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 _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	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) COMPLETION DATE
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and	F 584		11/13/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/06/2020

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 _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	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) COMPLETION DATE
F 584	Continued From page 1 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: CI MS # 17178 Based on observation, resident interview, staff interview and facility policy review, the facility failed to provide a safe, clean, comfortable and homelike environment in resident care areas for two (2) of three (3) units toured in 14 of 110 resident rooms and on three (3) of three (3) hallways. Findings include: Review of the facility's "Detail a Resident Room after a Discharge" policy, not dated, revealed, "1. Clean and sanitizes the resident bed. 2. Clean bed rails and handrails. 3. Move and arranges resident's furniture after cleaning 4. Clean and maintains windows and walls in resident room 5. Clean garbage can inside and outside in the bathroom and resident room 6. Clean and sanitizes the bedside table. 7. Clean and sanitizes resident bathroom 8. Wipe drawers and shift roll out 9. Clean wheelchair 10. Wipe resident's door and bathroom door down 11. Clean light fixtures 12. Make sure window and privacy curtain are clean 13. Clean air conditions 14. Sweep and mop" On 10/12/2020 at 11:15 AM, during an initial tour of the facility, accompanied by the Infection Control Nurse (ICN), observations were made of hallway floors throughout the facility having a buildup of debris along the bottom of the base boards, with large amounts of debris noted in the corners. The doorways to the resident rooms	F 584	1. F584 no residents in room 101, 102,103,108, 112, 114, 117,204,208,211, 301, 312, hallway in front of room 205 were affected by this practice. Room 304 The floor with what appeared to be excessive amount of food debris was cleaned by housekeeping staff on 10/15/2020. The resident's wheelchair was cleaned 10/15/2020 by housekeeping staff. The debris on both sides of the door frame was cleaned 11/04/2020 by housekeeping staff. Room 101 the bathroom floor with brown debris around the base of the toilet and along the baseboards was cleaned by housekeeping staff 10/15/2020. The dried pink substance that was on the drain cover was cleaned 10/15/2020 by housekeeping staff. The baseboards in the room were cleaned 11/5/2020 by housekeeping staff. Alcohol wrappers and miscellaneous pieces of food debris and paper was cleaned 10/15/2020 by housekeeping staff. The door frame on both sides of the room was cleaned 11/5/2020 by housekeeping staff. Room 102 - The residue build up in the corners and around the toilet base was cleaned 11/4/2020 by housekeeping staff.	

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 _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	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) COMPLETION DATE
F 584	Continued From page 2 were caked with debris on both sides of the doorframes. The hallway floors were observed with areas of a red, sticky substance, some of which had turned brown from foot traffic on them. Areas along the hallway walls were scuffed and dingy where wheelchairs had rubbed, and residents and staff had grabbed the handrails. Resident doors and bathroom doors throughout the facility were soiled around the doorknobs and high touch areas from opening and closing the doors. Resident bathroom walls were severely gouged from wheelchairs and discolored and dingy where residents would grab during transfers. The floors behind and around the nurse's stations were littered with straw wrappers, empty alcohol pad wrappers, and small pieces of paper and debris. Observations of resident rooms during this tour, revealed the following: Room 101 - The bathroom floor was covered with brown debris around the base of the toilet and along the baseboards. The sink had a dried, pink substance caked on the drain cover. The floor throughout the room had caked on debris along the base boards, with empty alcohol pad wrappers and misc. pieces of food debris and paper. The door frame on both sides was caked with brown debris. Room 102 - The floor in the bathroom had a brown residue build up in the corners and around the toilet base. The door frame on both sides was caked with debris. The ICN stated the room had been deep cleaned for the next resident. Room 103 - The bathroom floor had a brown residue around the toilet base, and in front of the sink. The floor throughout the room was littered with empty alcohol pad wrappers, the trash is	F 584	The door frames on both sides of the door were painted 11/4/2020 by maintenance staff. Room 103- The brown residue around the toilet base and in front of the sink was cleaned 11/6/2020 by housekeeping staff. The liter throughout the room was cleaned up and the trash was emptied 10/15/2020 by housekeeping staff. In-service staff regarding personal items are not to be stored in a resident's room 11/5/2020 and 11/6/2020 by a Licensed Nursing Home Administrator from another entity (not associated with this facility). The brown debris around the door frame on both sides was cleaned 11/6/2020 by housekeeping staff. Room 108 - The miscellaneous debris on the floor through-out the room and debris on both sides of door frame was cleaned 11/4/2020 by housekeeping staff. Room - 112 The dark red substance on floor in front of the bed and down the hallway was cleaned 10/14/2020 by housekeeping staff. The debris around the door frames was cleaned 11/4/2020 by housekeeping staff. Room - 114 The red sticky substance in front of the resident's bed was cleaned 10/14/2020 by housekeeping staff. The debris around the door frames was cleaned 11/4/2020 by housekeeping staff. Room - 117 The trash was disposed of	

