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 09/13/2017

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 CI MS #14748 & CI MS #14749 *Amended to reflect correct census data. The State Agency conducted two (2) complaint investigations on 9/12/17 through 9/13/17. The results of the investigations were both substantiated. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M500. The census at the time of survey was 130 and the facility held a license for 150 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or	M 500		

"Revised"

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 09/13/2017

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 500	Continued From page 1 contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is	M 500		

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 09/13/2017

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 500	Continued From page 2 given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the	M 500		

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 09/13/2017

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 500	Continued From page 3 facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on observation, interview, record review and policy review, the facility failed to ensure residents were not verbally and/or physically abused for two (2) of six (6) residents reviewed,	M 500		

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 09/13/2017

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 500	Continued From page 4 Resident #1 and Resident #2. Findings include: Review of the facility's "Abuse Policy and Procedure, dated October 16, 2012, revealed the resident has a right to be free from verbal, sexual, physical, or mental abuse, corporal punishment and involuntary seclusion. On 8/31/17, the State Agency received notice of two (2) incidents of abusive treatment by agency staff while delivering care for residents in the facility. The facility's investigations revealed the allegations were substantiated for both incidents and the agency staff were not allowed to return to the facility. Resident #1: The first facility reported incident occurred at 6:20 PM on 8/16/17. The report indicated that Resident #1 was noted with a skin tear on his right forearm and a bruise to the top of the wrist. Resident #1 alleged abuse by CNA#2, when the CNA took the resident's arm and hit it on the side rail because Resident #1 was using the call light. The facility report indicated that their investigation revealed that Resident #1 had finished his dinner and used the call light to have staff pick up his dinner tray. Resident #1 told staff that CNA #2 came in, and said "I'm not putting up with this", grabbed his arm and hit it against the side rail and threw the call light onto the floor. Resident #1 had a skin tear to the right lateral forearm, and a black purple raised bruise on his wrist. CNA #2 was escorted out of the facility and not allowed to return. During an interview at 6:25 PM on 9/12/17, LPN #1 stated that Resident #1 is confused at times,	M 500	• Resident #1 received a bruise and a skin tear, which was treated by RN Supervisor on 8/16/17 immediately following the incident, from the deficient practice caused when the agency CNA was providing care for the resident and the agency staff was not allowed to return to the facility. Resident #2 had his shirt torn when the agency CNA persisted after the resident continuously refused care at this time. Resident #2 shirt was replaced by wife on 8/19/17. Both agency staff were removed from the facility and were not allowed to return to the facility. • The residents that were assigned to staff persons for resident #1 were interviewed by Assistant Administrator on 8/17/17 and on 8/18/17 for Resident #2 if cognition was favorable for interview. If conditions were not favorable, LPN performed body audits for residents in Resident's #1 group on 8/17/17 and #2 on 8/19/17 to check for any signs of abuse. There were no findings of abuse during the time that interviews and body audits were conducted. • Agency staff persons were sent home by RN supervisor for resident #1 on 08/16/2017 and #2 was sent home on 08/18/2017 after getting their written statements to. Agencies were contacted on 08/16/2017 and 08/18/2017 by LNP staffing coordinator and told that CNA assigned to resident #1 and #2 were not allowed back into the facility. The information was also placed on the 24 hour report and were placed on the "Cannot work at this facility list" in the RN supervisors office. (Attachment #1) Residents in the groups assigned to the CNA that had other residents in group that CNA #1 and #2 had were interviewed if cognition allowed or body audits on the residents that were unable to be interviewed. Residents were addressed during resident council on 8/21/17 to remind them to report to any staff person any concerns they may have, especially if they feel as if they were victims of abuse, neglect or exploitation.	

