

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 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	
M0000	Initial Comments		M0000				
M0610	<p>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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The facility was cited M500.</p> <p>45.21.2 Activities of daily living</p> <p>Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:</p> <ol style="list-style-type: none"> 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. <p>This LICENSURE 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>		M0610				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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M0610	<p>Continued from page 1</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 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</p>			M0610			

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M0610	<p>Continued from page 2</p> <p>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, 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.</p>			M0610			