

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255116	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2026	
NAME OF PROVIDER OR SUPPLIER LAKELAND COMMUNITY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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
F0000	INITIAL COMMENTS The State Agency (SA) conducted four (4) Complaint Investigations (CI MS #3037822, CI MS #3006878, CI MS #3000785, CI MS #2994523) at the facility from 6/15/26 through 6/16/26. CI MS# 3006878 was investigated regarding abuse and neglect. CI MS# 3000785 was investigated regarding quality of care and neglect. CI MS# 2994523 was investigated regarding nursing services, quality of care and infection control. There were no citations related to these CIs. CI MS# 3037822 was investigated related to misuse of resident funds and failure to return the resident's trust account funds upon discharge. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and F569 was cited related to CI MS# 3037822. The facility held a license for 105 beds, with a census of 101 residents.	F0000			
F0569 SS = D	Notice and Conveyance of Personal Funds CFR(s): 483.10(f)(10)(iv)(v) §483.10(f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits- (A) When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and (B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI. §483.10(f)(10)(v) Conveyance upon discharge, eviction, or death. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the	F0569			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0569 SS = D	Continued from page 1 facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law. This REQUIREMENT is NOT MET as evidenced by: Based on record review and interviews, the facility failed to ensure personal funds that were deposited with the facility were returned within (30) days of discharge for one (1) of six (6) sampled residents. Resident #1. Findings Included: Record review of the "Transaction Report" dated 6/16/26 for 11/01/25 through 7/16/26 revealed the resident had a credit balance of \$580.07. Record review of the "Trust Statement" dated 2/28/26 for Resident #1 revealed that she had an Opening Balance of \$178.00 with one debit on 2/10/26 for \$21.00 for "Shampoo, Cut & Style" (in-facility beauty shop service) leaving a Closing Balance of \$157.00. On 6/15/26 at 3:40 PM, during an interview the Administrator explained that Resident #1 was cared for by the facility 11/14/25 through 11/30/25 at no charge to the resident. She said that in January 2026 the resident paid \$3,173.92 and should have paid \$3,343.97. She said that the resident's account was charged \$119.42 for the eight days she resided at the facility which left a credit balance of \$573 due to the resident which had not been paid, along with the \$157.00 that remained in her trust account. On 6/16/26 at 3:00 PM, during an interview the Business Office Manager (BOM) confirmed that she had not issued payment for the remaining balance of the resident's trust fund account and that \$157.00 was due to the resident since her discharge on 2/12/26. She confirmed that she had not been instructed to issue any refund to the resident. On 6/16/26 at 3:33 PM, during an interview the Complainant stated that he thought the facility owed Resident #1 the money from her resident trust fund account and a refund of the money left on her account. He said he had spoken with facility staff regarding the balance owed Resident #1 but could not remember whom he spoke. Record review of the "Admission Record" revealed Resident #1 was admitted to the facility on 11/14/25			F0569			

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F0569 SS = D	Continued from page 2 with diagnoses that included hypertension, macular degeneration, depression and pain. Record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/09/26 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.			F0569			