

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/17/2026	
NAME OF PROVIDER OR SUPPLIER POPLAR SPRINGS NURSING CTR, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 6615 POPLAR SPRINGS DR , MERIDIAN, Mississippi, 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
M0000	<p>Initial Comments</p> <p>The State Agency (SA) conducted Complaint Investigations (CIs), MS #3037481 and MS #3027959, at the facility on 6/17/26. MS #3037481 was a facility reported incident (FRI) related to accidents, death, and Quality of Care/Treatment. MS #3027959 was investigated for Quality of Care/Treatment, misappropriation, and neglect. During the survey, the SA determined the facility was in compliance with the requirements of participation in Medicare and Medicaid and there were no deficiencies cited.</p>			M0000			

Office of Primary Care and Health Systems Management

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