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 06/12/2019

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, for CI MS #15935 and #15958, at the facility from 06/10/19 to 06/12/19. The SA substantiated one of five (1 of 5) concerns regarding quality of care for CI MS #15958 with no deficiencies cited. The SA substantiated two of five (2 of 5) concerns regarding quality of care for CI MS #15935, and cited F755. The census at the time of the survey entrance was 111, and the facility was licensed for 180 beds.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		7/5/19

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

Electronically Signed | 07/04/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 755	Continued From page 1 §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record review, policy review and staff and family interviews, the facility failed to obtain medications ordered for Resident #4 on admission. This was for one (1) of four (4) residents reviewed. Findings include: Review of the policy entitled, "Ordering and Receiving Medications from Provider", dated 12/27/06, stated: "Policy: Medications and related products are received from the provider pharmacy on a timely basis". Review of the "Admission Record" revealed the facility admitted Resident #4, on 05/15/19, with diagnoses which included Fracture of Right Patella (kneecap) and Chronic Kidney Disease. Review of the Admission/Five (5) day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/22/19, revealed Resident #4 scored 11 of 15 on the Brief Interview for Mental Status (BIMS), which indicated moderate cognitive impairment. Review of the "Medication Review Report" for Resident #4, in May 2019, revealed the following	F 755	All medications for Resident #4 were received from Long Term Care (LTC) Pharmacy on 5/20/19. Resident #4 was discharged from the facility on 6/1/19. All residents have the potential to be affected. Licensed Practical Nurse (LPN) #1 reviewed all residents' medication orders and verified that all medications were received from the Pharmacy on 7/1/19 with no negative findings noted. The Admission Nurse will order all medications upon admission from LTC Pharmacy. The Admission Nurse will notify LTC Pharmacy of any medications needed from backup pharmacy prior to scheduled delivery time of medications and arrange for pick up or delivery on the day of admission. All licensed nurses were in-serviced by the Administrator beginning 7/3/19 and ending on 7/5/19 regarding proper procedures for ordering medications from the pharmacy for routine and emergency medications to include procedures for ordering after hours and from backup pharmacy. The Transitional Care Unit (TCU) Manager will	

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F 755	Continued From page 2 medications were ordered: 1 An order, dated 05/15/19, for Butrans Patch weekly 10 MCG/HR (micrograms per hour) 1 (one) patch trans dermally in the morning every 7 (seven) days for pain. 2. An order, dated 05/15/19, for Amlodipine Besylate 5 MG (Milligrams) by mouth one (1) time a day. 3. An order, dated 05/15/19, for Lantus SoloStar Solution Pen-Injector 100 Units/ML (Milliliter), Inject 35 units subcutaneously two (2) times a day. 4. An order, dated 05/15/19, for Percocet tablet 10-325 MG give 1 (one) tablet by mouth every 8 (eight) hours as needed for pain for 5 (five days). 5. An order, dated 05/15/19, for Zolpidem Tartrate tablet 5 (five) MG. Give 1 (one) tablet by mouth at bedtime. Review of the Pharmacy receipts and Medication Administration Sheets (MARs) for Resident #4 revealed the following: 1. The facility did not order the Butrans Patches, but received a patch from the Responsible Person/Party (RP), and documented on the MAR it had been applied on 05/16/19. 2. The facility did not order the strength of the Amlodipine Besylate, but obtained the medication from the family, and documented on the MAR he received it 05/16/18. The strength was changed after this dose. 3. The facility did not receive the vial of Lantus insulin until 05/18/19, and the documentation on the MAR indicated it had been started on 05/17/19. The RP reported the facility had been using the Resident's Pen-Injector from home prior to receiving the vial. This was documented on the MAR beginning 05/15/19. 4. The facility received the Percocet tablets on	F 755	audit five (5) resident records including new admissions beginning 7/8/19 weekly X four (4) then monthly X three (3) to ensure all medications are received from the pharmacy, document findings and take corrective action as needed. The TCU Manager will report findings from record audits for medication availability to the Quality Assurance and Performance Committee monthly for review, revision and/or resolution of the plan.	

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F 755	Continued From page 3 05/17/19, and the first dose was administered on 05/18/19 per the "Controlled Drug Record". The resident received Tylenol as needed, which was documented as effective. 5. The facility did not receive the Zolpidem Tartrate until 05/17/19, but the facility documented administration on 05/15/19. This was confirmed by the RP the resident's home medications were provided until the facility received the medication. An interview, on 06/12/19 at 11:10 AM, with the Director of Nursing (DON), revealed the medications were delivered from the out of town pharmacy, and the local back-up pharmacy never delivered any medications for Resident #4. Resident #4 had been admitted by the facility on 05/15/19 at 7:51 PM. An interview, on 06/12/19 at 11:20 AM, with Resident #4's RP, revealed when the resident was admitted, there were no medications ordered at that time, and she brought in the medications he had used at home when he arrived at the facility. She stated the facility used the home medications for several days before the ordered medications arrived.	F 755		

MSDH - Health Facilities Licensure and Certification

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M 000	Initial Comments The State Agency (SA) conducted a complaint survey, for CI MS #15935 and #15958, from 06/10/19 to 06/12/19 at the facility. The SA substantiated CI MS #15958 with no deficiencies cited. The SA substantiated CI MS #15935, and determined the facility was not in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The SA cited the state statute M700 related to the complaint, CI MS #15935. The census at the time of entrance was 111, and the facility was certified for 180 beds.	M 000		
M 700	45.24.1 General General. The facility shall provide routine drugs, emergency drugs and biologicals to its residents or obtain them by agreement. This Statute is not met as evidenced by: Level II Based on record review, policy review and staff and family interviews, the facility failed to obtain medications ordered for Resident #4 on admission. This was for one (1) of four (4) residents reviewed. Findings include: Review of the policy entitled, "Ordering and Receiving Medications from Provider", dated 12/27/06, stated: "Policy: Medications and related products are received from the provider pharmacy on a timely basis". Review of the "Admission Record" revealed the	M 700	All medications for Resident #4 were received from Long Term Care (LTC) Pharmacy on 5/20/19. Resident #4 was discharged from the facility on 6/1/19. All residents have the potential to be affected. Licensed Practical Nurse (LPN) #1 reviewed all residents' medication orders and verified that all medications were received from the Pharmacy on 7/1/19 with no negative findings noted. The Admission Nurse will order all medications upon admission from LTC Pharmacy. The Admission Nurse will notify LTC Pharmacy of any medications needed from backup pharmacy prior to scheduled delivery time of medications and arrange	7/5/19

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M 700	Continued From page 1 facility admitted Resident #4, on 05/15/19, with diagnoses which included Fracture of Right Patella (kneecap) and Chronic Kidney Disease. Review of the Admission/Five (5) day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/22/19, revealed Resident #4 scored 11 of 15 on the Brief Interview for Mental Status (BIMS), which indicated moderate cognitive impairment. Review of the "Medication Review Report" for Resident #4, in May 2019, revealed the following medications were ordered: 1 An order, dated 05/15/19, for Butrans Patch weekly 10 MCG/HR (micrograms per hour) 1 (one) patch trans dermally in the morning every 7 (seven) days for pain. 2. An order, dated 05/15/19, for Amlodipine Besylate 5 MG (Milligrams) by mouth one (1) time a day. 3. An order, dated 05/15/19, for Lantus SoloStar Solution Pen-Injector 100 Units/ML (Milliliter), Inject 35 units subcutaneously two (2) times a day. 4. An order, dated 05/15/19, for Percocet tablet 10-325 MG give 1 (one) tablet by mouth every 8 (eight) hours as needed for pain for 5 (five days). 5. An order, dated 05/15/19, for Zolpidem Tartrate tablet 5 (five) MG. Give 1 (one) tablet by mouth at bedtime. Review of the Pharmacy receipts and Medication Administration Sheets (MARs) for Resident #4 revealed the following: 1. The facility did not order the Butrans Patches, but received a patch from the Responsible Person/Party (RP), and documented on the MAR it had been applied on 05/16/19. 2. The facility did not order the strength of the	M 700	for pick up or delivery on the day of admission. All licensed nurses were in-serviced by the Administrator beginning 7/3/19 and ending on 7/5/19 regarding proper procedures for ordering medications from the pharmacy for routine and emergency medications to include procedures for ordering after hours and from backup pharmacy. The Transitional Care Unit (TCU) Manager will audit five (5) resident records including new admissions beginning 7/8/19 weekly X four (4) then monthly X three (3) to ensure all medications are received from the pharmacy, document findings and take corrective action as needed. The TCU Manager will report findings from record audits for medication availability to the Quality Assurance and Performance Committee monthly for review, revision and/or resolution of the plan.	

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M 700	Continued From page 2 Amlodipine Besylate, but obtained the medication from the family, and documented on the MAR he received it 05/16/18. The strength was changed after this dose. 3. The facility did not receive the vial of Lantus insulin until 05/18/19, and the documentation on the MAR indicated it had been started on 05/17/19. The RP reported the facility had been using the Resident's Pen-Injector from home prior to receiving the vial. This was documented on the MAR beginning 05/15/19. 4. The facility received the Percocet tablets on 05/17/19, and the first dose was administered on 05/18/19 per the "Controlled Drug Record". The resident received Tylenol as needed, which was documented as effective. 5. The facility did not receive the Zolpidem Tartrate until 05/17/19, but the facility documented administration on 05/15/19. This was confirmed by the RP the resident's home medications were provided until the facility received the medication. An interview, on 06/12/19 at 11:10 AM, with the Director of Nursing (DON), revealed the medications were delivered from the out of town pharmacy, and the local back-up pharmacy never delivered any medications for Resident #4. Resident #4 had been admitted by the facility on 05/15/19 at 7:51 PM. An interview, on 06/12/19 at 11:20 AM, with Resident #4's RP, revealed when the resident was admitted, there were no medications ordered at that time, and she brought in the medications he had used at home when he arrived at the facility. She stated the facility used the home medications for several days before the ordered medications arrived.	M 700		