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 10/01/2021

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 The State Agency (SA) conducted a complaint survey at the facility from 9/29/21 through 10/1/21 for MS #18120 for Resident Rights/Resident Verbal Abuse and MS #18131 for Neglect/pressures sores and medications, Quality of Care (QOC)/staffing, QOC/resident not groomed, QOC/resident left wet, QOC/resident left soiled, Physical Environment/roaches, and Physical Environment/not sufficient supplies. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. MS #18120 was substantiated and the facility was cited F583. MS #18131 was not substantiated. The facility has a license for 180 beds with a census of 140.	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other	F 583		11/12/21

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

Electronically Signed | 10/21/2021

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F 583	Continued From page 1 materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to ensure dignity during clothing change for one (1) of four (4) residents. Resident #1. On 9/29/21 at 10:50 AM, during an interview with the Administrator, he stated CNA #2 changed Resident #1's pants in the activity room which did not provide privacy for Resident #1. On 9/29/21 at 11:00 AM, SA observed the activity room, which is located at the end of a hallway near an exit door, across from the dining room area. The SA observed there is no door to the activity room and noted a small amount of traffic passing by the entrance to the activity room. On 9/29/21 at 11:30 AM, in an interview with License Practical Nurse (LPN) #1 revealed he witnessed CNA #2 assisting Resident #1 into the activity room and noted Resident #1 had changed clothes when he was assisted back to the dining	F 583	1. The Administrator spoke with Resident #1 on 9/17/21 and discussed his rights, personal privacy and the care provided by staff with no concerns or issues voiced. 2. All residents who require assistance with Activities of Daily Living have the potential to be affected by the deficient practice. 3. The Social Services Director interviewed all cognitive residents on 10/5/21 to determine if any resident had an issue with a violation of their resident rights, privacy or dignity without any negative findings. The Social Services Director began making weekly observational rounds and conducting resident interviews starting 10/5/21 to ensure resident rights, privacy and dignity were being provided by staff on each unit. The Social Services Director conducted	

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F 583	Continued From page 2 room. On 9/30/21 at 8:00 AM, in an interview with Housekeeping #1 revealed she observed CNA #2 assisting Resident #1 into the activity room and back out of the activity room a few minutes later and that Resident #1's pants were changed. On 9/30/21 at 9:00 AM in an interview with CNA #2 revealed she assisted Resident #1 to the activity room to change his pants. There were no residents or other staff in the activity room. CNA #2 stated "I should have brought him to his room to do that". Record review Resident #1 Face Sheet admitted to the facility on 6/29/21 diagnosis revealed, Schizophrenia, Unspecified Intracranial Injury without loss of Consciousness, Restless, and Agitation. Review of Resident #1 quarterly Minimum Data Set (MDS) dated 9/16/21 Section C, indicated Brief Interview for Mental Status (BIMS) summary score 13, which indicated he is cognitively intact.	F 583	in-service training of all staff regarding resident rights, privacy and dignity beginning 10/19/21 and ending on 10/22/21. 4. The Social Services Director will continue to make weekly observational rounds for four additional weeks beginning 10/22/21 and ending 11/12/21. The Social Services Director will perform observational monitoring monthly for four months starting 11/12/21 and ending 2/28/22 to ensure all residents are afforded their rights, privacy and dignity. The Social Services Director will document findings and take corrective actions as necessary. The Social Services Director will interview 3 cognitive residents from each unit for a total of 12 residents each month for four months beginning 10/5/21 regarding resident rights, privacy and dignity and ending 1/31/22. The Social Services Director will report findings from the resident observations and interviews to the Quality Assurance and Performance Committee monthly beginning 10/28/21 and ending 2/28/22 for review, revision and/or resolution of the plan as necessary.	