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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37415 Based on observation, interview, record review, and facility job description review, the facility failed to ensure the residents' right to a homelike environment for one (1) of eighteen (18) sampled residents, Resident #5. Findings included: A review of the facility's Job Description, dated 08/01/2012, for the Director of Maintenance revealed, . General Description .the Director of Maintenance . is accountable for the upkeep of the grounds, Facility, and equipment in a safe and efficient manner .Essential Duties 1. Provides a safe, clean environment for residents in accordance with Resident Care Policies and Procedures . On 01/27/2025 at 3:26 PM, during an observation, Resident #5 was seated in her wheelchair in her room. The resident was confused but able to make simple needs known. The linoleum flooring in the resident's room was torn and folded back under the resident's wheelchair. The flooring was also buckling up under the resident's bed. On 01/27/2025 at 4:00 PM, during an interview, Resident #5's sister stated that the resident's flooring had been torn for several months. She reported that she had complained to the nursing staff and the Administrator because she felt the flooring was a fall risk. On 01/28/2025 at 4:05 PM, during an interview, Certified Nursing Assistant (CNA) #3 stated that the flooring had been in ill repair for at least a month. CNA #3 explained that when housekeeping mopped the floor, they laid the torn flooring back down, but the edges lifted again within a day. CNA #3 also stated that she had reported the issue to the Maintenance Director. On 01/28/2025 at 4:15 PM, during an interview, Licensed Practical Nurse (LPN) #5 stated that the floor had been torn for as long as he could remember. He noted that the sharp edges at the base of the bed continued to rip the flooring each time the bed was moved. He stated that he had placed the information on the clipboard at the nurse's station for the Maintenance Director. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255116	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 01/28/2025 at 4:35 PM, during an interview, the Maintenance Director stated that he had known about the torn flooring for about a month. He reported that he had installed the linoleum flooring approximately a year ago. He stated that he was the only maintenance staff in the facility and had not had the opportunity to repair the floor. The Maintenance Director confirmed that the torn linoleum presented a potential fall hazard for the resident. On 01/28/2025 at 4:40 PM, during an observation and interview, the Administrator confirmed the linoleum in Resident #5's room was torn. The Administrator stated that she was aware of the linoleum coming up and planned to have new tile installed. She reported that she had not had time to complete the repair. The Administrator stated that she expected CNAs to elevate the bed onto its wheels to prevent it from dragging across the floor. She explained that the bed was a crank bed and required staff to manually adjust it. The Administrator confirmed that Resident #5 transferred herself from bed to wheelchair without assistance and was at high risk for falls. A record review of the Admission Record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses that included Spinal Stenosis. A record review of Resident #5's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/15/2024 revealed a Brief Interview for Mental Status (BIMS) score of eight (8), which indicated the resident's cognition was moderately impaired.

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 48181 Based on staff interview and record review, the facility failed to accurately code a Minimum Data Set (MDS) assessment for a resident who was coded as discharged to the hospital but was discharged to home instead of the hospital for one (1) of 18 sampled residents. (Residents #83) Findings included: A record review of the Discharge MDS with an Assessment Reference Date (ARD) of 11/09/24 revealed the Resident #83 was discharged to a short-term general hospital. A record review of a Physician's Telephone Orders, dated 11/09/24, revealed Resident #83 had an order to be discharged home. On 01/29/25 at 08:07 AM, an interview with the Social Services Director (SSD), revealed Resident #83 was admitted for a brief time as she was there for skilled care and had planned to return home. The SSD stated she prepared the discharge summary based on the physician orders on the day Resident #83 left the facility. On 01/29/25 at 08:45 AM, in an interview with Registered Nurse (RN) #1/MDS, she acknowledged the MDS was coded incorrectly as being discharged to the hospital because he went back home after his stay at the facility. The RN stated the MDS nurse is responsible for assuring that the MDS is coded correctly prior to submission. The RN noted the purpose of the MDS is to have an accurate reflection of the patient. On 01/29/25 at 09:10 AM, in an interview with the Administrator, she acknowledged the discharge MDS for Resident #83 was incorrectly coded for the resident because he went home after his stay and did not go to the hospital. The Administrator stated the MDS Coordinator is responsible for making sure the MDS is coded correctly. The Administrator stated that the importance of accurate MDS coding is to have an overall outlook of care provided to the patient. A record review of the Admission Record revealed the facility admitted Resident #83 on 10/23/24 with diagnoses including Muscle Weakness.

