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: _____ B. WING _____	03/11/2021

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
M 000	Initial Comments The State Agency (SA) conducted complaint investigations (CI), CI MS 16580 for Quality of Care and Physical Environment, CI MS #16975 for Quality of Care, CI MS #17104 for Quality of Care concerns and Abuse/Neglect, CI MS #17107 for staffing concerns, CI MS #17254 for Abuse/Neglect, Quality of Care, Environmental, and Housekeeping concerns, CI CMS #17255 for Abuse/Neglect, Quality of Care concerns, CI MS #17506 for Dietary, Quality of Care and Administration concerns, and CI MS #17508 for Quality of Care and Abuse/Neglect concerns along with a COVID-19 survey from 03/08/21 through 03/11/21. During the survey, the AS did not substantiate the complaints and no deficiencies were cited. No deficiencies were cited related to the COVID-19 Focused Infection Control survey. The census was 89 and the facility has a license for 105 beds.	M 000		