MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24KI	A. BUILDING: _____ B. WING _____	C 05/03/2022

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) COMPLETE DATE
M 000	Initial Comments The State Survey Agency (SSA) conducted a Complaint Investigation (CI) at the facility on 05/03/22 for MS #18710. During the investigation, the SSA did not substantiate the complaint because there was a lack of sufficient evidence to prove the facility was negligent related to residents not being assessed after a change in condition, medications not given according to physician orders, residents not offered water, residents with weight loss not being assessed, inappropriate feeding assistance, and no pressure sore precautions taken by the facility. There were no deficiencies cited. However, the facility remains out of compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements due to deficiencies cited on the 03/16/2022 survey.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/09/22