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 09/13/2017

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 500	Continued From page 5 but is reliable, that if he says something happened it did. She stated that Resident #1 had never before lodged complaints against staff. In an interview on 9/13/17 at 9:35 AM, Therapist #1 stated that she and Resident #1 had developed a good relationship. She stated that Resident #1 came to her for therapy and said "look at my hand". She said she saw it was bruised, and Resident #1 told her that a man did it last night because he did not want to pick up his food tray. He told her that he could not sleep and a nurse had to sit with him all night. The Therapist stated that she had him repeat what happened again so she could write it up, and he did not change his story at all, that she felt he was reliable, and she said he had never complained of staff treatment before. Interview with RN#1 on 9/13/17 at 10:00 AM, revealed that she was called to Resident #1's room by another nurse. She stated that Resident #1 was very agitated, saying he wanted to go home, that he had never been treated that way. She said Resident #1 told her that the man said "I'm not going to put up with this, the man took the call light out of my hand, threw it in the floor and hit my hand on the side rail". RN#1 said she escorted CNA #2 out of the building and told him not to come back. She stated that Resident #1 is usually calm and quiet and she was unaware of him ever telling tales on staff. Review of RN #1's written statement, dated 8/16/17, revealed Resident #1 was lying in bed upset. Resident #1 relayed he had pushed the call light for someone to pick up his meal tray and CNA #2 came to the room and stated, "I ain't gonna put up this this", grabbed the resident's arm and it hit the side rail. Resident #1 stated that	M 500	• Number to report abuse and neglect is posted in the main hallway for residents and families. (Attachment #2) They were reminded that the administrator or assistant administrator has an open door policy and are available at any time if they need to report any issues. Staff were in-serviced on the facility policy of "Abuse" by LPN staffing coordinator on 8/18/17. Doctor and family were notified for Resident #1 by 11-7 RN on 08/16/2017 and 08/18/2017 Resident #2 by LPN. (Attachment #3). Reported to MSDH licensure complaint hot line, AGO, Jackson VA hospital social worker, Ombudsman and Veterans Affairs Board by Assistant Administrator, for resident #1 on 8/17/17 and on 8/18/17 for Resident #2. • Facility will insure that all residents will be free from mental and physical abuse by talking to residents when making daily rounds by administrative staff, RN supervisor makes rounds on all shifts and talking to residents. Report any issues to administrator and DON. Staff are in-serviced upon hire, bi-yearly and as needed on the "abuse policy." •	10/20/2017

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 09/13/2017

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 500	Continued From page 6	M 500		

the CNA threw the call light toward the wall. RN #1 verified that the call light was in the floor next to the wall. Resident #1 held his arm out to RN #1 and stated, "It's a wonder he didn't break it". RN #1 noted a bruise and skin tear on the resident's wrist.

The facility Administrator stated, at 9:20 AM on 9/13/17, that Resident #1 was reliable at the time of the facility investigation. She said he gets confused at sundown at times, but that she and the Social Worker (SW) interviewed him, and the Director of Nursing (DON) and Assistant Administrator interviewed him later and he never changed the story.

At 11:00 AM on 9/13/17, the DON stated that she did not conduct the investigation with Resident#1, but that she sat in when the investigator with the Attorney General's office interviewed him. She stated that Resident #1 related the same information about the incident with CNA #2, and that she believed him.

At 11:30 AM on 9/13/17, CNA #1 related that she had worked the night the incident with Resident #1 happened. She said they were picking up food trays, and Resident #1 told her that a man came in his room and took his call light and threw it on the floor, and hurt the resident's hand. She stated she saw a skin tear on his hand and reported it to the nurse.

During a telephone interview with CNA #2 on 9/13/17 at 12:00 Noon, he stated that he did not put his hands on Resident #1. He related that all he did was take away the call light. He stated that since 3:00 PM, Resident #1 had been on the call light too many times, so "I just took it away". CNA #2 denied knowing anything about a skin tear,

