| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255116 | A. Building<br>B. Wing | 04/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lakeland Community Care Center | 3680 Lakeland Lane<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0576<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure residents have reasonable access to and privacy in their use of communication methods.<br><br>Based on observation, interview, record review and facility policy review, the facility failed to ensure the residents' rights to access the use of a telephone privately for one (1) of six (6) sampled residents. Resident #1Findings Include:Record review of the facility policy Resident Rights revised December 2016 revealed . 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to.cc. access to a telephone, mail and email; dd. communicate in person and by mail, email and telephone with privacy.Record review of the admission Record for Resident #1 revealed the facility admitted the resident on 12/18/24 and the resident had diagnoses of Sjogren syndrome, rheumatoid arthritis, chronic kidney disease, and morbid obesity.On 4/21/26 at 11:00 AM, during an interview Resident #1 reported that she had dropped and broken her personal cellular telephone, which she had used for private communication. She reported that the facility did not have any telephone that was convenient for her to use for private communication. She reported that there were plans for having her cellular telephone repaired, but it had not been returned to her yet. She stated that no staff had offered her the use of a staff office or any other mechanism for private communication and she was upset because she was accustomed to having a telephone to keep in touch with her significant other who had cancer and was unable to visit her at the facility.On 4/21/26 at 11:50 AM, during an observation it was revealed there was no cordless telephone for use by residents on the 100 Hall of the facility.On 4/21/26 at 12:00 PM, during an interview the Director of Nurses (DON) confirmed that the facility did not have a method to provide residents with the ability to have private communication without first making arrangements or an appointment to use a staff office. She explained that the facility did have cordless telephones but that the range did not reach South Hall.On 4/21/26 at 12:20 PM, during an interview the Social Services Director (SSD) revealed there were no cordless telephones available at the South Hall nurses' station which could be taken to residents' rooms for private use by residents. She confirmed that Resident #1 broke her cellular telephone last week and she asked the SSD to take the phone to a nearby business that repairs cellular telephones. She stated her sister sent money to pay for the repair and Resident #1 was awaiting the return of the repaired telephone. She stated that she was aware that the resident was close to her significant other who could not visit the facility due to illness.On 4/21/26 at 3:45 PM, during an interview the Administrator confirmed that the facility did not have a method to provide residents on South Hall with the ability to have private communication without first making arrangements or an appointment to use a staff office, and confirmed that it was a guaranteed resident right to have access to a private communication method. |

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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| 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 04/22/2026 |
|---|---|---|---|
| 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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>Based on observation, interview, record review, and facility policy review, the facility failed to provide assistance with activities of daily living (ADLs) to maintain personal hygiene for one (1) of six (6) sampled residents. Resident #2. Findings Included:Record review of the facility policy Activities of Daily Living (ADLs), Supporting revised March 2018 revealed .Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene .Record review of the admission Record for Resident #2 revealed the facility admitted the resident on 12/09/25 with diagnoses that included heart failure, chronic kidney disease and hypertension.Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/11/26 revealed a Brief Interview for Mental Status (BIMS) score of 12 which indicated moderate cognitive impairment, was always incontinent of bowel and bladder and the resident required substantial/maximal assistance for personal hygiene and was dependent for toilet hygiene.On 4/22/26 at 1:42 PM, during a telephone interview with the complainant, she revealed she had concerns related to a complaint reported to her by Resident #2 that he had difficulty getting staff to provide assistance with activities of daily living.On 4/22/26 at 3:30 PM, during an observation and an interview with Resident #2, accompanied by Licensed Practical Nurse (LPN) #2, revealed Resident #2 reported that he had difficulty getting assistance with ADLs. Observation revealed the resident had ten long, dirty fingernails that protruded 3.0 to 3.5 millimeters past the end of his fingers with black substance beneath all fingernails. Resident #2 stated, They need cleaning and cutting/ They are too long.On 4/22/26 at 3:35 PM, during an interview with LPN #2 revealed she characterized the resident's fingernails as too long and dirty and said that his fingernails need to be cleaned and trimmed. She confirmed that nursing staff were responsible for checking each resident's fingernails daily during care and weekly during body audits and were also responsible for provision of fingernail care as part of ADLs. She confirmed that long, dirty, unkempt fingernails had the potential of causing damage or scratches to the resident's skin.On 4/22/26 at 4:00 PM, during an interview the Director of Nurses (DON) revealed she was not aware that Resident #2 had any complaints regarding lack of care. She confirmed that she expected the ADLs for all residents' dependent on staff for personal hygiene to be maintained and provided as needed. She stated that only licensed nurses could trim fingernails for some residents, but any nursing staff could clean under resident fingernails. On 4/22/26 at 4:15 PM, during an interview the Administrator confirmed that personal hygiene and grooming were part of resident ADLs, and that she expected all ADLs for all residents who were dependent on staff to be provided by the staff. |