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 11/11/2018

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 #15524 A complaint investigation was conducted in your facility on November 11, 2018. The results of the investigation was unsubstantiated with no deficiencies.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bonnie Carr — TITLE: Administrator — (X6) DATE: 11/21/18

MISSISSIPPI STATE DEPARTMENT OF HEALTH

ELECTRONIC MAIL

November 21, 2018

Tommie Carr, Administrator
Ms State Veterans Home-Collins
3261 Highway 49 South
Collins, MS 39428

CI MS #15524

Dear Mrs. Carr:

This letter confirms the results of a complaint investigation conducted in your facility on **November 11, 2018.** An unannounced visit was made regarding allegation(s) of staff to resident abuse, neglect, and/or misappropriation of resident property.

The investigation indicated that the allegation(s) could not be substantiated. No deficiencies were cited. Enclosed is a Form CMS-2567 and no Plan of Correction is required. Subsequent, a signature and date is required and must be submitted by ten **(10)** calendar days after the facility receives its Form CMS-2567 by certified mail. Return the signed and dated form CMS-2567 to **Dawn E. Owens, Division Director II, South District, Post Office Box 1700, Jackson, Mississippi 39215-1700, phone number (601) 364-1100, and fax number (601) 364-5052.**

We appreciate the courtesy and cooperation you and your staff extended to the surveyor(s) during this visit. If our agency can be of further assistance, please feel free to contact **Dawn E. Owens, Division Director II, South District.**

Sincerely,

Dawn E. Owens, Division Director II
South District
Bureau of Health Facilities
Licensure and Certification

DO/cc
Enclosure:

cc: Marilynn Winborne, Bureau Director, Long Term Care Division
Melissa Parker, Director/Office of Licensure