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	38PS	A. BUILDING: _____ B. WING _____	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR SPRINGS NURSING CTR, LLC	6615 POPLAR SPRINGS DR MERIDIAN, MS 39305

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M 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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA determined M500 was past non compliance related to a drug diversion of a controlled narcotic medication.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or	M 500		6/18/24

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M 500	Continued From page 1 nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial	M 500		

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M 500	Continued From page 2	M 500		

transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care,

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M 500	Continued From page 3 and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on interviews, record review, and facility policy review, the facility failed to protect a resident from misappropriation of a controlled	M 500	No POC required	

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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 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

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M 500	Continued From page 5 (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 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	M 500		

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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.

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

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M 500	Continued From page 7 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. Record review of LPN #1's written statement, undated, revealed, "I have been taking pain medication at home that I don't have current prespription (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.	M 500		