STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255315	A. BUILDING _____ B. WING _____	C 07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR SPRINGS NURSING CTR, LLC	**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 #25651, at the facility on 7/16/24. CI MS #25651 was investigated related to pharmaceutical services, neglect, and misappropriation of property. During the survey, the SA determined the facility was not compliance with the requirements for participation in Medicare and Medicaid and F658 was cited. The facility held a license for 91 beds, with a census of 86.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide services in an acceptable standard of practice as evidenced by, a resident who went out on therapeutic leave was not provided with all physician prescribed medications for one (1) of four (4) residents sampled. Resident #1. Findings Include: On 7/16/2024 at 9:35 AM, in an interview with Resident #1's daughter, she stated her mother was sent home on therapeutic leave without medications that were needed for the continuation of care. She confirmed the medications the facility failed to send with her	F 658	1. On July 22, 2024, Licensed Practical Nurse (LPN) #1 was educated individually by the Director of Nursing (DON) on the therapeutic leave policy and continuation of care during leave. Furthermore, the Director of Nursing (DON) reminded Licensed Practical Nurse (LPN) #1 to send ALL medications, including PRN medications and topical medications found on the order summary. 2. The facility has determined all residents who go out on leave have the potential to be affected or harmed. 3. On July 25, 2024, the Director of Nursing (DON) provided in-service education to all licensed nursing staff on	8/21/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/07/2024

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F 658	Continued From page 1 mother while she was on leave included Aspirin, Basaglar Kwik Pen (insulin), Fiasp Injection insulin, Miralax Powder, Protonix, Silvadene Cream, and Zyrtec Allergy. Resident #1's daughter stated the therapeutic leave had been planned well in advance and she was taking her mother out of the state for a week. The facility was aware the resident was going with her and should have made sure she had all her medications sent with her. On 7/16/2024 at 9:50 AM, in an interview with the Director of Nursing (DON), she revealed Resident #1 went out with family members on 6/23/24. She confirmed Resident #1 and her daughter were not provided some of the resident's medications when she signed out for therapeutic leave. Those medications included Aspirin, Basaglar Kwik Pen, Fiasp Injection insulin, Miralax Powder, Protonix, Silvadene Cream, and Zyrtec Allergy. The DON stated the procedure for residents who sign out for therapeutic leave is that all active medications should be verified with the provider and sent out with the resident to provide a continuation of care while on leave. On 7/16/2024 at 10:35 AM, interview with Licensed Practical Nurse (LPN) #1, stated she was the nurse who put together medications for Resident #1's leave. She revealed the practice was to send the resident out with all active medications that are on the Medication Administration Record (MAR) after verifying with the provider. She revealed Resident #1's family came on 6/23/24 at night and she had given the resident and her daughter the resident's medications. She confirmed the absence of some active medications that the resident was on at the time of leave, included Aspirin, Basaglar Kwik	F 658	the therapeutic leave policy and continuation of care during a therapeutic leave, including all medications on the order summary. The Director of Nursing will continue this identical in-servicing 1 (one) time a month for 3 (three) months (August 22, 2024 & September 19) to ensure this issue does not recur. 4. The Director of Nursing will audit 5 (five) residents who go on therapeutic leave per month for 3 (three) months starting July 22, 2024; ensuring ALL medications are sent with that resident for the allotted time away from the facility. The Director of Nursing will present the results of this audit to the Quality Assurance Performance Improvement committee 1 (one) time a month for 3 (three) months (August 21, 2024, September 18, 2024, October 23, 2024). The Quality Assurance Performance Improvement committee can make changes to ensure the facility remains in compliance.	

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F 658	Continued From page 2	F 658		

Pen, Fiasp insulin, Miralax Powder, Protonix, Silvadene Cream, and Zyrtec Allergy. She revealed it was an oversight on her part and it was not intentional. She revealed that this oversight could have caused adverse outcomes if the resident was unable to get her medications.

A record review of the "Order summary Report" with active orders as of 5/31/24 revealed physician's orders for "Aspirin dated 9/19/23, Protonix dated 1/31/24, Miralax Powder dated 6/8/22, Basaglar Kwik Pen dated 2/12/24, ...Fiasp Injection Solution dated 3/21/24 ..."

Record review of the Order Summary Report with active orders as of 6/30/24 revealed orders for "Silvadene External Cream 1% dated 6/4/24 and Zyrtec Allergy dated 6/5/22.

A record review of Resident #1's MAR for May 2024 revealed Resident #1 required sliding scale (Flasp Injection insulin) coverage for 72 of 124 accucheck results.

A record review of the "Transfer/Discharge Report" revealed the facility admitted Resident #1 on 5/31/22 and she had diagnoses including Diabetes Mellitus and Atrial Fibrillation.