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 37415 Based on interview, record review, and facility policy review, the facility failed to develop a person-centered care plan regarding a resident's impaired vision for one (1) of (18) care plans reviewed. Resident #68. Findings included: A review of the facility's policy titled Comprehensive Care Plan Policy, revised on 01//2025, revealed, Each resident will have a person-centered plan of care to identify problems, needs, strengths, preferences, and goals that will identify how the interdisciplinary team will provide care. All disciplines work together to develop a plan of care that meets the resident's needs, preferences, and goals. A record review of the Comprehensive Care Plan revealed Resident #68 did not have a care plan regarding impaired vision. A record review of the Admission Record revealed the facility admitted Resident #68 on 6/23/23 and he had current diagnoses including Paralytic Ptosis of Left Eyelid. A record review of the Eye Examination, dated 09/19/2024, revealed Resident #68 was seen by a local optometrist and was diagnosed with Dry Eye Syndrome of bilateral lacrimal glands, Paralytic Ptosis of the left eyelid, and Contusion of the left eyelid and periocular area (active since 08/14/2024). The optometrist ordered glasses for Resident #68. On 01/28/2025 at 11:00 AM, during an interview, Licensed Practical Nurse (LPN) #3 stated the resident had poor vision in the left eye and that she must approach him from the right side. On 01/29/2025 at 10:00 AM, during an interview, LPN #2 stated she was responsible for adding new diagnoses to the care plan with interventions. LPN #2 stated she did not know the resident had seen the optometrist, had orders for glasses, or had a diagnosis of impaired vision. On 01/30/2025 at 1:00 PM, during a phone interview, the Optometrist Assistant confirmed that the resident ordered glasses in September 2024 due to impaired vision and stated the resident should always wear his glasses while awake. On 01/30/2025 at 3:15 PM, during an interview, LPN #4 confirmed that Resident #68 was not care planned for impaired vision. LPN #4 also explained that she did not know the resident had a diagnosis of Contusions/Ptosis to the left eye because it was not on the chart. LPN #4 stated that neither the resident nor staff informed her that his vision was impaired. She further stated that the current care plan reflected generic interventions because she was unaware of the diagnosis. LPN #4 explained that the Nursing Supervisor should have documented the care plan for the diagnosis as well as the resident's orders for glasses. She also stated that the eye examination and results were not on the chart and that she only included information on the care plan when nursing staff documented it or placed it in the chart. LPN #4 stated she was unaware that the resident had ordered glasses. (continued on next page)

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/30/2025 at 3:30 PM, during an interview, the Administrator stated she did not know the resident's left eye was impaired or that the resident had been seen by the optometrist. She stated she found the eye examination documentation in the medical records. The Administrator stated that the Nursing Supervisors were responsible for ensuring the orders were placed on the care plan and that the Care Plan Nurse served as a backup for the Nursing Supervisors. The Administrator stated she did not know how this had been missed and was unsure why the optometrist's report and admission diagnosis were not addressed.

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 48669 Based on observation, staff interviews, and record review, the facility failed to ensure sufficient nursing staff to meet the needs of residents for four (4) of 14 staffing days reviewed in January, 2025. (1/19/25, 1/20/25, 1/25/25, and 1/27/25). Findings Include: Record review of a typed document on facility letterhead dated January 30, 2025, and signed by the Executive Director (Administrator) revealed There is no Staffing policy A review of anonymous complaints, received 1/20/25 and 1/21/25, revealed 3-11 and 11-7 shifts are always short CNAs and there was one CNA working the floor Central Unit by herself on 3-11 Sunday 1/19/25. A record review of the PBJ (Payroll Based Journal) Data Report for the 4th Quarter (July 1-September 30) revealed the facility triggered for One Star Staffing Rating and Excessively Low Weekend Staffing. A record review of the Facility Assessment Tool dated 1/10/2025, revealed .There are 3 units: South, Central, and North .Staffing plan .Nurse aides .3-11 CNA (3 South/2 Central/4 North) 11-7 CNA (2-3 south/2 central/ 3 north unit) . The facility assessment indicated the resident acuity and population required 9 total CNAs for 3-11 shift and 7-8 CNAs for 11-7 shift. A record review of the staffing grid completed by the facility revealed on 1/27/24 there were three (3) CNAs on the 11-7 shift (85 census), on 1/25/24 there were three (3) CNAs on the 11-7 shift (87 census), on 1/20/25, there were three (3) CNAs on the 11-7 shift (85 census), and on 1/19/24 there were four (4) CNAs on the 3-11 shift and three (3) CNAs on the 11-7 shift (84 census). On 01/28/25 at 9:39 AM, during an interview with Licensed Practical Nurse (LPN) #1/Staffing Coordinator, she revealed the facility faces challenges keeping the building staffed on weekends due to frequent call-ins. She noted that while the required number of staff is scheduled appropriately, the high rate of call-ins creates difficulties in maintaining weekend staffing levels. She indicated that this month, January 2025, the facility has had to operate with only one (1) CNA on halls that should have had two (2). During an observation and interview on 1/28/25 at 5:00 PM, LPN #5 confirmed a resident's medication was left on the resident's table because the resident was slow taking her medication. The nurse stated there was no time to encourage the resident to take her medication because there was only one CNA assigned to the unit to assist with the residents' care, provide showers and meals. On 1/29/25 at 09:28 AM, during a follow-up interview with LPN #1/Staffing Coordinator, she confirmed the staffing grids accurately reflect all staff that were assigned to the halls, including any agency staff. She said she knows that having one CNA on the units is not appropriate because there should be two on each unit to cover the resident needs. (continued on next page)

