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 _____	03/16/2023

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 re-certification survey at the facility from 03-13-23 through 03-16-23. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation and cited F550, F695 and F880. The census at the time of the survey was 81 and the facility is licensed for 91.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her	F 550		4/19/23

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

Electronically Signed | 03/29/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 550	Continued From page 1 rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, record review, and facility policy review, the facility failed to provide a privacy cover for a urinary catheter drainage bag for (1) of 20 sampled residents. Resident #80. Findings include: Review of the facility's policy titled, "Maintaining Privacy and Dignity for Residents with Foley Catheter Drainage Bags" with a revision date of 02/16 revealed, " ...Procedure ...The Drainage bag will be maintained in a storage pouch to hide the contents and prevent embarrassment to the resident ..." An observation on 3/14/23 at 3:05 PM, revealed Resident #80 lying in bed, with a catheter drainage bag on the side of the bed facing the resident's room door. There was no privacy cover for the urinary catheter drainage bag. During an observation and interview on 3/14/23 at	F 550	1. On 03/14/23 at 04:30pm the Director of Nursing was notified that the facility had no fig leaf drainage bags in storage. At that time, the DON placed an order for 30 fig leaf drainage bags to be delivered to the facility. Registered Nurse Supervisor was provided a blue plastic urinary drainage bag holder to cover the drainage bag of resident #80 until fig leaf bags could be delivered. On 03/15/23 resident #80 was assessed by Registered Nurse Supervisor to ensure drainage bag remained intact until fig leaf drainage bags were delivered. On 03/16/23 resident #80 was assessed by Registered Nurse Supervisor to ensure drainage bag remained intact until fig leaf drainage bags were delivered. On 03/17/23 the urinary drainage bag for resident #80 was changed to a fig leaf drainage system by Registered Nurse Supervisor to provide for privacy.	

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F 550	Continued From page 2 3:15 PM, with Registered Nurse (RN) #1-Infection Preventionist, she confirmed that Resident #80's catheter drainage bag did not have a privacy cover. She explained that the resident's catheter bag needed to be covered for privacy and dignity. An interview on 3/15//23 at 11:25 AM, with the Director of Nursing (DON), she confirmed that a resident's urine catheter bag would need to be covered for the privacy and dignity of the resident. Record review of the "Admission Record" revealed Resident #80 was admitted to the facility on 01/19/23 with medical diagnoses that included Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/01/23 revealed Resident #80 had a Brief Interview for Mental Status (BIMS) score of 08, which indicated his cognition was moderately impaired. Record review of the "Order Summary Report" revealed Resident #80 had a Physician's Order, dated 2/22/23, for a Foley (Indwelling) catheter.	F 550	2. Any resident receiving indwelling catheterization while in the facility will be provided a fig leaf drainage system to prevent further breach of dignity. 3. Beginning on 03/15/23 The Director of Nursing and/or Infection Prevention Nurse began in-services with licensed and certified nursing staff on facility policies for Maintaining Privacy and Dignity for Residents with Foley Catheter Drainage Bags. 4. The Infection Preventionist and/or the Director of Nursing will observe validation of 2 residents for proper maintenance of privacy and dignity twice a week times 3 months beginning 3/16/23. This plan of correction Will be brought to the Quality Assurance meeting on 04/19/23 by the Director of Nursing. The Administrator or Director of Nursing will continue to report findings monthly to the Quality Assurance Committee times 3 months to ensure consistent substantial compliance has been met.	
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences,	F 695		4/19/23

