

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/16/2022
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) COMPLETION DATE	
E 000	Initial Comments A COVID-19 Focused Infection Control Survey and Complaint Investigations (CI MS #18475, CI MS #18476, CI MS #18513, CI MS #18488, and CI MS #18487) was conducted by State Survey Agency (SSA) at the facility from 02/02/2022 through 02/04/2022. 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. During the investigations, the SSA did substantiate CI #18475 and cited deficiencies for F677 and F725 for Resident #1, #3, and #4 when the facility failed to keep fingernails trimmed and failed to provide showers for residents reviewed for activities of daily living care. The SSA did not substantiate CI #18476 for the facility being negligent of quality of care/treatment in pressure wounds, infection control, care not received per physician orders, and resident left wet for extended periods of time. The SSA did not substantiate CI #18513 for the facility being negligent of quality of care/treatment in resident not turned or repositioned, resident neglect in the area of assess and monitor, and facility staffing. The SSA did not substantiated CI #18487 for falls/accidents. The SSA did not substantiated CI #18488 for the facility being negligent of quality of care/treatment in resident not assessed after change in condition, inappropriate feeding assistance for weight loss, improper infection control, improper incontinent care for resident. The facility had a census of 136 and is licensed for 180.	E 000			

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

TITLE

(X6) DATE

Electronically Signed

03/04/2022

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.