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 09/13/2017

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 500	Continued From page 8 Resident #2 was interviewed in his room at 12:45 PM on 9/13/17. He was gracious and stated that he has been treated real well by all but one (1) person in the facility. He stated that a girl came in his room and said he had to have a bath and change clothes. Resident #2 stated "I told her I did not want to do that and she just persisted and insisted I had to." He stated that she pulled his shorts off, then tried to take off his shirt and she ripped it, and it was his favorite shirt. He said they took her away and fired her, so she won't do that to anyone else. Review of a written statement, by CNA #3, dated 8/18/17, revealed she went to Resident #2's room to give him morning care. CNA #3 documented that Resident #2 let her clean bowel movement (BM) off him and as she attempted to dress him, the resident stuck his hand in the neck part of the T-shirt, pulling on it to stop her from putting it on. CNA #3 documented that the resident began fighting and saying that he was being assaulted. CNA #3 noted that she went to step out to get the nurse and the resident went out the room naked and still combative. CNA #3 was unavailable for interview. Interview with LPN#1 at 6:15 PM on 9/12/17, revealed that Resident #2 is confused at times, but if he says something it is reliable. "It happened". On 9/12/17 at 6:40 PM, LPN #2 was interviewed. She stated that she had been sitting at the nursing station and heard a loud voice yell "Let me go ...turn loose of me". She stated that Resident #2 was standing in the hallway outside his room, holding onto the hand rail and was completely nude. CNA #3 was behind him,	M 500		

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 09/13/2017

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 500	Continued From page 9 holding on to him, and I told her to let him go. I got him back into his room. She stated that it is not like him to wander around nude. He did calm down, and did not tell me what happened, he told another nurse. Interview with the DON on 9/13/17 at 11:00 AM, revealed that she had interviewed Resident #2 and that her written statement is accurate. She said Resident #2 has no history of accusing staff of mistreatment, that he was able to recall on more than one (1) interview what happened. He said he was trying to keep his shirt on, and the girl was trying to take it off. He said that the CNA had washed his face and was trying to get him undressed. The DON said he is usually pretty alert during the day, just has "sundowners" sometimes. She stated that the shirt was ripped from the neck down to the sleeve, and stated, "I believe he was telling the truth". She stated he never changed his words with three (3) different interviews. The DON stated that CNA #3 told her she had a toothache and denied it happened. Review of the written statement, dated 8/18/17, revealed the DON documented she observed the T-shirt for Resident #2 on the floor and found it to be stretched and ripped from the neck to the left sleeve. The DON documented that the resident reported during his resistance, the CNA stated, "I will knock your fucking teeth out." The DON documented the resident reported he knew how it felt to have a female rapist. The resident denied being touched inappropriately. Interview on 9/13/17 at 11:15 AM, with LPN #3, revealed that he found Resident #2 very upset. He stated that Resident #2 told him that the girl was trying to take off his shirt, and he admitted that he had resisted. Resident #2 told him that	M 500		

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 09/13/2017

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 500	Continued From page 10 she did not listen, just kept pulling on his shirt and ruined it. LPN#3 said that Resident #2 tried not to get her in trouble, but that he insisted on knowing who did it. LPN#3 said he believes the resident and knows that she (CNA #3) did not listen. The Administrator related on 9/13/17 at 9:20 AM, that Resident #2 was reliable with what he said at the time, that he gets confused at times but she stated that she and the Social Worker (SW) interviewed him, then the Assistant Administrator and the DON interviewed him later, and his story never changed. She stated she believed it happened and that CNA #3 was told never to come back to the facility, and that she notified the agency. The Assistant Administrator (AA) stated, at 9:20 AM on 9/13/17, that Resident #2 described the shirt, the writing on it, and told him where he got it. He stated it was a new cotton shirt, and was badly ripped. He related that Resident #2 was upset at the loss of the shirt, that they kept the shirt, but gave it to the investigator for the Attorney General's office. Review of the AA's written statement, dated 8/18/17, revealed when he interviewed Resident #2 the Resident reported that CNA #1 had forcefully handled him and told him that she would knock his fucking teeth out. Resident #2 reported that the CNA continually tried to take his clothes off and he was continually resisting and his shirt got torn by the CNA. The facility admitted Resident #2 on 3/31/17, with diagnoses including Hypertension, Depression, Anorexia, Seizure Disorder, Dementia and Osteopenia. Medications included Keppra 500 mg twice a day, Prozac 20 mg. daily, Norvasc 25	M 500		

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 09/13/2017

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 500	Continued From page 11 mg. daily, Aricept 10 mg daily, Remeron 7.5 mg at bedtime and Micardia 80 mg. daily. Review of Resident #2's MDS with an ARD of 7/5/17, revealed a BIMS score of 5, which indicated severe cognitive impairment.	M 500		