STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255116	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Community Care Center	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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure personal funds that were deposited with the facility were returned within (30) days of discharge for one (1) of six (6) sampled residents. Resident #1.Findings Included:Record review of the Transaction Report dated 6/16/26 for 11/01/25 through 7/16/26 revealed the resident had a credit balance of $580.07.Record review of the Trust Statement dated 2/28/26 for Resident #1 revealed that she had an Opening Balance of $178.00 with one debit on 2/10/26 for $21.00 for Shampoo, Cut & Style (in-facility beauty shop service) leaving a Closing Balance of $157.00.On 6/15/26 at 3:40 PM, during an interview the Administrator explained that Resident #1 was cared for by the facility 11/14/25 through 11/30/25 at no charge to the resident. She said that in January 2026 the resident paid $3,173.92 and should have paid $3,343.97. She said that the resident's account was charged $119.42 for the eight days she resided at the facility which left a credit balance of $573 due to the resident which had not been paid, along with the $157.00 that remained in her trust account.On 6/16/26 at 3:00 PM, during an interview the Business Office Manager (BOM) confirmed that she had not issued payment for the remaining balance of the resident's trust fund account and that $157.00 was due to the resident since her discharge on [DATE]. She confirmed that she had not been instructed to issue any refund to the resident.On 6/16/26 at 3:33 PM, during an interview the Complainant stated that he thought the facility owed Resident #1 the money from her resident trust fund account and a refund of the money left on her account. He said he had spoken with facility staff regarding the balance owed Resident #1 but could not remember whom he spoke. Record review of the admission Record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses that included hypertension, macular degeneration, depression and pain.Record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/09/26 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.

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