Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0000	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. CI MS #488561 was investigated for a resident being over sedated. There were no citations regarding the CIs. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M225, M500, M610, M815, and M1570.	M0000		
M0225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.	M0225		

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

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M0225	Continued from page 1 c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interviews, and facility policy review, the facility failed to meet the requirement of two and eight-tenths (2.8) hours of direct nursing care per resident per 24 hours for four (4) of 58 days reviewed in February and March 2025. Findings include: A review of the facility's policy, "Staffing", reviewed 10/2022, revealed, "…Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment…" A record review of the facility's staffing numbers from	M0225		

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M0225	Continued from page 2 the “Staffing Grid” revealed the facility failed to meet the minimum 2.8 hours of direct nursing care per resident requirement on 2/15/25, 3/9/25, 3/15/25, and 3/16/25. On 8/21/25 at 11:07 AM, during an interview with Certified Nursing Assistant (CNA) #5, who served as the CNA scheduler, she confirmed the accuracy of the staffing numbers on those dates. She explained that several CNAs had left unexpectedly for travel assignments without notice, leaving the facility short. She noted the facility aimed to staff at 3.0 hours to stay compliant with the 2.8 hours requirement. On 8/21/25 at 11:10 AM, during an interview with Registered Nurse (RN) #1, the nurse scheduler, she confirmed awareness of staffing shortages on those dates and stated the calculations were correct. She reported that nurses attempt to help fill in when staffing falls below requirements. On 8/21/25 at 11:12 AM, during an interview with Licensed Practical Nurse (LPN) #1, who served as the Staff Development nurse, she confirmed she calculated the direct care hours daily and verified that staffing fell below the 2.8 hours requirement on the identified dates. On 8/21/25 at 11:37 AM, during an interview with the Director of Nursing (DON), she stated her expectation was that the facility consistently meets the 2.8 direct care hours minimum requirement. On 8/21/25 at 2:35 PM, during an interview with the Administrator, she confirmed that the state requirement was 2.8 hours and reported that the facility aims to staff 3.0 to avoid falling below the minimum. She acknowledged she was not employed at the facility in February and March 2025 when staffing fell below the minimum requirements.	M0225		
M0500	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	M0500		

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M0500	Continued from page 3 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 nurse practitioner/physician assistant of his medical conditions unless medically 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	M0500		

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M0500	Continued from page 4 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 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	M0500		

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M0500	Continued from page 5 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure residents' rights as evidence by failing to respect a resident's privacy during incontinent care (Resident #26) and failing to resolve a grievance in a timely manner (Resident #59) for two (2) of 29 sampled residents. Findings include: Resident #26 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	M0500		

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M0500	Continued from page 6 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 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. Resident #59 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	M0500		

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M0500	Continued from page 7 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. 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 had not yet notified the resident. She confirmed the replacement was delayed for nearly three (3) months after the grievance was originally filed.	M0500		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:	M0610		

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M0610	Continued from page 8 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE 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	M0610		

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M0610	Continued from page 9 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 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.	M0610		
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE 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: 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	M0815		

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M0815	Continued from page 10 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.	M0815		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 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. 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 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. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	M1570		

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M1570	Continued from page 11 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 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	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
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M1570	Continued from page 12 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.	M1570		