

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/04/2024
NAME OF PROVIDER OR SUPPLIER POPLAR SPRINGS NURSING CTR, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6615 POPLAR SPRINGS DR MERIDIAN, MS 39305		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI MS #24629) at the facility on 6/4/24. During the survey, the SA determined that based on the facility's corrective actions initiated on 3/25/24 and completed on 3/26/24, prior to the SA's entrance on 6/4/24 the facility was in compliance with the requirements for participation in Medicare and Medicaid. The SA determined F602 was Past Non-Compliance related to drug diversion of a controlled narcotic medication. The facility had a license for 91, with a census of 84.	F 000	Past noncompliance: no plan of correction required.		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to protect a resident from misappropriation of a controlled medication for one (1) of three (3) sampled residents. Findings Include: A review of the facility's policy titled, "7 Types of Abuse," dated 10/2016 revealed, " ... 7. 'Misappropriation of resident property' means the	F 602	Past noncompliance: no plan of correction required.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/18/2024

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

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F 602	Continued From page 1 deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent...Taking Their Medications..." Record review of the facility investigation "Allegations of Abuse/Misappropriation of Pain Medication" dated 3/25/24, revealed Resident #1 had been receiving Norco 10-325 milligrams (MG) between two to three times on most days. After the Nurse Practitioner (NP) received a request for Resident #1's Norco to be refilled, the NP requested a urine drug screen to be performed on Resident #1. The drug screen for Resident #1 was negative for opioids. The Director of Nurses (DON) began her investigation and observed the narcotic administration log, in which the Norco had been signed out 21 times between 3/14/24 through 3/25/24. Licensed Practical Nurse (LPN) 1 had signed the medication out 19 times. Both LPN #1 and LPN #2 performed a urine drug screen, in which LPN #1 was positive for opioids and morphine and LPN #2 had a negative urine drug screen. The DON questioned LPN #1 and she revealed she did not have a prescription for her medications, that she had seen pain management in the past, and that she purchased the medication from a friend. LPN #1 was terminated on 3/25/24, for a failed drug test and escorted out of the facility. The Administrator reported the incident to the State Agency (SA), Attorney General Office (AGO), State Board of Nursing, and Board of Pharmacy. On 6/4/24 at 11:00 AM, during an interview with the NP, she confirmed she had taken care of Resident #1 in the past, and he required very little pain medication. The NP explained that when	F 602			

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F 602	Continued From page 2 staff requested a refill on for Resident #1's prescription for Norco, she became suspicious and requested a drug urine on the resident. On 6/4/24 at 12:15 PM, during a phone interview with the DON, confirmed that on 3/22/24, the NP received a call from staff requesting Resident #1's Norco be refilled. The NP treated the resident in the past, and he required little to no pain medication, which caused suspicion. The NP ordered a urine drug screen on Resident #1. The results of the urine drug test were received on 3/25/24, and it was negative for opioids for Resident #1. The DON then pulled the narcotic sign-out log on that medication and began testing all nurses who administered the medication. LPN #1 tested positive for opioids and morphine. LPN #1 did not have a prescription for either medication. LPN #1 was then terminated and escorted out of the facility. On 6/4/24 at 12:30 PM, during a phone interview the Administrator confirmed Resident #1 tested negative for opioids, and LPN #1 tested positive for opioids. LPN #1 did not have a prescription for the medication and was unable to produce a prescription. She was terminated, and the facility conducted an investigation, which was reported to SA, AGO, the State Board of Nursing, and the Board of Pharmacy. On 6/4/24 at 1:08 PM, during a phone interview with the Pharmacy Consultant, she confirmed that the facility informed her that Resident #1 was not receiving his prescribed Norco, which was being signed out by LPN #1. LPN #1 tested positive for opioids and morphine, and she was unable to produce a prescription for the medications.	F 602			

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F 602	Continued From page 3 On 6/4/24 at 1:30 PM, during an interview with Resident #1, he confirmed that he received only a few pain pills, and they were white. Resident #1 stated that he doesn't usually have pain and does not require pain medications. Record review of the "Admission Record" revealed Resident #1 was admitted to the facility on 2/1/24, with diagnoses that included Parkinson's Disease. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/7/24 revealed a Brief Interview for Mental Status (BIMS) score was 14, indicating Resident #1 was cognitively intact. Record review of the "Order Summary Report" with active orders as of 3/22/24 revealed an order dated 2/1/24 "Norco Oral Tablet 10-325 MG (milligrams) Give 1 tablet by mouth every 6 hours as needed for pain ..." Record review of the "Controlled Drug Record" revealed Hydrocodone-APAP 10-325 MG (milligrams) (substituted for Norco 10-325 MG), to be given one (1) tablet by mouth every six (6) hours as needed. LPN #1 signed out the medication 19 times, and LPN #2 signed out the medication two (2) times, for a total of 21 times for medication from 3/14/24 to 3/25/24. Record review of the "Test Results Record" revealed that on 3/25/24, LPN #1 was positive for oxycodone and morphine. On 3/22/24, Resident #1 was negative for opiates in his urine. On 3/25/24, LPN #2 was negative for opiates in the urine.	F 602			

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F 602	Continued From page 4 Record review of LPN #1's written statement, undated, revealed, "I have been taking pain medication at home that I don't have current prescription (prescription) for." On 6/4/24, the SA validated through interviews, record reviews, facility policy review, and observation with staff, that the facility had begun an immediate investigation when the suspicion of misappropriation of the resident's medication had occurred. The facility completed 100% audit of all medication carts to include a narcotic count verification and review of all controlled substances proof of use forms and narcotic cards records on 3/25/26. The facility had a QAPI (Quality Assurance and Performance Improvement) meeting on 3/26/24, with all required disciplines present. The facility completed in-services and training on controlled drugs and misappropriation. The SA validated that the facility had taken all necessary measures to be at past noncompliance by 3/26/24, with the deficient practice that occurred on 3/22/24.	F 602			