupational Therapy Assistant Program. I started the OTA program in the early summer of 2009 and graduated in August 2010. After receiving my temporary license in October of 2010, I took a position at a SNF in Magnolia, Arkansas.

After one year of practice, I was offered the Director of Rehab position at that facility. In May of 2016, I became a Regional Director for South AR facilities and managed up to 9 therapy departments in Skilled Nursing Facilities. I have also continued to manage the therapy department and treat patients at the same SNF in Magnolia, where I began my journey, almost 9 years ago. I never thought that I would be offered a management position in the therapy business and had no idea that I would enjoy it as much as I do. I have learned so many things along this journey, and I continue to learn new information every day.

Through most all of the transitions that I have experienced, Mid South stepped in and

immediately comforted each staff member, making each one of us feel welcomed and supported. I love the fact that Mid South has Christian values, and you can tell that Mid South cares about and supports their employees. I am thankful to be a part of the team at Mid South Rehab Services, Inc. and I could not ask for a better company for which to work.

Brandi Chisholm, COTA/L
RCD South Arkansas

Patient Testimonials

Hear from those who have experienced Mid South's Commitment to Caring

“Paul is exceptional in his field. It is difficult to not mention my OT also. I hate to quit - but leaving in flying colors.”

- **E.S.** Patient at Town Village at Audubon Park

“Corey and Jordan were very helpful and patient. I would recommend them to anyone. It really helps to see people dedicated to their jobs, and the front desk was always kind.”

- **J. S.** Patient at NMMC West Point Wellness Center

“All of the staff were wonderful! I enjoyed working hard for them. The therapists I saw studied about my condition to be able to help me more. I greatly appreciate this!”

- **B. J.** Patient at NMMC luka

“They are a great team of therapists, and I would not be where I am as far as my recovery goes if it weren't for them.”

- **T. H.** Patient at NMMC Eupora

“It helped me a whole lot. I feel much better since I started going to therapy. Now I have a much better idea on taking better care of myself.”

- **M. C.** Patient at Marion General Hospital

Tenure

Commemorating Individuals Who Reveived Tenure Pins

Tenure achieved between July - December 2018

3

Jordan McComic, PTA; *North MS*
Brittney Brantley, ROM; *Central MS*
Jason King, PTA; *North MS*
Rhonda Mitchell, PT; *North MS*
William Davis, ROM; *Central MS*
Maegan Hamblin, DOR; *Shearer-Richardson Nursing Home*
Zachary Wooten, OT; *North MS*
Tina Andrews, OT; *South MS*
Mary Schoolar, PTA; *Central MS*
Ryan Black, PT; *Central MS*
Hassan Farhat, RCD; *North MS*
Taneshia Quinn, PT; *South MS*

Taylor Weber-Brandon, COTA; *North MS*
Angela Brandon, COTA; *North MS*
Erica Billups, SLP; *North MS*
Paul Evans, PT; *North MS*
Dietrich Rapp, PTA; *North MS*
Marcia Wadley, ROM; *North MS*
Rachel Reeves, SLP; *Central MS*

Carla Magee, SLP; *South MS*
Bridget Smith, SLP; *South MS*
John Burnett, DOR; *360 Total Rehab*
Kathryn Depriest, DOR; *Choctaw Residential Center*
Wendy Marshall, DOR; *Choctaw Residential Center*
Christiana Spaulding, COTA; *North MS*

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Whitney Holmes, SLP; *North MS*
Carolyn Shepard, DOR; *Yalobusha General Hospital*
Amanda Mix, PTA; *Central MS*
Kendria Coleman, SLP; *South MS*

Kim Rayburn, RCD; *Central MS*
Charlean Williams, Director of HIM
and Corporate Officer

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EOQ3

Employee of the Quarter Winners for Q3

ESC



Steven Cole and Kayla McInnis
ESC



Hasssan Farhat and Rhonda Mitchell, PT
NMMC Iuka



LaTasha Thompson, PTA and Sam-Ath McDaniel
Marion General Hospital



Sherry Whinery, ROM and team
Laird Hospital



Hendon Barber, COTA
Choctaw Residential

EOQ4

Employee of the Quarter Winners for Q4

ESC



Steven Cole and Theresa Fortenberry
ESC

North



Steven Cole and Derek Merriman, PTA
Shearer-Richardson Nursing Home

South



Karen Leflore and Jessica Williams, ROM
Magee General Hospital

South



Sam-Ath McDaniel and Mia Luter, PTA
Walthall General Hospital

Arkansas



Decretia Nevels, COTA
CCC West Memphis

Central



Misty Warmack, COTA and team
Sharkey-Issaquena Community Hospital



Want to be included in next quarter's newsletter?

Email submissions to
lcollins@midsouthrehab.com



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