

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16CO	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2024
NAME OF PROVIDER OR SUPPLIER MS STATE VETERANS HOME-COLLINS		STREET ADDRESS, CITY, STATE, ZIP CODE 3261 HIGHWAY 49 SOUTH COLLINS, MS 39428		
(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 a Complaint Investigation (CI), MS #25367 and MS #25277 at the facility on 7/1/24 MS #25367 was investigated regarding ants and dirty laundry in a resident's room MS #25277 was investigated regarding neglect and staff attitudes The SA determined that the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and there were no deficiencies cited The facility was licensed for 150 beds and the resident census was 142 on 07/01/24	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

X5PU11

If continuation sheet 1 of 1

John Wilson, Licensed Nursing Home Administrator 7/10/2024