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 _____	11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR SPRINGS NURSING CTR, LLC	6615 P0PLAR 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 an Annual survey at the facility from 11/27/18 to 11/30/18. During the survey, the SA determined the facility was not in compliance with the Medicare and Medicaid Requirements for Participation. The SA cited the deficiency F758. The census at the time of the survey was 89, and the facility was certified for 91 beds.	F 000		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;	F 758		12/28/18

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

Electronically Signed | 12/28/2018

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F 758	Continued From page 1 §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to limit the use of an 'as needed' (PRN) Psychotropic medication to 14 days, for two of five (2) of (5) residents reviewed for unnecessary medications. Residents #32 and #75. Findings include: Review of a typed statement on facility letterhead, dated 11/29/18, and signed by the Director of Nursing (DON) revealed the facility did not have a policy on as needed (PRN) Antipsychotic/Antianxiety medications that reflect the 14-day maximum limit for PRN orders.	F 758	1. The Director of Nursing (DON) and Medical Records nurse began medication reviews for Resident #32 and #75 on 11/27/18 of all psychotropic medication / Pro Re Nata or as needed (PRN) usage. This is in accordance with Centers for Medicare & Medicaid Services (CMS)regulations regarding the proper prescribing of PRN psychotropic medication. The medication reviews will be completed by 12/26/18. The attending physician and prescribing practitioner will be notified by the DON for any changes that need to be made. 2. All facility residents receiving PRN	

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	255315	A. BUILDING _____ B. WING _____	11/29/2018

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F 758	Continued From page 2 Resident #32 Record review of the Physician Orders for November 2018, revealed an order, dated 09/03/18, for Ativan two (2) milligram (mg)/milliliter (ml), inject one (1) mg intramuscularly (IM) every 12 hours as needed (PRN) for agitation/aggressive behavior related to Alzheimer's Disease. The order did not include a 14 day stop date. Review of the Medication Administration Record (MAR), dated 9/1/18-9/30/18, revealed Resident #32 received Ativan 1 mg IM on 9/6/18 and 9/22/18. Review of the October 2018 and November 2018 MARs revealed the Ativan 1 mg IM Q 12 hours PRN was continued on the MARs, but no further doses of the PRN Ativan was documented as given by the nurses. Record review of the Nursing Facility Psychiatric Follow Up Progress Note, dated 9/9/18, by the Psychiatric Mental Health Nurse Practitioner (PMHNP), revealed the following behaviors - Combative at times, refusing care, physical and verbal aggression. Requires frequent redirection. Diagnosis Alzheimer's Disease, Depression, Delusional Disorder. Review of the Pharmaceutical Consultant Report, Psychoactive Gradual Dose Reduction, dated 9/27/18, addressed to the primary Medical Doctor (MD) in regards to the "Ativan 2 mg/ml inject 1 mg IM Q 12 hours as needed (PRN) (need stop date for prn)". MD responded "Refer to psych", and checked the boxes for, "1. Other causes for the symptoms (non-pathological) have been ruled out YES, 2. Symptoms are persistent enough to warrant continuation YES, 3.	F 758	psychotropic medications could potentially be affected by this deficient practice. 3. A new policy was developed on 11/29/18 titled "Use of Psychotropic Drugs" to address changes according to CMS regulations. Furthermore, this policy was added into the companies policy and procedure. The Quality Assurance (QA) committee and Medical Director were involved and agreed with the development of said policy. On 11/27/18 the DON and Medical Records nurse began audits for all residents being prescribed PRN psychotropic medications. The results of the audit will be referred to the attending physician or prescribing practitioner. A directed in-service for all Registered Nurses (RN) and Licensed Practical Nurses (LPN) titled "PRN Psychotropic Medication Use" will be held by the Nursing Home Administrator (NHA) on 12/28/18. Covered items will include the newly developed policy "Use of Psychotropic Drugs" and the CMS In-Service Training Guide "Use of PRN Psychotropic Medication". The covered items will also be reviewed with the Nurse Practitioners and attending physician. 4. The DON or Medical Records nurse will monitor daily for any new PRN psychotropic medications ordered to ensure medication is per companies new policy and procedure. The DON will report any newly prescribed PRN psychotropic	

