

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255315		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/02/2026	
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
F0000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI MS #3049790), at the facility on 9/2/26. CI MS #3049790 was investigated related to accidents and quality of care. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid, and the facility was cited F656 and F677. The facility held a license for 89 beds, with a census of 84.			F0000			
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.			F0656			

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 reverse for further 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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F0656 SS = D	<p>Continued from page 1</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to implement a comprehensive person-centered care plan intervention to assist a resident identified as being at risk for pressure ulcer formation with turning and repositioning every two (2) hours and as needed for one (1) of three (3) residents reviewed for comprehensive care-plan implementation. Resident #1.</p> <p>Findings include:</p> <p>A review of the facility's policy titled, "Care Plans-Comprehensive," dated 10/2016, revealed, "An individualized (person centered) comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident...10. The resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments. When such refusals are made, appropriate documentation will be entered into the resident's clinical records in accordance with established policies."</p> <p>A record review of Resident #1's "Admission Record" revealed the facility admitted the resident on 03/19/2026 with diagnoses including Secondary Malignant Neoplasm of the Bone, Secondary Malignant Neoplasm of the Right Lung, Secondary Malignant Neoplasm of the Brain, Osteolysis, Long-Term Use of Insulin, and Peripheral Vascular</p>	F0656					

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F0656 SS = D	<p>Continued from page 2 Disease.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/18/2026 revealed a Brief Interview for Mental Status (BIMS) Summary Score of 14, which indicated the resident was cognitively intact.</p> <p>A record review of Resident #1's "Documentation Survey Report v2" for 09/02/2026 revealed no documentation that Resident #1 was turned or repositioned every two (2) hours between 8:00 AM and 4:00 PM. The report did not identify documentation that Resident #1 refused turning or repositioning during this period.</p> <p>A record review of Resident #1's "Kardex" in the facility's computerized medical record, as of 09/02/2026, revealed the resident required extensive assistance of two (2) staff for repositioning and turning in bed and directed staff to assist the resident with turning and repositioning every two (2) hours and as needed.</p> <p>A record review of Resident #1's "Care Plan Report" revealed a focus, initiated 05/07/2026, which identified Resident #1 as being at risk for pressure ulcer formation related to cancer, poor intake, and lying in bed. An intervention, initiated 05/08/2026, directed staff to assist the resident with turning and repositioning every two (2) hours and as needed.</p> <p>On 09/02/2026, during observations from 12:10 PM through 4:00 PM, Resident #1 was observed positioned on his right side with positioning wedges and an air mattress in place. During subsequent observations at 1:45 PM, 2:20 PM, 3:10 PM, and 4:00 PM, Resident #1 remained positioned on his right side with no observed change in position.</p> <p>On 09/02/2026 at 3:22 PM, during an interview, Certified Nurse Assistant (CNA) #1 stated Resident #1 had received his bath earlier that day, prior to 12:00 PM, but throughout the day Resident #1 would refuse repositioning. CNA #1 stated Resident #1 should be turned and repositioned every two (2) hours, if not more frequently, according to his Kardex in the computerized charting.</p> <p>On 09/02/2026 at 4:00 PM, during an interview, Registered Nurse (RN)/MDS Coordinator #1 stated nursing staff and CNAs were expected to follow each resident's individualized care plan and notify the interdisciplinary team when revisions were needed.</p>			F0656			

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F0656 SS = D	Continued from page 3 On 09/02/2026 at 4:45 PM, during an interview with the Director of Nursing (DON), she confirmed Resident #1's individualized care plan identified him as being at risk for pressure ulcer formation and required staff to assist with turning and repositioning every two (2) hours and as needed. The DON confirmed nursing staff and CNAs were expected to follow and implement the resident's care plan. She further confirmed that if Resident #1 refused repositioning, staff were expected to document the refusal and continue to offer repositioning. The DON confirmed the clinical record did not demonstrate that staff implemented Resident #1's care-planned intervention for turning and repositioning every two (2) hours on 09/02/2026.			F0656			
F0677 SS = D	<p>ADL Care Provided for Dependent Residents</p> <p>CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to provide necessary Activities of Daily Living (ADL) assistance with turning and repositioning for one (1) of three (3) residents observed for ADL care. Resident #1</p> <p>Findings include:</p> <p>A review of the facility's policy titled, "ADL Care Policy", dated 8/23, revealed "It is the policy of this facility to provide appropriate treatment and services in relation to ADL (Activities Daily Living) care to residents to ensure all ADL needs are met on a daily basis, while attaining or maintaining the residence of highest, practicable, physical, mental, and social well-being."</p> <p>A record review of the "Admission Record" revealed Resident #1 admitted to the facility on 03/19/2026 diagnoses including Malignant Neoplasm of the Bone, Right Lung, Brain, Osteolysis, Long Term Use of Insulin, and Peripheral Vascular Disease.</p> <p>A record review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/18/2026, revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. Section GG revealed</p>			F0677			

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F0677 SS = D	<p>Continued from page 4 the resident required substantial/maximal assistance to roll left and right.</p> <p>A record review of Resident #1's "Documentation Survey Report v2" for 09/02/2026 revealed no documentation that Resident #1 was turned or repositioned every two (2) hours between 8:00 AM and 4:00 PM. The report did not identify documentation that Resident #1 refused turning or repositioning during this period.</p> <p>A record review of Resident #1's "Kardex" in the facility's computerized medical record, as of 09/02/2026, revealed the resident required extensive assistance of two (2) staff for repositioning and turning in bed and directed staff to assist the resident with turning and repositioning every two (2) hours and as needed.</p> <p>During observations on 09/02/2026, from 12:10 PM through 4:00 PM, Resident #1 was observed positioned on his right side with positioning wedges and an air mattress in place. During subsequent observations at 1:45 PM, 2:20 PM, 3:10 PM, and 4:00 PM, Resident #1 remained positioned on his right side with no observed change in position.</p> <p>During an interview on 09/02/2026 at 3:22 PM, Certified Nurse Assistant (CNA) #1 stated Resident #1 had received his bath earlier that day, prior to 12:00 PM, but throughout the day Resident #1 would refuse repositioning. CNA #1 stated Resident #1 should be turned and repositioned every two (2) hours, if not more frequently, according to his Kardex in the computerized charting.</p> <p>During an interview on 09/02/2026 at 4:30 PM, the complainant stated she arrived at the facility at approximately 11:40 AM and found her brother positioned on his right side. She stated the resident was clean and had recently received a bath. The complainant stated she remained at the facility through 4:00 PM and did not observe staff turn or reposition the resident during that time. She stated one CNA entered the resident's room during that period but did not turn or reposition him.</p> <p>During an interview on 09/02/2026 at 4:45 PM, the Director of Nursing (DON) stated Resident #1 required extensive assistance of two (2) staff for turning and repositioning and was to be turned and repositioned every two (2) hours and as needed according to the Kardex. The DON confirmed staff were expected to provide the required repositioning and document the care provided. She further confirmed that if Resident #1 refused repositioning,</p>			F0677			

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F0677 SS = D	Continued from page 5 staff were expected to document the refusal and continue to offer the care. The DON confirmed the clinical record did not demonstrate that Resident #1 was turned or repositioned every two (2) hours during the identified period on 09/02/2026.			F0677			