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F 695	Continued From page 3 and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff, resident and resident representative interview, record review and facility policy review the facility failed to provide storage bags for oxygen cannulas and nebulizer masks for three (3) of 23 residents receiving respiratory treatment. Resident's #11, #61 and #74 Findings include: Review of the facility's policy, "Nebulizer and Oxygen Tubing Storage Policy", dated April 2007, revealed, " ...It is the policy of this facility to decrease the risk of potential and/or direct exposure to infectious diseases, air contaminants, and bacterial exposure. We will provide our residents with the proper storage and cleaning of respiratory equipment ... The facility will replace all respiratory tubing's weekly. These tubings will be dated and stored in a dated plastic bag when not in use ..." Resident #11 On 03/13/23 at 04:12 PM, during an observation, Resident #11 had an Oxygen (O2) nasal cannula (NC) hanging on the bed's side rail and a nebulizer mask lying on the foot of the bed. The NC and the nebulizer mask were not stored in a storage bag. An interview on 03 /13/ 23 at 4:30 PM with Resident #11 revealed that the staff sometimes in the past had bags for oxygen and nebulizers, but they have not had them in a very long time.	F 695	1. On 03/14/23 at 04:30pm the Registered Nursing Supervisor checked all resident rooms with an order for nebulizers and/or Oxygen treatments to ensure all equipment is cleaned and stored according to protocol. 2. Any resident receiving Nebulizer and Oxygen therapy have the potential to be affected. 3. Beginning on 03/15/23 The Director of Nursing and/or Infection Prevention Nurse began in-services with all Certified and Licensed Nursing Staff on facility policies for Nebulizer and Oxygen Tubing Storage Policy. 4. Beginning on 3/16/23 the Infection Preventionist and/or the Director of Nursing will observe validation for proper storage of Nebulizer and Oxygen tubing and masks on 10 residents once per week times 3 months. This plan of correction will be brought to the Quality Assurance meeting on 04/19/23 by the Director of Nursing. The Administrator or Director of Nursing will continue to report findings monthly to the Quality Assurance Committee times 3 months to ensure consistent substantial compliance has been met.	

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F 695	Continued From page 4	F 695		

Record review of the "Order Summary Report" for Resident #11 revealed a Physician's Order, dated 12/21/2022, to "Change neb (nebulizer) tubing weekly Wednesday ...new storage bag when changed ..."

Record review of the "Admission Record" revealed the facility admitted Resident #11 on 7/28/2021 with diagnoses including Chronic Obstructive Pulmonary Disease and Type 2 Diabetes Mellitus.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/30/23 revealed Resident #11 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated she was cognitively intact.

Resident #61

An observation on 03/13/23 at 11:01 AM, revealed Resident #61's oxygen NC and nebulizer mask were not stored in a storage bag. The oxygen NC was draped on the concentrator and the nebulizer mask was laying on top of the nebulizer machine on the bedside table.

An observation on 3/14/23 at 2:45 PM, revealed Resident #61 was wearing oxygen, but there was no bag in the room for storage. The Resident Representative (RR) stated that when the resident removes her oxygen, she just puts it on the bed. Resident #61's nebulizer mask was lying on top of the nebulizer machine, not in a storage bag. The RR was in the room and stated that normally there is not a bag in the room, but there was this morning.

Record review of the "Order Summary Report" for

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F 695	Continued From page 5	F 695		

Resident #61 revealed a Physician's Order, dated 7/10/20, to "Change Neb/O2 tubing weekly on Wednesday ...new storage bag when changed ..."

Record review of the "Admission Record" revealed the facility admitted Resident #61 on 10/04/22 with diagnoses that included Heart Failure and Chronic Obstructive Pulmonary Disease.

Record review of the Quarterly MDS with an ARD of 12/26/2022 revealed Resident #61 had a BIMS score of 13 which indicated she was cognitively intact.

Resident #74

An observation on 03/13/23 at 10:15 AM, revealed Resident #74's nebulizer mask was lying on top of a nebulizer machine on a bedside table. The nebulizer mask was not stored in a storage bag.

Record review of the "Order Summary Report" for Resident #74 revealed a Physician's Order, dated 3/08/23, to "Change Neb/O2 tubing weekly on Wednesday .... new storage bag when changed ..."

Record review of the "Admission Record" revealed the facility admitted Resident #74 on 12/01/22 with diagnoses that included Chronic Obstructive Pulmonary Disease, Unspecified Asthma, and Generalized Anxiety Disorder.