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	255315	A. BUILDING _____ B. WING _____	11/29/2018

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F 758	Continued From page 3 Non-pharmacological interventions were considered YES, 4. Medication(s) are clinically indicated to manage the symptom YES, 5. Actual benefit is sufficient to justify the potential risk(s) or adverse consequences associated with the selected medication(s) dose and duration. YES." Record review of the Nursing Facility Psychiatric Follow Up Note, dated 11/11/18, by the PMHNP, revealed, "Recommend continue Ativan 1 mg IM q 12 hours prn for 90 days. Rationale For Recommendations: Resident continues to have occasional episodes of agitation, refusing care and combative bx (behavior) during ADL (Activities of Daily Living). Resident may benefit from continued PRN Ativan for agitation." Review of the September 2018, October 2018, and November 2018 MARs had revealed that no further doses on PRN Ativan had been administered. On 11/28/18, at 12:27 PM, during an interview with the DON, she confirmed that Resident #32 had an order for a PRN psychotropic medication (Ativan) that did not include a stop date on the original order dated 9/3/18. She also revealed that she was aware of the regulation for PRN psychotropic medications to only be written for 14 days and then re-evaluated by the MD. She stated that she had just attended a meeting on 11/13/18, that covered that topic and she had not had time to audit all her charts for PRN psychotropic medications. Review of the Minimum Data Set (MDS) Quarterly Assessment with an Assessment Reference Date (ARD) of 10/28/18, revealed that staff assessed the resident's skills for daily decision making as severely impaired.	F 758	medications during the weekly QA meeting. During said meeting, the DON and QA committee will review, discuss, and make recommendations as needed to ensure prescribed medications have been adequately prescribed per companies new policy and procedure until substantial compliance has been achieved. The consulting pharmacist will review all PRN psychotropic medications monthly and recommend any changes to the attending physician or prescribing practitioner.	

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F 758	Continued From page 4 Resident #75 Review of the Physician Orders for 11/2/18, revealed the resident had Ativan 2 mg/ml inject 1 mg intramuscularly (IM) every 12 hours as needed for Anxiety/Agitation related to Anxiety Disorder with a start date of 8/9/17. Review of the Pharmaceutical Consultant Report Psychoactive Gradual Dose Reduction, dated 7/27/18, revealed the Pharmacist had asked for a review of the Ativan 1 mg IM every 12 hours prn, and that the Medical Doctor had indicated on 7/28/18, through checking a box on the form that a dose reduction was not appropriate, and this was the minimal effective dose. Review of the MARs dated 9/1/18, 10/1/18, and 11/1/18, revealed Resident #75 had not received any doses of PRN Ativan. Review of the 10/17/18, Nursing Facility Psychiatric Follow Up Note, by the PMHNP, revealed the PRN Ativan was not addressed in the Plan section. It was documented by the PMHNP that the resident had not exhibited any physically aggressive behavior or threatening behavior reported by the staff. On 11/28/18, at 12:20 PM, during an interview with the DON, she confirmed Resident #75 had an order for a PRN psychotropic medication (Ativan) that did not include a stop date on the original order dated 8/9/17. She stated she had just become aware of the regulation for limiting the timeframe for PRN psychotropic medications to 14 days at a meeting held 11/13/18.	F 758		

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	255315	A. BUILDING **01 - POPLAR SPRINGS BLDG. 1** B. WING _____	**11/30/2018**

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POPLAR SPRINGS NURSING CTR, LLC	**6615 P0PLAR SPRINGS DR** **MERIDIAN, MS 39305**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 12/24/2018

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 **02 - POPLAR SPRINGS NURSING CENTER** B. WING _____	**11/30/2018**

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 11/30/18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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