Mississippi VA

October 15, 2025

Sonya Saxton, Compliance Inspector II
MS State Department of Health
Division of Health Facilities Licensure and Certification
Long Term Care Division
143B LeFleur's Square
Jackson, MS 39215-1700

Dear Ms. Saxton,

As always, we sincerely appreciate the courtesy, support, and professionalism demonstrated by you and your staff during the visit and review of our recent complaint investigations on August 27-28, 2025. Our facility values the insight and guidance you and your team provide in promoting and ensuring quality care for our residents.

Attached, please find the signed Licensure Violation Report.

Should you require any further information or assistance, please feel free to contact me by phone at (601) 765-0403 or via email at jowilson@msva.ms.gov.

Sincerely,

John Wilson, LNHA
Mississippi State Veterans Home-Collins

JW/jw
Enclosure

cc: Nicole Banes, Director/ Office of Licensure

Mark Smith, Executive Director, Mississippi Veterans Homes

Joe Hargett, 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 _____	R-C 10/13/2025

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 follow-up revisit at the facility on 10/13/25 related to a complaint survey that was conducted 8/27/25 through 8/28/25. The SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and recommends the facility be placed back in compliance effective 10/10/25.	{M 000}		

Mississippi State Department of Health

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

John Dulan, Nursing Home Administrator, October 15, 2025