STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #2594171, CI MS #2589828, and CI MS #488561 at the facility from 8/18/25 through 8/21/25. CI MS #2594171 was a facility reported incident (FRI) related to a possible narcotic diversion and CI MS #2589828 was a complaint investigated related to equipment and nursing services. There were no citations regarding those CIs. CI MS #488561 was investigated for a resident being over sedated and F605 was cited. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F550, F585, F658, F677, F812, F867, and F880. The facility had a census of 148 and was licensed for 180 beds.	F0000		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.	F0550		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0550 SS = D	Continued from page 1 §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to respect a resident's privacy during incontinent care (Resident #26) for one (1) of four (4) days of survey. Findings include: A review of the facility's policy titled, "Dignity," revised 7/24/23, revealed, "…Each resident shall be cared for in a manner that promotes and enhances their sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Policy Interpretation and Implementation 1. Residents are treated with dignity and respect at all times…11. Staff promote, maintain, and protect residents' privacy, including bodily privacy during assistance with personal care and treatment procedures…" On 8/18/25 at 10:06 AM, during an observation while walking in the hallway with the Licensed Social Worker (LSW), Registered Nurse (RN) #2 was observed providing incontinent care for Resident #26 with the resident's door open. Resident #26's buttocks and genital area were exposed, and privacy was not maintained during the provision of care. On 8/18/25 at 10:09 AM, during an interview, the LSW confirmed she observed RN #2 provide incontinent care with the resident's door open and the resident's buttocks and genital area exposed. The LSW acknowledged that residents, staff, families, and visitors	F0550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0550 SS = D	Continued from page 2 frequently pass by the hallway and confirmed this was a dignity concern that should be addressed. On 8/18/25 at 10:26 AM, during an interview, RN #2 confirmed she failed to close the door while cleaning the resident and admitted the resident's buttocks and genitals were exposed. RN #2 stated she became focused on cleaning the resident and forgot to close the door. On 8/18/25 at 10:57 AM, during an interview, the Director of Nursing (DON) stated the nurse should have closed the door during care and confirmed the resident's body should not have been exposed to anyone who could pass by in the hallway. On 8/21/25 at 4:44 PM, during an interview, the Administrator stated she expected staff to follow the dignity policies. A record review of the "Admission Record" revealed the facility admitted Resident #26 on 8/6/25 with diagnoses including Chronic Obstructive Pulmonary Disease. A record review of the Comprehensive Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/13/25 revealed Resident #26 had a Brief Interview for Mental Status (BIMS) score of 8, which indicated his cognition was moderately impaired.	F0550		
F0585 SS = D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the	F0585		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0585 SS = D	Continued from page 3 resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the	F0585		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0585 SS = D	Continued from page 4 pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interviews, and facility policy review, the facility failed to resolve a grievance in a timely manner for one (1) of (29) sampled residents (Resident #59). Specifically, the facility failed to replace a broken tablet reported on 5/29/25 until nearly three (3) months later, which did not ensure timely grievance resolution in accordance with facility policy. Findings include: A review of the facility's policy, "Grievances, Complaints, Recording and Investigating," dated 7/24/23, revealed, "…All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance…Policy Interpretation and Implementation…7. The resident, or person acting on behalf of the resident, will be informed of the findings of the investigation…within 5 working days of the filing of the grievance or complaint..." On 8/18/25 at 11:14 AM, during an interview, Resident #59 stated a staff member knocked her tablet off of a surface and broke it. She stated the facility was to replace the device, but nothing had been done. A record review of the "Admission Record" revealed the facility admitted Resident #59 on 11/15/24 with diagnoses including Chronic Obstructive Pulmonary Disease.	