Mississippi State Department of Health

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

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **LAKELAND COMMUNITY CARE CENTER** | **3680 LAKELAND LANE P. O. BOX 1688, JACKSON, Mississippi, 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) COMPLETION DATE |
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| M0000 | Initial Comments<br><br>The State Agency (SA) conducted Complaint Investigations (CIs) at the facility from 4/21/26 through 4/22/26. CI MS # 2978133, CI MS# 2968120 and CI MS# 2969903 were investigated regarding resident abuse. CI MS# 2974749 was investigated regarding pain management. CI MS# 2976551 was investigated regarding quality of care. There were no citations related to these CIs. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. CI MS# 2991541 was investigated regarding quality of care and resident rights and M610 was cited. CI MS# 2988331 was investigated related to residents' rights for means of private communication and M500 was cited. | M0000 | | |
| M0500 | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;<br><br>2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;<br><br>3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in | M0500 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| M0500 | Continued from page 1<br>the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;<br><br>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;<br><br>5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;<br><br>6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;<br><br>7. is free from mental and physical abuse;<br><br>8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; | M0500 | | |

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| M0500 | Continued from page 2<br><br>9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;<br><br>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and<br><br>16. is assured of exercising his civil and religious | M0500 | | |

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| M0500 | Continued from page 3<br>liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<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 #1<br><br>Findings Include:<br><br>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…"<br><br>Record review of the "Admission Record" revealed the facility admitted the resident on 12/18/24 with diagnoses that included Sjogren syndrome, rheumatoid arthritis, chronic kidney disease, and morbid obesity.<br><br>Record review of the Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 3/07/26 revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact.<br><br>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.<br><br>On 4/21/26 at 11:50 AM, observation revealed there was not a cordless telephone for use by residents on the 100 Hall of the facility. | M0500 | | |

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| M0500 | Continued from page 4<br>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.<br><br>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.<br><br>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. | M0500 | | |
| M0610 | 45.21.2 Activities of daily living<br><br>Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:<br><br>1. Bath, dressing and grooming;<br><br>2. Transfer and ambulate;<br><br>3. Good nutrition, personal and oral hygiene; and<br><br>4. Toileting.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, record review, and facility policy review, the facility failed to provide | M0610 | | |

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| M0610 | Continued from page 5<br>assistance with activities of daily living (ADLs) to maintain personal hygiene for one (1) of six (6) sampled residents. Resident #2.<br><br>Findings Included:<br><br>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...”<br><br>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.<br><br>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.<br><br>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.<br><br>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”.<br><br>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. | M0610 | | |

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| M0610 | Continued from page 6<br><br>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.<br><br>On 4/21/26 at 3:45 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. | M0610 | | |