

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(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
M0000	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 in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements.			M0000			

Office of Primary Care and Health Systems Management

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