F0585		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0585 SS = D	Continued from page 5 A record review of Resident #59's "Admission Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 5/26/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. A record review of the "Monthly Grievance/Concern Log" for May 2025 revealed a grievance was recorded on 5/29/25 for Resident #59 indicating "tablet broken accidentally." The "Resolution" section stated, "unable to repair, unable to confirm staff responsibility," and indicated the complainant was notified on 6/2/25. A record review of an "Order Summary," dated 8/18/25, revealed the facility ordered a replacement tablet scheduled to arrive on 8/22/25, almost three (3) months after the grievance was filed. On 8/20/25 at 11:51 AM, during an interview, the Licensed Social Worker (LSW) stated Resident #59's smart tablet had been accidentally broken by a staff member. She reported the facility attempted to have it repaired locally but was told it would be too costly and would be easier to replace. She explained she did not interview other staff members because the resident was cognitively intact and had provided the information. On 8/20/25 at 12:06 PM, during an interview, the Administrator stated she was aware of the broken tablet and confirmed it would be cheaper to replace rather than repair. She explained she was waiting for the facility's petty cash card to be loaded before ordering the device. She reported that a new tablet was ordered on 8/18/25 but she had not yet notified the resident. She confirmed the replacement was delayed for nearly three (3) months after the grievance was originally filed.	F0585		
F0605 SS = D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the	F0605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0605 SS = D	Continued from page 6 resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-. . . §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. . . . . §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or	F0605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0605 SS = D	Continued from page 7 (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is NOT MET as evidenced by: Based on staff interview, record review, and facility	F0605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0605 SS = D	Continued from page 8 policy review, the facility failed to ensure antipsychotic medications were prescribed for residents with appropriate, clinically documented diagnoses for one (1) of six (6) residents reviewed for unnecessary medications. Resident #157 Findings include: A review of the facility's policy, "Antipsychotic Medication Use," revised 10/2022, revealed, "Policy Interpretation and Implementation 1. Residents will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective…" A record review of the "Admission Record" revealed the facility Admitted Resident #157 on 9/20/24 with diagnoses including "Major Depressive Disorder, Single Episode, Unspecified." A record review of the "Discharge Summary" from an acute care hospital, dated 9/20/24, revealed Resident #157's "Problem List/Discharge Diagnosis" included Hemorrhagic Cerebrovascular Accident, Disorientation, Pulmonary Embolism, Acute Kidney Injury, and Wheezing. A record review of the "Diagnosis Report" revealed Resident #157 had a diagnosis of Major Depressive Disorder, Single Episode, Unspecified with an onset date listed as 9/20/24. A record review of the "Order Summary Report" with an order date range of 9/20/24 through 8/31/25 revealed Resident #157 had Physician's Orders for Olanzapine (an antipsychotic medication), dated 9/20/25 for "Mood", for Olanzapine, dated 10/9/24, for "Psychosis," Olanzapine, dated 10/22/24 for "psychotic disorder," Olanzapine, dated 11/7/24 for "Major Depressive Disorder, Single Episode, Unspecified, and Zyprexa (Olanzapine), dated 1/9/25 for "Major Depressive Disorder, Single Episode, Unspecified." Further review revealed Physician's Orders for Haloperidol (an antipsychotic medication), dated 1/14/25 for "mood" and Haloperidol, dated 10/22/24 for "Psychosis. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/26/25 revealed Resident #157 had a diagnosis of Depression and there were no other psychiatric/mood disorders indicated. A record review of the Significant Change in Status MDS with ARD of 1/31/25 revealed Resident #157 had a diagnosis of Depression with no other psychiatric/mood	F0605		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0605 SS = D	Continued from page 9 disorders indicated. On 8/21/25 at 11:45 AM, in an interview with the pharmacist, he explained that his monthly reviews include evaluating appropriate diagnoses, potential interactions, and duration of therapy. He stated that he does not generally have concerns if the medical record does not contain a specific supporting diagnosis for a medication, because many medications can be prescribed for multiple conditions. On 8/21/25 at 1:32 PM, during an interview with the Director of Nursing (DON), she explained that when a physician provides a new medication order, the physician indicates the diagnosis associated with the medication. The nurse then enters the order into electronic health record, where a prompt appears requiring the associated diagnosis. She stated that orders are reviewed each morning to ensure diagnoses are in place for new medications. She further explained that the Minimum Data Set (MDS) nurse reviews diagnoses for accuracy, and for psychotropic medications, the consultant pharmacist verifies that appropriate diagnoses are present.	F0605		
