STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255315	A. BUILDING **01 - POPLAR SPRINGS BLDG. 1** B. WING _____	**08/26/2024**

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
K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).	K 000		
K 362 SS=D	Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to protect corridors as per NFPA101 Section 19 3.6.1.1. This deficiency affected 11 of the 86 residents in the facility on the day or survey.	K 362	1. The Nursing Home Administrator will purchase caulk to fill the voids between the wall and the door frames on all resident doors on Long A-Hall. On 08/27/24 the Nursing Home Administrator	9/25/24

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

Electronically Signed | 09/17/2024

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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	255315	A. BUILDING **01 - POPLAR SPRINGS BLDG. 1** B. WING _____	**08/26/2024**

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POPLAR SPRINGS NURSING CTR, LLC	**6615 POPLAR SPRINGS DR MERIDIAN, MS 39305**

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K 362	Continued From page 1 Findings include: On 8/26/24 at 1:15 PM observation revealed the Long A Hall corridor walls and doors were incapable of resisting the passage of smoke in the facility. Observation revealed newly installed frames around the Long A hall corridor doors of the facility.	K 362	and the Maintenance Supervisor assessed Long A-Hall to see how much material is needed to correct/patch/mend the inability of the corridor walls and doors from being incapable of resisting the passage of smoke in the facility. The rest of the facility was also assessed. It was during the assessment on 8/27/24 that revealed all of the corridor walls and doors needed to be caulked/filled to prevent the passage of smoke in the facility. 2. All residents have the potential to be affected by this deficient practice. 3. On 8/27/24 the caulk necessary to fill the void in between the wall and door frames for Long A-Hall were ordered by the Nursing Home Administrator. 4. Beginning 8/29/24 on Long A-Hall the Maintenance Painter began using a scraper to remove the loose debris from around the door frame and wall. He then proceeded to vacuum the area to remove all loosened material. Next, he proceeded to fill the voided area with caulk then smooth it out. The Maintenance Painter completed Long A-Hall on 9/4/24. After completing Long A-Hall, the Maintenance Painter began on the Short A-Hall and Short B-Hall completing the same tasks by 9/12/24. Next the Maintenance painter began completing Long B-Hall and will finish on 9/20/24. Lastly, the Maintenance Painter will work on Poplar Point and complete those rooms on 10/2/24. This will have the entire facility resident rooms completed with corrected/patched/mended by 10/2/24. The Maintenance Supervisor and Nursing Home Administrator will assess Long	

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	255315	A. BUILDING **01 - POPLAR SPRINGS BLDG. 1** B. WING _____	**08/26/2024**

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K 362	Continued From page 2	K 362	A-Hall corridor walls and doors once a week for three weeks beginning 9/11/24 and ending 9/25/24 to ensure the areas have not cracked or become brittle. The Maintenance Supervisor will report the result to the QA committee on 9/25/24. Following the 9/25/24 QA meeting the Maintenance Supervisor will assess Long A-Hall once a month for three months to continually ensure the repair of the inability of the corridor walls and doors from being incapable of resisting the passage of smoke in the facility has been corrected and report the findings during the monthly QA meeting.	