

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2026
NAME OF PROVIDER OR SUPPLIER Lakeland Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3680 Lakeland Lane Jackson, MS 39216	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interviews and facility policy review the facility failed to ensure a clean, orderly homelike environment for two (2) of four (4) sampled residents. Resident #1 and Resident #2. Findings included: Record review of the facility policy titled, Homelike Environment with Revision Date February 2021, revealed Policy Statement: Residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximize the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary and orderly environment. On 1/26/26 at 1:40 PM, during an interview with Housekeeper #1 revealed that housekeeping conducted a deep cleaning of all rooms prior to admission of new residents. On 1/26/26 at 2:00 PM, observation and interview with Resident #1 in her room revealed a urine collection device on the floor of the resident's bathroom, and a one and a half (1 1/2) inch by one half (1/2) inch hole in the drywall above the light. There were six (6) cracked linoleum tiles ten feet from the door on the right side of the room upon entrance. Resident #1 stated that she was at the facility for therapy and was not impressed with housekeeping services. On 1/26/26 at 2:15 PM, an interview with the Housekeeping Supervisor in the room of Resident #1 revealed that the blackish brown discolored areas of floor needed to be cleaned with stripper and scraper. She further confirmed that the baseboards in the rooms of Residents #1 and #2 were dust covered. She confirmed that substances easily removed by water and tissue should have been cleaned by housekeepers. She stated that missing plaster and broken floor tiles would have to be repaired by maintenance. On 1/26/26 at 3:00 PM, observation and interview with Resident #2 in her room revealed there as a three-inch piece of the bathroom door frame and the threshold piece of the floor between the resident's room and her bathroom were missing. There was a wall mounted hand sanitizer dispenser in her room that was dust covered. On the wall to the right facing the door from inside the room there were twenty-four (24) pinpoint brown spots and a one (1) inch long by one-eighth (1/8) inch brown streak and two (2) three (3) inch by one-eighth-inch streaks below the hand sanitizer dispenser. The base boards around the entire room were discolored and dusty with substance that wiped off easily with water and tissue. The floor behind the room's door was discolored with brown to black substance in the corner. The exposed plumbing pipes under the sink in the resident's bathroom were partially covered by polyfoam cover with one (1) inch by one-half (1/2) inch area of dark brown substance. There was a six (6) inch by (1) inch area of drywall missing in the resident's bathroom. Resident #2 stated that the housekeepers came in each day but didn't do a very thorough job. She stated that she was able to do some putting away but was not able to do a lot and that staff were not conscientious about putting her belongings away. There were clothing and other items scattered on all surfaces of the room. Resident #2 stated that she was surprised by the overall lack of cleanliness and maintenance of the room and bathroom because the front entrance of the facility was neat, clean and attractive. On 1/27/26 at 3:40 PM, during an interview the Administrator revealed</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2026
NAME OF PROVIDER OR SUPPLIER Lakeland Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3680 Lakeland Lane Jackson, MS 39216	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>that she was aware of maintenance and housekeeping needs in resident rooms. She stated that the facility had undergone a change of management and there were plans in place for painting, and plaster and floor repair and replacement were needed. Resident #1 Record review of the admission Record for Resident #1 revealed the facility admitted the resident on 1/12/26 with diagnoses that included type 2 diabetes, hypertension and acute kidney failure. Record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/19/26 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. Resident #2 Record review of the admission Record for Resident #2 revealed the facility admitted the resident on 12/30/25 with diagnoses of diabetes and hypertension. Record review of the 5-Day MDS with an ARD of 1/06/26 revealed a BIMS score of 14 indicating the resident was cognitively intact.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2026
NAME OF PROVIDER OR SUPPLIER Lakeland Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3680 Lakeland Lane Jackson, MS 39216	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interviews and facility policy review the facility failed to provide palatable food at an appetizing temperature for two (2) of four (4) sampled residents. Resident #1 and Resident #2. Findings included:Record review of the facility policy Assisting the Resident with In-Room Meals with a revised date of 2013 revealed .6. Check that hot foods are hot.On 1/26/26 at 2:00 PM, during an interview Resident #1 stated that she ate her meals in her room and they were usually cold, or too cool to be enjoyable. She said that staff told her that her meals were not hot because she was the last served due to the location of her room. On 1/26/26 at 3:00 PM, during an interview with Resident #2 in her room, she reported that she ate in her room and her meals were never served hot, she said she ate the meals without them being replaced or heated because I'm going home this week.On 1/27/26 at 11:20 AM, observation in the kitchen revealed that as the cook prepared the resident meals the dietary aid placed the plates on trays and placed insulated dome-covers on the plates without the insulated base, also known as the heat-keeper base or underliner. Nine (9) of (25) meals prepared and placed on trays and onto carts had insulated dome-covers that did not fully cover the plate and left the plate and its contents not completely covered to conserve heat, including the meal of Resident #1. Six (6) of the (25) plates were covered by heat-keeper bases instead of dome-covers, including that of Resident #1. On 1/27/26 at 12:44 PM, during an interview with the Dietary Aide and the Dietary Supervisor revealed they were unable to explain why they used heat-keeper bases instead of covers for (6) of the (25) meals prepared to be transported to and served to residents in their rooms. The Dietary Supervisor stated that the facility did not have enough of the heat-keeper bases for all residents who ate in their rooms.On 1/27/26 at 3:40 PM, during an interview the Administrator revealed she did not know why the dietary staff were not using insulated bases/heat-keeper bases for meals served to residents in their rooms. She stated that she had not been notified of a shortage of insulated heat keeper components, domes or bases. Resident #1Record review of the admission Record for Resident #1 revealed the facility admitted the resident on 1/12/26 and the resident had diagnoses of type 2 diabetes, hypertension and acute kidney failure.Record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/19/26 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #2Record review of the admission Record for Resident #2 revealed the facility admitted the resident on 12/30/25 with diagnoses that included diabetes and hypertension. Record review of the 5-Day MDS with an ARD 1/06/26 revealed a BIMS score of 14, which indicated the resident was cognitively intact.</p>		