F0658 SS = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to ensure physician orders were followed for obtaining a Hemoglobin (Hbg) A1C (a blood test that measures average blood glucose levels over the past 2-3 months) as ordered for one (1) of six (6) residents reviewed for unnecessary medications. Resident #12. Findings include: A review of the facility's policy "Physician's Orders" dated 4/13/21 revealed, "… Physician's orders are carried out unless the nurse or other licensed personnel believe the order to be inaccurate …" A record review of the "Admission Record" revealed the	F0658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0658 SS = D	Continued from page 10 facility admitted Resident #12 on 4/25/18 with diagnoses including Diabetes Mellitus. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/1/25 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) Summary Score of 13, which indicated she was cognitively intact. A record review of the “Order Summary Report” with active orders as of 8/21/25 revealed Resident #12 had a Physician’s Order, dated 10/23/24 for a (Hgb)A1C every six (6) months – April and October. A record review of lab results, dated 10/3/25, revealed HgbA1C results were obtained. A record review of lab results, dated 3/5/25, revealed there was no HgbA1C lab results. On 8/21/25 at 8:00 AM, during an interview with the Director of Nursing (DON), she explained Resident #12 should have had all labs completed per physician orders on 3/5/25 and if the other labs were drawn in March, the HgbA1C test should have been included. She reported that the labs were drawn in March instead of April due to the facility changing laboratory companies. On 8/21/25 at 10:08 AM, during an interview with Registered Nurse (RN) #1, she stated Resident #12’s HgbA1C was not obtained in April as ordered. She explained the other labs were drawn in March and all the labs are typically obtained together. She contacted the lab and was told the HbgA1C that was drawn in March could not be processed because the blood was clotted, and the test was never repeated. She further explained that the facility changed laboratory companies in April 2025, and the new lab had better reporting and electronic access. On 8/21/25 at 3:15 PM, during an interview with the DON, she confirmed the HgbA1C was not done as ordered with the other labs and had not been followed up on. She stated RN #1 was responsible for monitoring labs and she expected all labs to be completed as ordered. She reported the physician would be notified and an HgbA1C level would be drawn at this time.	F0658		
F0677 SS = E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary	F0677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0677 SS = E	Continued from page 11 services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to provide Activities of Daily Living (ADL) care to ensure a resident was kept clean after episodes of incontinence, as evidenced by staff requiring multiple wipes to remove dark residue from the groin area during incontinent care for one (1) of 29 sampled residents, Resident #74. Findings include: On 8/19/25 at 3:35 PM, during an observation and interview, Certified Nurse Aide (CNA) #3, reported that Resident #74 was always incontinent of bowel and bladder and dependent on staff for ADL care, including personal hygiene. During incontinence care with CNAs #2 and #3, Resident #74's groin area required extensive cleaning, with multiple wipes showing brown and black discoloration before the skin was clean. CNA #3 confirmed this was not bowel movement but an accumulation of dirt and residue, commenting the resident had not been adequately cleaned prior to their providing this care. On 8/19/25 at 4:00 PM, during an interview, the Director of Nursing (DON) reported she expected all residents to be properly cleaned after each incontinence episode and not left with soiled or dirty skin. She confirmed care must be provided until the washcloths are clean and no residue remains. On 8/19/25 at 5:00 PM, during a phone interview, CNA #4, who had been assigned to Resident #74 earlier in the day, stated she last changed the resident around 3:00 PM. She reported the resident had not had a bowel movement at that time but had earlier in the day. She explained the resident did not receive a shower that day, as his scheduled showers were on Monday, Wednesday, and Friday. On 8/21/25 at 10:02 AM, during a phone interview with the resident's Resident Representative (RR), she reported she visited every Saturday, and the resident himself had reported the staff did not clean him properly. She noted that his cleanliness varied depending on which aide was assigned. On 8/21/25 at 10:30 AM, during an interview with Resident #74, the resident confirmed his sister visited every weekend. He reported that aides did not always	F0677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0677 SS = E	Continued from page 12 clean him thoroughly, stating “some of them go too fast” when providing hygiene care. A record review of the “Admission Record” revealed the facility admitted Resident #74 on 4/28/20 with diagnoses including Cerebral Infarction. A record review of the Comprehensive Minimum Data Set (MDS)” with an Assessment Reference Date (ARD) of 7/15/25 revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated his cognition was moderately impaired. A review of Section GG revealed he was dependent on staff for toileting, hygiene care, and showering.	F0677		
