

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255315	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - POPLAR SPRINGS BLDG. 1 B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2023
NAME OF PROVIDER OR SUPPLIER POPLAR SPRINGS NURSING CTR, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 374 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observations and testing, the facility failed to provide 20-minute fire resistance rating smoke barrier door in accordance with NFPA 101 sections 19.3.7.6, 19.3.7.8, 19.3.7.9. This deficiency affected two (2) of five (5) smoke compartments and 28 of 80 residents in the facility on the day of survey. Upon activation of the fire alarm system on	K 374	1) The day of 3/14/23 the Nursing Home Administrator and Corporate Maintenance Supervisor went to the A & B Hall smoke barrier doors to assess the situation. 2) Upon inspection of the floor and tract there were some rocks/pebbles and dirt which were getting in the way of the door closing properly. 3) After the inspection the Nursing Home Administrator and Corporate Maintenance Supervisor cleaned the floor area as well		3/29/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/29/2023

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255315	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - POPLAR SPRINGS BLDG. 1 B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2023
NAME OF PROVIDER OR SUPPLIER POPLAR SPRINGS NURSING CTR, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 374	Continued From page 1 3/14/23 at 11:20 AM, observation revealed the A & B Hall smoke barrier doors did not close to positive latching position. The A & B Hall smoke barrier doors were incapable of resisting the passage of smoke throughout the facility. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 3/14/23.	K 374	as the floor tract area and removed all foreign debris. 4) Lastly, the Nursing Home Administrator and Corporate Maintenance Supervisor did a fire watch and carefully watched to ensured all smoke barrier doors were closing and latching to a positive position. They did this drill three times to ensure the A & B Hall smoke barrier door was functioning properly. 5) The housekeepers and staff were informed of the importance keeping the debris/foreign objects out of the closing area of the doors.		