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview with the Administrator on 1/29/25 at 2:31 PM, she indicated that it was because of illnesses due to COVID-19 and constant call ins as to why they had low staffing on the weekends.

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 37415 Based on observation, interview, record review, and facility policy review, the facility failed to ensure medications were secured and inaccessible to unauthorized residents and staff one (1) of four (4) days of survey observations. Findings included: A review of the facility's policy titled Medication Storage, dated 01/2015, revealed, .All drugs, treatments, and biologicals must be stored securely . Resident #5 A record review of the Admission Record revealed the facility admitted Resident #5 on 04/21/2017 with diagnoses including Spinal Stenosis. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/15/2024 revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of eight (8), which indicated the resident's cognition was moderately impaired. On 01/28/2025 at 4:40 PM, during an observation and interview with the Administrator, an unattended medicine cup was observed on Resident #5's bedside table alongside a glass of water. The resident was lying flat in bed, and no staff were present to monitor the resident taking the medication. On 01/28/2025 at 5:00 PM, during an interview, Licensed Practical Nurse (LPN) #5 confirmed he left the medication on the table because the resident was slow to take her medication. He stated he did not have time to encourage the resident to take her medication as she normally took one pill at a time. He acknowledged that he knew he should not have left the medication unattended because the resident could choke, or another resident could enter the room and take the medication. LPN #5 reported that the medication in the cup included Vitamin C, Multivitamin, Levothyroxine, Metoprolol and Pravastatin. On 01/28/2025 at 5:15 PM, during an interview, the Administrator confirmed that LPN #5 left the medication in a medicine cup unattended on the resident's bedside table. The Administrator stated she expected nurses to ensure residents swallowed their medications before leaving the room. Resident #56 A record review of Resident #56's Admission Record revealed the facility admitted the resident on 03/05/2024 and currently has diagnoses that include Pruritus. A record review of the Order Summary Report with active orders as of 1/30/2025, revealed Resident #56 had a Physician's Order, dated 10/25/24 for Nystatin External Cream. (continued on next page)

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident #56's MDS with an ARD of 11/20/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact. On 01/28/2025 at 9:08 AM, during an observation and interview with Resident #56, the resident was observed sitting up in bed with two medication dispensing cups containing an unidentified cream on the bedside table. One cup was nearly empty, and the other contained a moderate amount of cream. Resident #56 stated that the weekend nurse gave her the cream to apply as needed for itching. On 01/28/2025 at 9:12 AM, during an observation and interview, LPN #3 acknowledged the medication cups containing some type of cream were left on Resident #56's bedside table. LPN #3 stated that nurses were not supposed to leave any medications at the bedside. After reviewing the physician orders, LPN #3 confirmed the unidentified cream was Nystatin External Cream. 41680

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41680 Based on observation and staff interview, the facility failed to ensure proper food handling and sanitation practices to prevent cross-contamination when Dietary [NAME] (DC) #2 failed to sanitize the thermometer when checking food temperatures on the tray line for one (1) of two (2) kitchen observations Findings included: On 01/27/2025 at 11:15 AM, during an observation of the tray line, DC 2 was observed checking food temperatures. DC #2 used a brown paper towel to clean the thermometer between food items. DC #2 wiped food residue off onto a brown paper towel and then tested each food item on the tray line without properly sanitizing the thermometer. On 01/27/2025 at 12:10 PM, during an interview, the Dietary Manager (DM) #1 stated that staff should always use an alcohol pad to clean the thermometer when checking tray line temperatures. DM #1 explained that using a paper towel instead of an alcohol pad constitutes cross-contamination. She confirmed that dietary staff had been trained to use alcohol swabs when performing tray line temperature checks. On 01/29/2025 at 1:56 PM, during a phone interview, DC #2 confirmed that she had used a brown paper towel instead of an alcohol pad when checking tray line temperatures on 01/27/2025 at 11:15 AM. DC #2 stated that she had been trained to use an alcohol pad but was nervous and forgot to follow the procedure. She acknowledged that her actions constituted cross-contamination and could cause residents to develop gastrointestinal issues.

