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 09/13/2022

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
F 000	INITIAL COMMENTS The State Agency (SA) conducted a complaint survey, CI MS #19537 at the facility on 9/12/22 through 9/13/22. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare an Medicaid. The SA substantiated CI MS #19537 related to Physical Environment and cited F584. Because the facility failed to identify unresolved quality deficiencies involving environmental concerns, which was previously cited on the last annual recertification survey, the SA cited F865. The facility held a license for 180 with a census of 140.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584		10/22/22

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

Electronically Signed | 09/30/2022

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.

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F 584	Continued From page 1 §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, record review, and facility policy review, the facility failed to maintain and provide a clean, sanitary, and home-like environment for six (6) of 26 rooms located on the Rehabilitation Unit. Room #303, Room #304, Room #311, Room #314, Room #323, and Room #327. The deficient practice had the potential to impact 26 Residents residing on the Rehabilitation Unit. Findings Include: Record Review of the facility's policy "Resident Rights" dated 11/23/2016, revealed, " ...It is the policy of this facility to promote the rights of residents residing in this facility... Procedure ...2. The facility will make every effort to provide	F 584	1. The Administrator and Administrator in Training (AIT) spoke with residents #1, #2, #4, and #7 to address the environmental concerns regarding rooms 303, 304, 311,and 327. All resident's were explained their right to a safe, clean, and comfortable home-like environment and were explained the plan to make the necessary repairs to the areas in the room that impacted those rights. The toilet tank cover in room 311 was replaced on 9/14/2022 by Maintenance. The cold water knob in room 304 was replaced on 9/15/2022 by Maintenance. The ceiling in room 311 was assessed for current leaks. None were found. Ceiling was sanded and painted on 10/02/2022 by Maintenance.	

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F 584	Continued From page 2 resident homelike environment based on his/her preferences, age, etc ..." Record Review of the facility's policy "Maintenance Service" dated June 2000 revealed " ...It is the policy of this facility that maintenance service be provided to all areas of the building, grounds, and equipment. Procedure 1. The maintenance department is responsible for maintaining the buildings. grounds, and equipment in a safe and operable manner at all times; 2. The following functions are performed by maintenance, but are not limited to: a. Maintaining the building in compliance with current federal, state, and local law regulations and guidelines; b. Maintaining the building in good repair and free from hazard; ... j. Providing routinely scheduled maintenance service to all areas ..." Record Review of the "Job Description" for "Job Title: Maintenance Supervisor" revealed, "SUMMARY To ensure the building(s), equipment, and utilities are maintained and to ensure repairing of physical structure of buildings ... ESSENTIAL DUTIES AND RESPONSIBILITIES include ...Effectively handle resident service requests and correct with 24 hours when possible ...Perform repairs such as painting and performing structural repairs to masonry, woodwork and furnishings of the facility ..." Room 303 On 9/12/22 at 4:00 PM, during an observation and interview with Resident #4 in Room 303, The wall around the air condition unit had a dry white wall patch. The paint was also chipping off the	F 584	The air conditioner cover in room 314 was replaced by Maintenance on 9/14/2022. Repairs to the walls in all rooms were initiated on 9/14/2022 and will be completed by 10/02/2022 by the Maintenance Supervisor and the Maintenance Assistant. 2. All residents have the potential to be affected by deficient environmental practice that can impact their right to a safe, clean and comfortable home-like environment. 3. Administrator/Administrator-in-Training (AIT) along with Maintenance Supervisor collaborated on 9/14/2022 to prioritize repairs for environmental issues in rooms 303, 304, 311, 314, 323, and 327. The Administrator/AIT along with the Maintenance Supervisor will inspect other resident rooms weekly beginning 9/14/2022 and until 12/31/2022 to ensure these issues are not systemic to the facility in order to protect residents from similar situations. 4. The facility will monitor these environmental issues to ensure the plan of correction is sustained by conducting weekly environmental rounds starting on 9/14/2022 and conducted by department heads on all applicable resident rooms to identify deficient environmental practices. These findings will be recorded in the Maintenance Request Log books upon completion of rounds and will be discussed in monthly Quality Assessment and Performance Improvement (QAPI)	

