

MSDH - Health Facilities Licensure and Certification

|                                                                           |                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                                                                          |                                                        |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>16CO</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>B1 - MAIN BUILDING</b><br><br>B. WING _____                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/14/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MS STATE VETERANS HOME-COLLINS</b> |                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3261 HIGHWAY 49 SOUTH<br/>COLLINS, MS 39428</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| M 000                                                                     | <p>Initial Comments</p> <p>42 CFR 4873.73</p> <p>The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).</p> <p>There were no LSC deficiencies cited during this survey.</p> | M 000                                                                                       |                                                                                                                          |                                                        |

Mississippi State Department of Health

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

TITLE

(X6) DATE