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 _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	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) COMPLETION DATE
F 584	Continued From page 3 overflowing into the floor with a soiled brief, used napkins, and small, clear cups. There was a bag with "person's name" embroidered on the front of it. The resident in the bed near the window stated it was her aides' bag, and she was "keeping it safe for her while she worked." The doorframe on both sides was caked with debris. Room 108 - The floor throughout the room had misc. debris on it and the doorframe on both sides was caked with debris. Room 112 - The floor in front of the bed had a dark, red substance, which appeared to be dried blood, dripped on the floor, which continued with drops out into, and down the hallway approximately four (4) feet. The doorframe on both sides was caked with debris. Room 114 - The floor in front of the resident's bed was covered in a large area of a red sticky substance. The doorframe on both sides was caked with debris. Room 117 - A trash can located near the door was overflowing onto the floor with soiled briefs, paper towels, used alcohol pads, and wet wipes. The floor under the resident's wheelchair was soiled with an area of yellowish-brown substance that was dried. The privacy curtain between the resident's was soiled with red and brown substances, and dingy where it had been grabbed to pull it closed. Room 204 - The floor behind both resident beds was caked with a dark brownish orange substance, especially near the wheels of each bed. Both bedside tables had small clear cups and tongue depressor sticks on them covered in	F 584	and area cleaned 10/14/2020 by housekeeping staff. The yellowish brown substances under resident wheelchair was cleaned 10/14/2020 by housekeeping. The privacy curtain was removed and laundered and replaced 10/15/2020 by housekeeping staff. Room 204 - The dark brownish orange substance near the wheels and behind each bed were cleaned 10/14/2020 by housekeeping staff. The small clear cups with tongue depressor sticks on them with sticky, white paste was removed 10/14/2020 by housekeeping staff. The brown residue build up in the corners and around the toilet base was cleaned 11/4/2020 by housekeeping staff. The debris on both sides of the door frames was cleaned 11/4/2020 by housekeeping staff. Hallway in front of room 205 - gloves and trash on the floor approximately 2 feet outside of the door way was cleaned up 10/14/2020 by housekeeping staff. Room 207 - The sheets with brown colored smears on the fitted sheet was removed and replaced with fresh clean linen 10/14/2020 by housekeeping staff. The privacy curtain with brown smears was removed and replaced by housekeeping staff 10-16-2020. Room 208 - The brown film and buildup residue around the base boards and base	

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 _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	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) COMPLETION DATE
F 584	Continued From page 4 a sticky, white paste. The floor in the bathroom had a brown residue build up in the corners and around the toilet base. The door frame on both sides is caked with debris. The hallway in front of room 205 had used gloves and trash on the floor approximately two (2) feet outside of the doorway. Room 207 - The resident's bed, near the door, had brown colored smears on the fitted sheet at the foot of the bed, and the same brown substance smeared on several areas of the privacy curtain between the residents. The privacy curtain was soiled all over the side facing the doorway. Room 208 - The bathroom floor was covered in a brown film, with a buildup of residue around the base boards and the base of the toilet. The sink had both a blue sticky substance, and pink sticky substance dried around and in the bowl of the sink. The floor of the room had paper and debris on it, and the bedside table had a small clear cup with a sticky white paste on it. Room 211 - The toilet seat in the bathroom was smeared with a dried brown substance, the inside bowl of the toilet has splatters of a brown dried substance, and there was a strong odor. Food debris was scattered on the floor throughout the room. The door frame on both sides was caked with debris. Room 301 - The floor in the bathroom had a brown residue build up in the corners and around the toilet base. The floor throughout the room was covered with paper debris, and several spots of a sticky, dark substance on the floor in front of the	F 584	of the toilet were cleaned 11/6/2020 by housekeeping staff. The blue and pink sticky substance around and in the bowl of the sink were cleaned 10/14/2020 by housekeeping staff. The floor of the room was cleaned of paper and debris 10-14-2020 by housekeeping staff. The small clear plastic cup with a sticky white paste on it was removed 10-14-2020 by housekeeping staff. Room 211 - The dried brown substance on the toilet seat and inside bowl of the toilet was cleaned 10/15/2020 by housekeeping staff. Odor was eliminated 10/15/2020 by housekeeping staff. Food debris scattered throughout the room was cleaned 10/14/2020 by housekeeping staff. The debris on both sides of the door frame was cleaned 11/04/2020 by housekeeping staff. Room - 301 The brown residue build up in the corners and around the toilet base was cleaned 11/4/2020 by housekeeping staff. The paper debris and sticky, dark substance on the floor in front of the bed was cleaned 10/15/2020 by housekeeping staff. The debris on both sides of the door frame was cleaned 11/04/2020 by housekeeping staff. Room 304 - The brown residue build up	

