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 02/16/2022

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
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/trement 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