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 _____	R 11/20/2020

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 conducted a COVID-19 Infection Control (FIC), along with complaint(s), MS #16607, MS #16711, MS #16738, MS #16791, and MS #16684, from 10/12/2020 to 10/14/2020. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in the Minimum Standards for the Aged or Infirm. The SA cited M-1010 related to environmental concerns. The SA did not substantiate MS #16607, MS#16711 and MS #16738 and MS 16791 related to quality of care, with no deficiencies cited. No deficiencies were cited related to the COVID-19 Focused Infection (FIC) survey. At the time of the survey, the facility had a census of 78, with a license for 110 beds.	{M 000}		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE