| 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 _____ | 10/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MS STATE VETERANS HOME-COLLINS | 3261 HIGHWAY 49 SOUTH COLLINS, MS 39428 |

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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted an annual relicensure survey at the facility from 10/14/25 through 10/16/25. During the survey, the SA found the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements, and cited M815 and M1570. | M 000 | | |
| M 815 | 45.29.1 Safe Food Handling Procedures<br><br>Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation and staff interview, the facility failed to store and handle food in accordance with professional standards for food service safety, as evidenced by undated food items, exposed foods, overly ripe produce, and a scoop stored inside a dry goods container, and staff touching food items while serving for two (2) of (2) kitchen observations.<br><br>Findings include:<br><br>On 10/14/25 at 10:13 AM, during an observation and interview in the kitchen with the Account Manager (AM) and Registered Dietitian (RD), observation of Refrigerator #1 revealed an opened tub of pudding with a facility date labeled 10/3/25, and the RD was unable to explain what the date represented. Observation of Refrigerator #2 revealed one (1) opened bag of cut pineapple labeled with a facility date of 10/7 with no | M 815 | | |

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| M 815 | Continued From page 1 | M 815 | | |

indication of what the date meant, (1) opened container of pudding with a facility date of 10/5 with no indication of what the date meant, (1) plated salad with no date, and (1) opened bag of shredded lettuce containing browned lettuce with a manufacturer's "Best if used by" date of 10/9/25. Observation of Refrigerator #5 revealed (1) quart of strawberries with white biological growth, (1) onion that was pliable and contained green biological growth, (15) bell peppers that were soft, liquefied, and contained white biological growth, and (14) sweet potatoes with green and white biological growth. Observation of the dry goods bins revealed a serving scoop stored inside the flour bin, in direct contact with the flour.

During an interview, the AM acknowledged the improperly stored food items, overly ripe produce, scoop stored in the flour bin, and expired foods. The AM stated that all dietary staff are responsible for maintaining proper food storage, monitoring food quality, and discarding expired foods. She stated that the staff are in-serviced monthly on food safety.

On 10/15/25 at 10:45 AM, during an observation and interview in the kitchen, Dietary Aide (DA) #1 was observed slicing chocolate pie and touching the top of each slice with her hand to transfer the slices onto plates. DA #1 was also observed holding a slice of pie in her hand from the bottom before placing it onto a plate. During an interview, DA #1 stated she knew she should have used a spatula to transfer the pie but admitted she was in a hurry. She stated she understood the importance of maintaining sanitary conditions in the kitchen to prevent the spread of germs and confirmed that staff are in-serviced on food safety every (2) to three (3) weeks. During the same

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| M 815 | Continued From page 2<br>observation, DA #3 was observed using her bare hand to pick up and adjust a piece of chicken on a plate. During an interview, DA #3 acknowledged she should have used tongs and explained that hand hygiene on the food line is important to prevent contamination. DA #3 stated that staff are in-serviced monthly on food safety. During a follow-up interview, the AM acknowledged the poor sanitation practices observed on the food line and stated that it is everyone's responsibility to maintain sanitation. The AM stated that her expectation is for staff to use the correct utensils for food handling and to follow proper sanitary procedures at all times.<br><br>On 10/16/25 at 12:05 PM, during an interview with the Administrator, he stated that it is everyone's responsibility in the kitchen to maintain food quality. The Administrator stated that he expects kitchen staff to check for food spoilage and to ensure residents are served fresh, safe food. | M 815 | | |
| M1570 | 48.58.1 Infection Control<br><br>The following infection control standards shall be met:<br><br>1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases.<br><br>2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a | M1570 | | |

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| M1570 | Continued From page 3<br>mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.<br><br>3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, interview, record review, and facility policy review, the facility failed to ensure staff followed Enhanced Barrier Precautions (EBP) and hand hygiene protocols before administering percutaneous endoscopic gastrostomy (PEG) tube medications for one (1) of four (4) residents observed for medication administration, Resident #13.<br><br>Findings include:<br><br>A review of the facility's policy, "Enhanced Barrier Precautions (EBP)," dated 3/21/24, revealed, " ...Enhanced Barrier Precautions are an infection prevention and control intervention designed to reduce transmission of Multi-Drug-Resistant Organisms (MDROs) that employs the use of gown and glove during high contact resident care activities ...Procedure ...A. Applies to residents with an of the following ...Indwelling medical devices even if resident is not known to be infected or colonized with a MDRO ...C. Steps Perform hand hygiene, including before entering and when leaving the room. Wear gown ..." | M1570 | | |

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| M1570 | Continued From page 4<br><br>On 10/15/25 at 9:35 AM, during an observation Licensed Practical Nurse (LPN) #1 was administering Resident #13's morning medications via PEG tube. LPN #1 knocked on the door and entered the room, placed the feeding pump on hold, and adjusted the bed using the remote. LPN #1 then donned gloves without performing hand hygiene and did not wear a gown while administering medications via PEG tube.<br><br>On 10/15/25 at 10:15 AM, during an interview with LPN #1, she confirmed she did not wash her hands before applying gloves and did not wear a gown while administering medications via PEG tube for Resident #13. LPN #1 stated she "forgot" and acknowledged her actions placed the resident at risk for infection.<br><br>On 10/16/25 at 2:00 PM, during an interview with the Director of Nursing (DON), she stated that LPN #1 should have washed her hands before starting care and worn a gown while administering medications. She stated LPN #1's actions could cause and spread infections. The DON stated her expectation was for staff to follow proper infection control procedures at all times.<br><br>A record review of Resident #13's "Face Sheet" revealed the facility admitted him on 6/28/21 with diagnoses including Dementia and Abnormal Weight Loss.<br><br>Record review of the physician orders revealed an order dated 6/19/25 "Enhanced Barrier Precautions r/t (related to) indwelling medical device."<br><br>A record review of the EBP signage posted | M1570 | | |

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| M1570 | Continued From page 5<br>outside Resident #13's room revealed the instructions, "Everyone must: Clean their hands, including before entering and when leaving the room. Providers and staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities .... Device care or use ...feeding tube ..." | M1570 | | |