Record review of the Admission MDS with an ARD of 12/8/2022 revealed Resident #74 had a BIMS score of 07 which indicated she had moderate cognitive impairment.

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F 695	Continued From page 6	F 695		

In an interview on 03/14/23 at 3:01 PM, with Licensed Practical Nurse (LPN) #3, she stated that the oxygen cannulas and nebulizer masks should be stored in a zip lock bag, dated, and labeled to prevent them from getting contaminated.

An interview on 3/14/23 at 3:10 PM, with Registered Nurse (RN) #2, she confirmed the oxygen cannulas and nebulizer masks were not stored in a zip lock bag yesterday, but they should have been. She stated they put them in bags this morning. She explained that the charge nurse and the cart nurse are responsible for making sure the cannulas and masks are stored properly. The cannulas and masks should be stored in bags because something could get spilled on them, they could get dropped on the floor, or touched by people that could cause contamination.

An interview on 3/14/23 at 3:15 PM, with the Director of Nursing (DON), revealed the oxygen cannulas and nebulizer mask should be bagged when not in use due to bacteria and contamination.

An interview on 03/16/23 at 09:39 AM, with the Administrator (ADM), confirmed the staff was not following the facility policy if they were not storing oxygen equipment in a plastic bag.

An interview on 03/16/23 10:25 AM, with RN #1/Infection Preventionist, revealed the respiratory equipment not being in a bag is an infection control issue and storing it in a bags cuts down on the possibility of bacteria getting on them.

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F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F 880		4/19/23

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	255315	A. BUILDING _____ B. WING _____	03/16/2023

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F 880	Continued From page 8 (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, record review and facility policy review the facility failed to prevent the possible spread of infection as evidenced by staff not properly wearing face masks, covering the nose and mouth and not performing hand hygiene between each meal tray passed and tray set up for one (1) of four (4) days of survey. Findings Include:	F 880	1. On 03/13/23 at 02:30pm the Assistant Director of Nursing in-serviced Licensed Practical Nurses with return demonstration received on proper use of Personal Protective Equipment according to policy. 2. All residents and staff have the potential to be affected by improper use Personal Protective Equipment and/or Hand Hygiene.	

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	255315	A. BUILDING _____ B. WING _____	03/16/2023

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F 880	Continued From page 9 Review of the facility's policy, "Hand Sanitizing Procedure", revised 06/2018, revealed, " ...It is the policy of this facility to use hand sanitizer ...as a substitute between hand washing when hands are not visibly soiled or dirty. Hand sanitizer will be used between each meal tray passed and tray set up ..." Review of the facility's policy, "Interim COVID-19 Visitation Policy", revised 09/22, revealed, " ...Policy Explanation and Guidelines ...4. The core principles of COVID-19 infection prevention will be adhered to as follows... f. A face covering or mask (covering the mouth and nose) in accordance with Centers for Disease Control (CDC) guidance ...i. Staff will adhere to the appropriate use of personal protective equipment (PPE) ..." An observation and interview on 3/13/23 at 10:05 AM, revealed Licensed Practical Nurse (LPN) #1 was standing at her medication cart in the hallway with her face mask pulled down below her chin, not covering her mouth or nose. During an interview at this time with LPN #1, she revealed she should have had her mask pulled up over her nose and that it was the facility's policy that the staff wear masks properly to prevent the spread of infection. An observation and interview on 3/13/23 at 10:08 AM, revealed Housekeeping Staff #1 in the hallway delivering clean clothes to resident rooms. Her face mask was below her chin and did not cover her mouth and nose. On interview, Housekeeping Staff #1 confirmed that it was the policy of the facility that the staff wear mask appropriately to prevent the spread of infection. She stated, "I had a coughing spell and pulled it	F 880	3. The Director of Nursing, Infection Prevention Nurse, QA Committee and Our Governing Body started the root cause analysis on 3/16/23 to potentially alleviate the problem from reoccurring. 3/17/23 the Infection Prevention Nurse began showing the two CDC videos Module 6A: Principles of Standard Precautions and Module 7: Hand Hygiene to all staff and contract people in the facility. Everyone has until 4/5/23 to view, complete the pre-test, training and post-test for these videos. If staff or contract personnel do not watch the videos they will not be allowed to work or perform any duties for the facilities until said task is completed. Furthermore, on 3/17/23 the Infection Prevention Nurse started hand washing competencies for all staff to ensure proper hand hygiene is utilized. Beginning on 03/13/23 The Assistant Director of Nursing and/or Infection Prevention Nurse began in-services on facility policies for Interim COVID-19 Visitation Policy. 4. The Infection Preventionist and/or the Assistant Director of Nursing on 3/17/23 began observing validation for proper use of Personal Protective Equipment for 10 employees twice a week times 3 months. This plan of correction will be brought to the Quality Assurance meeting on 04/19/23 by the Director of Nursing. The Administrator or Director of Nursing will continue to report findings monthly to the Quality Assurance Committee times 3 months to ensure consistent substantial	