F0812 SS = E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and facility policy review, the facility failed to ensure food items were properly stored, dated, and labeled in the dry goods room, freezer, and cooler for one (1) of two (2) kitchen observations. Findings include:	F0812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0812 SS = E	Continued from page 13 A review of the facility's policy, "Food Storage," dated 8/18/2011, revealed "… It is the policy of this facility that food storage areas be maintained in a clean, safe, and sanitary manner. Procedure…2. All food not requiring refrigeration shall be stored above the floor … 8. All food stored in refrigerators and freezers that have been opened, will be covered and labeled with the date and name of the food … 11. All condiments that have been opened should be refrigerated and discarded after 30 days …" On 8/18/25 at 9:25 AM, during an observation of the kitchen and interview with the Dietary Manager (DM), in the dry goods room, a broken scoop was stored inside the cornmeal, plastic cups were stored directly on the floor, a 16- pound container of cream cheese icing was observed with no opened date and the lid not secured, and an opened bag of Raisin Bran cereal was noted to be repackaged but undated. In Freezer #1, two (2) boxes of frozen cookie dough were opened and left exposed without repackaging or dating. Additional improperly stored items included opened fish patties, Tony's pizza, and corn on the cob, all found exposed without adequate packaging or labeling. In Cooler #2, an opened package of muffins was observed exposed, not repackaged, and undated. The DM acknowledged the findings and confirmed the observed food storage practices were not in accordance with facility policy. He stated facility policy required staff to repackage, and date opened food products, and for frozen foods to be securely closed in their packaging. On 8/21/25 at 3:58 PM, during an interview, the Administrator stated her expectation was that kitchen and dietary staff follow facility policies related to food storage in the refrigerator, freezer, and dry goods room.	F0812		
F0867 SS = D	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(1)-(4)d)(1)(2)(e)(1)-(3)(g)(2)(ii)(iii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:	F0867		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0867 SS = D	Continued from page 14 §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement. §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.71 and including how such information will be used to develop and monitor performance indicators. §483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation. §483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events. §483.75(d) Program systematic analysis and systemic action. §483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained. §483.75(d)(2) The facility will develop and implement policies addressing: (i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems; (ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and	F0867		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0867 SS = D	Continued from page 15 (iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained. §483.75(e) Program activities. §483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care. §483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility. §483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.71. Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section. §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting	F0867		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0867 SS = D	Continued from page 16 from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interview, and facility policy review, the facility's Quality Assurance and Performance Improvement (QAPI) Committee failed to sustain corrective actions to prevent recurrence of previously cited deficiencies, specifically, the facility was cited for failing to ensure residents received proper hygiene care for residents dependent on staff and failed to ensure the proper storage of food during an annual recertification survey on 04/04/2024 and was cited again for the same deficiencies during the current recertification survey, demonstrating that QAPI failed to sustain ongoing monitoring and oversight to prevent recurrence for two (2) of eight (8) deficiencies cited. F677 and F812. Findings Include: A review of the facility's policy, "Quality Assessment and Performance Improvement" (undated), revealed "… The facility will implement and maintain a Quality Assessment and Performance Improvement program. Overview: The Quality Assurance and Performance Improvement (QAPI) committee will implement a process that is ongoing, multi-level, and facility wide … The primary purpose of the committee is to identify and analyze actual or potential quality issues, develop and implement appropriate plans to improve performance, to address identified quality issues, and monitor the effectiveness of implemented changes. The committee will make any needed revisions to performance improvement plans …" Record review of the "Provider History Report" revealed the facility received a citation for F677- ADL Care provided for Dependent Residents and F812- Food Procurement, Store/ Prepare/ Service-Sanitary. Record review of the CMS-2567 (a record that identifies the federal regulation in violation and describes the findings of noncompliance and the facility's plan of correction), with a survey date of 04/04/2024, revealed the facility received a citation for F677, "… Based on observation, interviews, record review, and the facility policy review, the facility failed to provide Activities of Daily Living (ADL) care … for residents who require assistance for two (2) of three (3) residents …" and for F812, "… Based on observation, staff interview, and facility policy review, the facility failed to store food in accordance with	F0867		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0867 SS = D	Continued from page 17 professional