

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Poplar Springs Nursing Ctr, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6615 Poplar Springs Dr Meridian, MS 39305	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>47873</p> <p>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.</p> <p>Findings Include:</p> <p>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 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.</p> <p>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.</p> <p>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 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.</p> <p>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 .</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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.</p> <p>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.</p>