STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255093	A. BUILDING _____ B. WING _____	C 02/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	**2279 ATKINSON ROAD BILOXI, MS 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
F 000	INITIAL COMMENTS	F 000		

A COVID-19 Focused Infection Control Survey and Nine (9) Complaint Investigations (CI MS #16805, CI MS #16820, CI MS #16945, CI MS #17270, CI MS #17299, CI MS #17369, CI MS #17400, CI MS #17444, CI MS #17445) was conducted by the State Agency (SA) on 1/14/21 thru 1/20/21. The survey was extended from 2/1/21 thru 2/2/21. The facility was found to be in compliance with infection control regulations and has implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The census was 137 and the facility has a license for 180 beds.

CI MS #16805
The result of the investigation was unsubstantiated with no deficiencies cited for Abuse related to Employee to Resident, Neglect related to Pressure Sore, Quality of Care related to Resident Left Wet for Extended Time, and Resident Rights related to Resident Not Treated With Dignity. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.

CI MS # 16820
The result of the investigation was unsubstantiated with no deficiencies cited. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.

CI MS #16945
The result of the investigation was unsubstantiated with no deficiencies cited for

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

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	255093	A. BUILDING _____ B. WING _____	C 02/02/2021

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

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F 000	Continued From page 1	F 000		

Responsible Party Not Notified of Change, Abuse, and Admission, Transfer, Discharge. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.

CI MS #17270
The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care related to Responsible Party Not Notified of Change, Call Bell Not Answered Timely, and Facility Staffing, Neglect related to Assess, and Dietary related to Food is Cold. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.

CI MS #17299
The result of the investigation was unsubstantiated with no deficiencies cited for Abuse related to Mental and Neglect related to Medication. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.

CI MS #17369
The result of the investigation was unsubstantiated with no deficiencies cited for Neglect related to Assess. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.

CI MS #17400
The result of the investigation was unsubstantiated with no deficiencies cited for Quality of Care Resident Care Not Received Per Physicians Order and Resident Left Wet for Extended Time, Pharmaceutical Services, and Misappropriation of Property related to Personal

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THE PILLARS OF BILOXI	2279 ATKINSON ROAD BILOXI, MS 39531

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F 000	Continued From page 2 Items, Clothing. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation. CI MS #17444 The result of the investigation was unsubstantiated with no deficiencies cited for Neglect related to Assess and Abuse. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation. CI MS #17445 The result of the investigation was unsubstantiated with no deficiencies cited for Neglect related to Pressure Sore. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.	F 000		