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 _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	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) COMPLETION DATE
F 584	Continued From page 5 bed. The door frame on both sides was caked with debris. Room 304 - The floor in the bathroom had a brown residue build up in the corners, in front of the sink and around the toilet base. The floor throughout the room was completely covered with an excessive amount of what appears to be items of food debris the resident in the room was rolling over with her wheelchair during the tour. The door frame on both sides was caked with debris. Room 312 - Trash in the trash can (used gloves, an empty glove box, used napkins, and paper items) in the trash can, on the window side of the room, was overflowing onto the floor, with The resident on this side of the room had been hospitalized since Thursday, October 8th, 2020 at 10:30 AM, per the census sheet provided. On 10/12/2020 at 4:04 PM, during an interview with the Housekeeping Supervisor revealed she provided a copy of the cleaning schedule and a list of the items that were to be done daily in the resident's rooms. The form was titled "Detail a Resident Room after a Discharge". When asked if this was also the daily list of cleaning to be done, she stated, "Yes, it is the same list". She indicated the cleaning schedule should have been completed for the day by this time in the afternoon. During observation conducted with the Housekeeping Supervisor at 4:10 PM reveled the hallway floors throughout the facility continued with a buildup of debris along the bottom of the base boards, in the corners, and on both sides of the doorways of the resident rooms. The hallway floors continued with areas of a red, sticky	F 584	on the floor and the corners, in front of the sink and around the toilet base was cleaned 11/4/2020 by housekeeping staff. The floor with what appeared to be food debris throughout the room was cleaned 10/15/2020 by housekeeping staff. The floor with what appeared to be excessive amount of food debris was cleaned by housekeeping staff on 10/15/2020. The resident's wheelchair was cleaned 10/15/2020 by housekeeping staff. The debris on both sides of the door frame was cleaned 11/04/2020 by housekeeping staff. Room 312- The overflowed trash can was cleaned up and emptied 10/15/2020 by housekeeping staff. Hallway floors throughout the facility were cleaned 11/06/2020 by housekeeping staff of buildup debris along the bottom of the base boards, in the corners, and on both sides of the doorways of the resident rooms and of red sticky substance dripped at various places throughout. Scuffed and dingy areas along the hallway walls were repaired and or painted by maintenance 11/6/2020. Soiled doors around the door knobs and high touch areas were cleaned 11/6/2020 by maintenance staff. The gouged or discolored areas noted on/in resident bathroom walls were repaired or painted 11/6/2020 by	

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 _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	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) COMPLETION DATE
F 584	Continued From page 6 substance dripped at various places throughout. Areas along the hallway walls remained scuffed and dingy where wheelchairs had rubbed, and residents and staff had grabbed the handrails. Resident doors and bathroom doors throughout the facility remained soiled around the doorknobs and high touch areas from opening and closing the doors. Resident bathroom walls remained severely gouged from wheelchairs and discolored and dingy where the residents would grab during transfers. The floors behind and around the nurse's stations were still littered with straw wrappers, empty alcohol pad wrappers, and small pieces of paper and debris. The resident rooms noted with areas of concern during the prior tour were revisited with no changes. Further interview with the Housekeeping Supervisor after completing the facility tour, she indicated, the residue around the baseboards, in the corners of the walls, and around all the doorframes was from not mopping good. When asked by the SA if , after the tour, she felt the housekeepers were wiping down the handrails, cleaning garbage cans inside and out, cleaning and sanitizing resident bathrooms, wiping down resident doors and bathroom doors, ensuring privacy curtains were clean and sweeping and mopping the floors on a daily basis, as the policy indicated, she stated, "no". She stated she felt the housekeepers could be doing a better job on the day to day cleaning, and they should have reported to her when they were not able to get the floors clean. During an interview with the Administrator, on 10/12/2020 at 5:15 PM, the indicated she had not been happy with the housekeeping for several weeks and had expressed that to the Housekeeping Supervisor. She agreed the facility needed to have a deep cleaning, especially the	F 584	maintenance. The floors behind and around nurse's station were cleaned of litter 10/15/2020 by housekeeping staff. #2. All residents have the potential to be affected. #3. Environmental Supervisor performed a 100% observation audit for safe, clean, comfortable and homelike environment initiated on 10-15-2020 and completed 10-16-2020. Executive Director Implemented Daily Environmental Rounds 10-15-2020 to be turned into Executive Director 5 times a week. Executive Director in-serviced Environmental Supervisor, Maintenance Supervisor, Director of Nursing on providing a safe, clean, comfortable and homelike environment on 10-30-2020. A Directed In-service was performed by Licensed Nursing Home Administrator from another entity (not associated with this facility)for licensed nurses, Certified Nursing Assistants, Environmental Services and Maintenance on 11/5/2020 - 11/6/2020 for a safe, clean, comfortable and homelike environment. Maintenance staff conducted 100% observation audit of all areas in need of repair 10-16-2020 #4. Executive Director or Business Office Manager will make environmental rounds	

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 _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	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) COMPLETION DATE
F 584	Continued From page 7 bathroom floors and walls, the doorways, and baseboards.	F 584	(3) times a week, beginning 10-16-2020 and on-going times 4 weeks. Any concerns will be immediately addressed. The Maintenance Director, Environmental Supervisor and Executive Director will submit findings to the Quality Assurance Committee. Negative findings will be reviewed monthly and as needed by the Quality Assurance Committee (QA) with corrective action and a Quality Assurance Performance Improvement Plan (QAPI) initiated as determined by QA Committee. The QA Committee met on 11/2/2020.	