MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25LI	A. BUILDING: **01** B. WING _____	**01/28/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTEI	**3680 LAKELAND LANE** **JACKSON, MS 39216**

(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) COMPLETE DATE
M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on the observation, the facility failed to provide half hour rating in the smoke barrier wall in accordance with NFPA 101 sections 19.3.7.3 and 8.5.6.2. This standard deficiency affected four (4) of six (6) smoke compartments in the facility and 54 residents on the day of Survey. Findings Include: On 1/28/25 at 11:15 AM, observation revealed unsealed holes around data cables at Central Hall smoke barrier wall of the facility. On 1/28/25 at 11:30 AM, observation also revealed unsealed holes around data cables at North Hall smoke barrier wall of the facility. The Central Hall and The North Hall smoke barrier walls were incapable of resisting the passage of smoke throughout the facility.	M1245	1. Unsealed holes identified in Central and North smoke barrier were filled with fire caulk on 2.5.24 2. All resident within then the facility have the potential to be affected by this deficient practice. 3.Executive Director in-services Maintenance Director on 2.3.25 regarding conducting round observations to ensure there are no unsealed holes in smoke barrier walls. 4. Director of Maintenance to conduct rounds weekly for 4 week, then monthly for 2 months starting 2.3.25 of all smoke barrier walls to ensure no unsealed holes identified and make repairs as needed. Results of rounds provided to Executive Director weekly and reviewed in Quality Assurance Meeting on 3.10.25, and monthly for 2 months	3/10/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/18/25