Mississippi VA

December 17, 2024

Sonya Saxton, Compliance Inspector II

Division of Health Facilities Licensure and Certification

Long Term Care Division

143B LeFleur's Square

Jackson, MS 39215-1700

Dear Ms. Saxton:

Thanks for your support during the visit of our recent Complaint Investigations (CI MS# 29652) on December 12, 2024. As always, the facility appreciates your insight in providing quality care of our residents.

The signed Form CMS-2567 has been attached.

If our facility can be of further assistance, please feel free to contact me, by phone at 601-765-0403 and/or by email at jowilson@msva.ms.gov.

Sincerely,

John Wilson, LNHA

Mississippi State Veterans Home-Collins

JOW/jow

Enclosure

cc: Angelia T. Carpenter, Director, Long Term Care Division

Mark Smith, Executive Director, Mississippi Veterans Homes

Tommy Smith, Deputy Executive Director, Mississippi Veterans Homes

Gerald Johnson, Director of Nursing Home Operations, Mississippi Veterans Homes

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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
	16CO	A. BUILDING: _____ B. WING _____	C 12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-COLLINS	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 #26952), at the facility on 12/12/24. CI MS #29652 was investigated related to medical care, food/diet, and response time to resident needs. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. There were no deficiencies cited. The facility was licensed for 150 beds and the resident census was 137 on 12/12/24.	M 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: John Wilson, Nursing Home Administrator | TITLE | (X6) DATE: 12/17/2024