standards …" During the current recertification survey, the facility failed to provide adequate ADL care to ensure a resident was kept clean after episodes of incontinence, as evidenced by staff requiring multiple wipes to remove dark residue from the groin area during incontinent care for one (1) of 29 sampled residents and failed to ensure food items were properly stored, dated, and labeled in the dry goods room, freezer, and cooler for one (1) of two (2) kitchen observations. On 8/21/25 at 4:00 PM, during an interview with the Administrator, she explained that the facility discusses areas of high concern in QAPI meetings and works in good faith to correct problems. She stated that during these meetings, each department head presents issues from their area, and the team determines whether to initiate a Performance Improvement Project (PIP) or provide in-service education to staff. The Administrator acknowledged that staff turnover is ongoing, with new personnel recently hired in activities and social services. She was aware that repeated concerns from the previous survey had resurfaced. Following the last survey, the facility implemented additional in-services on providing ADL care and reinforcing nurses' responsibilities to ensure CNAs completed their tasks and documentation before the end of their shifts. The dietary manager provided in-service education to dietary staff on food storage and handling, while the registered dietitian conducted audits and routine checks on food storage and labeling. She explained that audits related to the plan of correction for prior deficiencies were conducted for three (3) months and reviewed in QAPI meetings; however, once the three (3) months ended, the issues were not revisited because the facility believed they were resolved.	F0867		
F0880 SS = F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0880 SS = F	Continued from page 18 The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0880 SS = F	Continued from page 19 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to prevent the possible spread of infection, as evidenced by, failure to follow proper hand hygiene for Resident #26 and by placing soiled linen directly onto the floor for two (2) of four (4) days of survey. Findings include: A review of the facility's policy, "Handwashing/Hand Hygiene," revised June 2010, revealed "… This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation…2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors... 5. Employees must wash their hands for at least fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water … n. Before and after assisting a resident with toileting … r. after handling soiled or used linens …" A review of the facility's policy, "Infection Control Program," reviewed 7/16/22, revealed, "…Purpose…Decrease the risk of infection for residents and staff…" On 8/18/25 at 10:06 AM, during an observation walking in the hallway with the facility's Licensed Social Worker (LSW), Registered Nurse (RN) #2 provided incontinent care for Resident #26. RN #2 cleaned the resident's buttocks, placed soiled linens in a clear plastic bag, applied a clean brief, and assisted the resident with dressing and covering with bed linens, while wearing the same gloves used to clean the resident. On 8/18/25 at 10:09 AM, during an interview, the LSW confirmed RN #2 did not change gloves or perform hand hygiene after cleaning the resident. The LSW stated	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD , BILOXI, Mississippi, 39531

(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) COMPLETION DATE
F0880 SS = F	Continued from page 20 this was an infection control issue that should be addressed. On 8/18/25 at 10:26 AM, during an interview, RN #2 confirmed she failed to change gloves or wash her hands after cleansing loose stool. She stated she was focused on cleaning the resident and acknowledged that placing clean linens and clothing while wearing soiled gloves could cause the spread of infection. On 8/18/25 at 10:57 AM, during an interview, the Director of Nursing (DON) stated RN #2 should have changed gloves and washed her hands after cleaning stool from Resident #26. The DON confirmed not changing gloves could spread infection. On 8/20/25 at 10:10 AM, during an observation and interview while walking in the hallway, CNA #5 exited Room 224, and there was soiled linen placed directly on the floor visible from the hallway, CNA #5 explained she did not bring a bag into the room and admitted she should have placed the linen in a soiled linen bag and transported it directly to the soiled linen room. She acknowledged placing soiled linen on the floor could spread infection. On 8/21/25 at 10:50 AM, during an interview, RN #1 stated CNA #5 had told her about placing soiled linen on the floor. RN #1 confirmed staff were in-serviced on infection control procedures, including bagging soiled linen immediately. On 8/21/25 at 4:44 PM, during an interview, the Administrator stated she expected staff to follow the facility's infection control policies at all times. A record review of the "Admission Record" revealed the facility admitted Resident #26 on 8/6/25 with diagnoses including Chronic Obstructive Pulmonary Disease. A record review of the Comprehensive Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/13/25 revealed Resident #26 had a Brief Interview for Mental Status (BIMS) score of 8, which indicated his cognition was moderately impaired.	F0880		