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F 880	Continued From page 10 down". An observation and interview on 3/13/23 at 11:40 AM, revealed Certified Nurse Assistant (CNA) #1 delivered lunch trays to resident rooms and did not perform hand hygiene between each meal tray passed. Her face mask was pulled below her nose and did not cover her mouth and nose. This observation then revealed that CNA #1 entered the dining room on the B hall, set up three residents lunch trays and then sat down and started feeding an Unsampled Resident without performing hand hygiene and her face mask was not covering her nose. An interview at this time with CNA #1 confirmed that she should have her mask pulled up over her nose. She stated, "It keeps slipping down". She confirmed that she did not perform hand hygiene before delivering meal trays to residents rooms or before feeding the resident. She revealed it is the policy of the facility that she is to perform hand hygiene before and after delivering meal trays and before feeding a resident. She confirmed it is the policy of the facility that staff are to wear mask. She stated, "I'll go wash my hands now". She explained the purpose of wearing the face mask was to prevent the spread of COVID-19 and the purpose of handwashing was to prevent the spread of germs for the residents. In an interview on 3/14/23 at 11:03 AM, with Registered Nurse (RN) #1/Infection Preventionist, she confirmed that all staff and visitors are supposed to wear a face mask over their nose and mouth to prevent the spread of all kinds of things such as COVID-19 and the flu. In an interview on 3/14/23 at 11:15 AM, with RN #3/Staff Development, she confirmed that it is the	F 880	compliance has been met.	

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	255315	A. BUILDING _____ B. WING _____	03/16/2023

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F 880	Continued From page 11	F 880		

policy of the facility that staff are to wear their mask and perform hand hygiene when feeding a resident. She confirmed that in-services had been conducted by the facility on handwashing and wearing face masks.

In an interview on 3/15/23 at 3:15 PM, with the Director of Nurses (DON), she confirmed that it is the policy of the facility that staff are to wear a face mask over their nose and mouth and hand hygiene should be performed before feeding a resident. She revealed that the purpose of wearing face masks is to prevent the spread of droplets, germs, and bacteria that contain COVID-19, flu, and other things.

In an interview on 3/16/23 at 8:30 AM, with the Administrator and the DON, revealed that in-services, such as handwashing and wearing face masks, are mandatory for all staff. The DON stated that some of their staff work at their sister facilities, and they sometimes attend the mandatory in-service at one of those facilities.

Record review of the facility's "In-Service Training" revealed on 7/14/22, the facility provided training on Hand Hygiene, on 8/4/22 the facility provided training on Hand washing and mask, on 11/14/22 the facility provided training on Hand hygiene, on 12/7/22 the facility provided training on Hand Hygiene, and on 1/23/23 the facility provided training on Donning and Doffing PPE and Handwashing.