

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24KI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER THE PILLARS OF BILOXI		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) determined during nine (9) complaint investigations, dated from 1/14/2021 to 1/20/2021. The survey was extended from 2/1/21 thru 2/2/21. The survey was extended from 2/1/21 thru 2/2/21. The SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. 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 the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. CI MS # 16820 The result of the investigation was unsubstantiated with no deficiencies cited. The SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. CI MS #16945 The result of the investigation was unsubstantiated with no deficiencies cited for Responsible Party Not Notified of Change, Abuse, and Admission, Transfer, Discharge. The SA determined the facility was in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24KI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER THE PILLARS OF BILOXI		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
M 000	Continued From page 1 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 the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. 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 the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. 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 the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. 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 Items, Clothing. The SA determined the facility was in compliance with Medicare and Medicaid requirements for participation.	M 000		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24KI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER THE PILLARS OF BILOXI		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
M 000	Continued From page 2 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 the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. 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 the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements.	M 000		