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 **02/24/2026**

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 two (2) Complaint Investigations (CI MS #2715638 and CI MS #2704331), at the facility from 2/23/26 through 2/24/26. 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. CI MS #7215638 was investigated for resident rights and quality of care and there were no citations related to that complaint. CI MS #2704331 was investigated for nursing services including medication errors, neglect, and unqualified personnel and M90 was cited.	M0000		
M0090	45.2.13 License License. The term "license" shall mean the document issued by the licensing agency and signed by the State Health Officer of the Mississippi State Department of Health. Licensure shall constitute authority to receive residents and perform the services included within the scope of these rules, regulations, and minimum standards. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure nursing services were provided by qualified and licensed personnel when a graduate practical nurse (GPN) continued to function in the capacity of a licensed nurse for approximately five and one-half (5 ½) days after receiving notification of failure of the National Council Licensure Examination (NCLEX) nursing exam for one (1) of three (3) facility nursing staff reviewed. Findings include: A review of the facility's policy "Compliance and Ethics – Risk Areas for Fraud and Abuse," revised May 14, 2025, revealed "…Resident Quality of Care…2. A. Sufficient staffing – staffing is provided in sufficient numbers and with staff who have appropriate clinical training, licensure and/or expertise to meet the needs of residents…"	M0090		

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

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M0090	Continued from page 1 A record review “Board of Nursing License Verification” for GPN #1 revealed she had a “License Type” of LPN (License Practical Nurse) Temporary Permit that was issued on 8/15/25 and expired on 11/13/25. A record review of the NCLEX-Practical Nurse (PN) Candidate Report, test date 10/31/25, results revealed GPN #1 had not passed the exam. A record review of the Board of Nursing website ww.msbn.ms.gov/licensure/applications-and-forms revealed “Temporary Permits for New Graduates” indicated “…if the new graduate fails NCLEX, the temporary permit becomes invalid and the new graduate is no longer able to work off the temporary permit…” A record review of the facility’s “Personnel Action Notice (PAN)”, dated 11/16/25, Graduate Practical Nurse (GPN) #1 was terminated on 11/16/25, due to did not pass state boards. A record review of the facility’s “Employee Time Cards” revealed GPN #1 punched in on 11/3/25 at 6:50 AM and punched out on 7:16 PM, on 11/4/25 at 6:55 AM and punched out on 7:17 PM, punched in on 11/7/25 at 6:53 AM and punched out on 7:21 PM, punched in on 11/8/25 at 6:50 AM and punched out on 7:22 PM, punched in on 11/9/25 at 6:55 AM and punched out on 7:13 PM, and punched in on 11/12/25 at 6:52 AM and punched out on 11:07 AM. A review of GPN #1 staffing schedules and assignment sheets revealed GPN #1 was assigned a full resident assignment during the period 11/3/25 through 11/12/25 and functioned in the capacity of a licensed nurse. On 2/23/26 at 2:00 PM, during an interview with GPN #1, she confirmed that she was notified by the State Board of Nursing and issued a temporary graduate permit on 8/15/25, with an expiration date of 11/13/25. She stated she took the NCLEX-PN on 10/31/25 and received notification from the State Board of Nursing on 11/3/25 that she did not pass the examination. GPN#1 confirmed she continued working as a licensed nurse at the facility after 11/3/25 despite receiving notice of the failed examination. She stated she believed she could continue practicing under the temporary permit until its expiration date of 11/13/25. She acknowledged she did not verify with the State Board of Nursing whether the permit remained valid after failing the exam, nor did she notify facility administration of the failed examination results. She confirmed that between 11/3/25 and 11/13/25 she continued to function in the role of a	M0090		

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M0090	Continued from page 2 licensed nurse, including administering medications, performing treatments, and documenting in the medical record On 2/23/26 at 2:30 PM, during an interview, the Director of Nursing (DON) confirmed she was not aware that GPN #1 failed the NCLEX examination on 11/3/25. The DON stated she believed the temporary permit remained valid through 11/13/25. She acknowledged the facility did not have a system in place to verify examination results with the State Board of Nursing and relied on the nurse to self-report results. The DON confirmed that had she been aware of the failed examination, GPN #1 would have been immediately removed from the schedule, as practicing without a valid license or permit is not permitted under State law or facility policy. She further confirmed that during the period following the exam failure, GPN #1 continued to administer medications, perform treatments, and document in residents' medical records. The DON stated that upon learning of the failure, she assessed residents assigned to GPN #1 and identified no adverse outcomes.	M0090		