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 41680 Based on record review and staff interview, the facility failed to maintain complete and accurate medical records by failing to document that residents were informed of their rights regarding Advance Directives for three (3) of (18) resident records reviewed, Residents #22, #27, and #61. Findings included: A record review of the Admission Record revealed the facility admitted Resident #22 on 06/10/2024 with diagnoses including Unspecified Dementia, Resident #27 on 06/14/2024 with diagnoses including Atherosclerotic Heart Disease, and Resident #61 on 9/20/2024 with diagnoses including Vascular Dementia. A record review of the Resident Rights/Advance Directive revealed the Advance Directive was not initialed by the residents or Resident Representatives that confirmed they were informed of information regarding formulating an Advance Directive for Residents #22, #27, and #61. A record review of the Resident Rights/Advance Directive revealed the Advance Directive was not initialed by the residents to confirm being informed of information regarding formulating an Advance Directive for Residents #22, #27, and #61. On 01/28/2025 at 11:49 AM, during an interview, the Social Services Director (SSD) confirmed she was responsible for completing the Advance Directive. The SSD acknowledged the Advance Directive was incomplete and was not marked to indicate that the residents had been informed of rights regarding Advance Directives for Residents #22, #27, and #61. On 01/28/2025 at 4:08 PM, during an interview, the Administrator acknowledged that the Advance Directive forms were incomplete and failed to reflect the residents' receipt of information related to Advance Directives. The Administrator stated the Social Services Director was responsible for confirming that all information related to the residents' choices and that it should be documented.

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 41680 Based on observation, interview, record review, and facility policy review, the facility failed to ensure Enhanced Barrier Precautions (EBP) were followed while providing care to a resident requiring high-contact precautions for two (2) of three (3) care observations, Resident #27. Findings included: A review of the facility's Enhanced Barrier Precautions policy, dated 04/2024, revealed, Enhanced Barrier Precautions are indicated for residents with .indwelling medical devices, secretions/excretions that are unable to be covered/contained, and are not known to be infected/colonized with any MDRO (Multidrug-Resistant Organism) during high-contact resident care activities, as these residents are at an increased risk of being infected . On 01/29/2025 at 8:50 AM, during an observation, Licensed Practical Nurse (LPN) #2, the Nursing Supervisor, was observed administering medications to Resident #27 via percutaneous endoscopic gastrostomy (PEG) tube. LPN #2 did not wear a gown while accessing the resident's PEG tube. On 01/29/2025 at 10:20 AM, during an observation, LPN #7 was observed performing PEG tube care for Resident #27. The nurse entered the resident's room and explained that she was going to clean the PEG tube site. LPN #7 washed her hands and applied clean gloves but did not apply a gown prior to providing care. On 01/29/2025 at 10:27 AM, during an interview, LPN #7 stated that Enhanced Barrier Precautions are used to protect Resident #27 from staff. She acknowledged that she should have donned (put on) a gown before providing care. On 01/29/2025 at 10:35 AM, during an interview, LPN #2, the Nursing Supervisor, stated that she should have worn a gown when administering PEG tube medications to Resident #27. She acknowledged that her actions put the resident at risk for complications, including infection. On 01/30/2025 at 9:45 AM, during an interview, LPN #6/ Infection Preventionist (IP) stated that nurses should have donned a gown before providing care to Resident #27's PEG site . She explained that the gown protects the resident. She stated that the nurses' failure to follow proper precautions could result in the resident having complications. She explained that her expectation was for staff to don the appropriate Personal Protective Equipment (PPE) when providing care to residents that are at high risk for MDROs. A record review of the Admission Record revealed the facility admitted Resident #27 on 6/14/24 with diagnoses including Metabolic Encephalopathy. A record review of the Order Summary Report with active orders as of 1/29/2025, revealed Resident #27 had a Physician's Order, dated 6/14/24, to clean the PEG site with soap and water, pat dry, and cover with split gauze every night shift. (continued on next page)

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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing and Rehabilitation Center LLC	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/17/2024 revealed Resident #27 had a Brief Interview for Mental Status (BIMS) score of nine (9), which indicated the resident's cognition was moderately impaired. A record review of the Enhanced Barrier Precautions signage on Resident #27's door revealed instructions indicating, Everyone must .wear gloves and a gown for the following High-Contact Resident Care Activities . Device care or use .feeding tube .