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 _____	C 09/14/2023

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 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI), MS #22398, at the facility, from 09/12/23 through 9/14/23. The SA investigated MS #22398 related to facility staffing, call bell not answered in a timely manner, care not received per physician orders, dietary services, resident rights related to resident not being treated with dignity and respect, and physical environment related to offensive odors in the facility and cited F584. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F604, F695, and F880. The facility held a license for 105 and had a census of 91.	F 000		
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	F 584		10/20/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/28/2023

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F 584	Continued From page 1 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 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and facility policy review, the facility failed to provide an environment free of urine odor for two (2) of three (3) facility halls. Central Hall and North Hall. Findings include: A review of the facility document, "Resident Bill of Rights", dated 01/2023, revealed, "Each resident has a right to a dignified existence ...in an environment that promotes maintenance or enhancement of (his or her) quality of life ...A. Facility residents shall have the right to ...32. A safe clean, comfortable home like environment..."	F 584	No Residents had any ill effects from this deficient practice. North Hall and Central Hall biohazard rooms were cleaned on 9/13/2023 by housekeeping supervisor to include disposing of garbage and ensuring that a lid was present for the containers. All Residents who reside on North Hall and Central Hall have the potential to be affected from the odors from the biohazard rooms.	

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F 584	Continued From page 2 An observation of the Central and North halls, on 09/12/23 at 10:05 AM, revealed there was a strong urine odor along both hallways. An observation of the Central and North hallways, on 09/12/23 at 01:30 PM, revealed both hallways had a strong urine odor. An observation, on 09/13/23 at 09:32 AM, revealed the Central and North hallways had a urine odor. On 9/14/23 at 9:10 AM, an observation of the North Hall and Central Hall biohazard rooms revealed strong urine odors coming from the rooms. The barrels were full but covered. No debris was observed on the floor. An interview with Licensed Practical Nurse (LPN) #1, on 09/12/23 at 11:00 AM, confirmed there was a strong urine odor in the Central and North hallways. She revealed she felt the odors came from the buildup of trash and laundry in the biohazard room located on each hall. LPN #1 reported she smelled the odor mainly at 6:30 AM, because the overnight shift Certified Nurse Aides (CNAs) allow the trash and laundry to build up. On 9/14/23 at 8:37 AM, with two (2) Unsampled Residents in the hallway, revealed the residents smelled the odors along the Central and North hallway. The residents grimaced as they reported smelling the strong urine odors. In an interview with the Housekeeping Supervisor (HS) on 09/14/23 at 08:44 AM, he stated that he believed the odor along the hallways was caused by trash build up in the biohazard rooms that are located on each hall. The HS reported soiled	F 584	An in-service was initiated by Staff Development on 9/13/2023 for housekeeping and nursing staff on ensuring that the containers in the biohazards rooms on North Hall and Central Hall were emptied timely and to lids are present to ensure that the provide an environment free of urine odors. The Executive Director and/or Housekeeping Supervisor will make rounds 2 times per day x 5 days x 4 weeks then weekly x 2 weeks starting 09/15/23 to ensure that the biohazard rooms on North Hall and Central Hall are free of odors, containers are emptied frequently and lids are present on the containers. Any concerns will be immediately addressed. The results of the audits will be forwarded to the monthly Quality Assurance Committee by the Executive Director starting 10.06.2023 then with Novemeber Quality Assurance Meeting. The Quality Assurance Committee will make recommendations for continuation of audits, frequency or discontinuation based upon the results achieved.	

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F 584	Continued From page 3	F 584		

laundry and trash are stored in the biohazard rooms. The facility's housekeeping staff remove the soiled laundry from the biohazard rooms hourly and take it to the laundry The CNAs are responsible for removing the trash as the barrels are filled and disposing it in the facility dumpster.

An interview with CNA #4 on 09/14/23 at 09:23 AM, revealed he noticed the odors in the hallways when the laundry and trash built up in the biohazard rooms. CNA #4 reported he removed the trash from the biohazard rooms as needed, on the days that he works. CNA #4 also reported the CNAs checked the trash in the biohazard rooms every 2 hours to see if it needed to go out to the dumpster.

On 09/14/23 at 01:30 PM, an interview with the Administrator confirmed she had noticed strong urine odors on and off in the year and a half that she has worked at the facility. The Administrator reported she typically noticed the strong odors around 2:00 PM and acknowledged the unpleasantness for Residents who live in the facility and must smell the strong odor of urine throughout the day.