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F 584	Continued From page 3 wall and the majority of the wall was painted yellow. Resident #4 confirmed her room had dry, white patched spots on the wall and around the air conditioning unit. Resident #4 said the facility floods when it rains, and the water comes into the rooms around the air condition units on the floor. She has complained several times about the water coming into the building, and the staff will clean it up, but there is nothing done prevent the water from coming into the room. Record review of the "Admission Record" revealed the facility admitted Resident #4 on 9/1/22 with a diagnosis of Acute on Chronic Diastolic (Congestive) Heart Failure. Record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date of 8/8/22 revealed Resident #4 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Room 304 On 9/12/22 at 3:30 PM, during an observation and interview with Resident #7 in Room 304, the base board molding was detached from the wall with chipped sheet rock broken into pieces. The room was also observed with white dry wall patches around the air conditioning unit and behind the head of the Residents bed. Most of the room was painted yellow. The cold-water knob on the sink was broken. Resident #7 confirmed the facility failed to repair the base board, paint the room, repair the cold-water knob, and repair the broken sheet rock around the air conditioning unit. Resident #7 said that the last time it rained, his room was flooded, and the water was also in his bathroom. He had	F 584	meetings beginning 9/30/2022 and until 12/31/2022. These findings will be compared to the environmental rounds book and to the Maintenance Request Log books to ensure any environmental issues have been addressed with an immediate plan of correction for any issue unresolved beginning on 9/30/2022 and ending 12/31/2022. Administrator/AIT along with the Maintenance Supervisor will monitor rooms 303, 304, 311, 314, 323, and 327 beginning 9/14/2022 to ensure corrections/repairs are maintained monthly or as often as needed until 12/31/2022.	

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F 584	Continued From page 4	F 584		

complained to several staff members of his concerns with the room, and nothing was done.

Record review of the "Admission Record" revealed the facility admitted Resident #7 on 9/16/2020, with a diagnosis of Cervical Spinal Cord Quadriplegia.

Record review of the Quarterly MDS with an ARD of 7/13/22 revealed Resident #7 had a BIMS score of 15, which indicated he was cognitively intact.

Room 311

On 9/12/22 at 3:45 PM, during an observation and interview with Resident #1 and Resident #2 in Room 311, the dry wall around the air conditioning unit had a hole and some of the dry wall was missing. There was a large hole behind the entrance door and the toilet did not have a tank top and the water was exposed. Large brown spots on the ceiling were observed. Both residents confirmed the dry wall around the air conditioning unit had a hole in it. They commented that the hole behind the entrance door was there when they moved into the room. Resident #1 and Resident #2 complained about not having a lid or top to the water tank on the back of the toilet and both expressed that they were offended to stay in a room with this type of problems. They commented that when it rains, the room floods from the floor near the air conditioning unit.

Record review of the "Admission Record" revealed the facility admitted Resident #1 on 7/26/2022 with a diagnosis of Displaced comminuted Fracture of shaft of right Femur.

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F 584	Continued From page 5	F 584		

Record Review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/2/22, revealed that Resident #1 had a Brief Interview of Mental Status (BIMS) score of 13, which indicated she was cognitively intact.

Record review of the "Admission Record" revealed the facility admitted Resident # 2 on 7/31/2022 with a diagnosis of Encounter for Surgical Aftercare following Surgery on the Cardiovascular System.

Record review of the Quarterly MDS with an ARD of 8/07/22, revealed Resident #2 had a BIMS score of 12, which indicated her cognition was moderately impaired.

Room 314

On 9/12/22 at 4:35 PM, the SA observed white, dry patch spots around the air conditioning unit in the room. The front of the air conditioner does not have a covering.

Room 323

On 9/12/22 at 4:45 PM, the SA observed a room that the facility used for storage and there were no residents residing in the room. There was a hole in the wall around the air conditioning unit and the sheet rock was crumbled. The SA was able to see the outside of the building through the hole, which was large enough to allow water to enter the building.

Room 327

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F 584	Continued From page 6	F 584		

On 9/12/22 at 4:20 PM, the SA observed a white, dry wall that was marred and chipped in the room. The dry wall around the air conditioning unit was marred and patched.

During an Interview on 9/13/22 at 09:00 AM, with the Maintenance Director and Assistant Director, they confirmed they were aware of the environmental problems in the facility. The Maintenance Directors said they both started working for this facility in July and they have been trying to catch up with all the problems, however, "It's only two of them". The Director verified that the facility has had problems with flooding, and he has installed a pump to divert the water away from the front of the building. The water that had been coming into the walls had caused the sheet rock around the air conditioning units to break. He has been trying to use sealant and stucco around the units to prevent rainwater from coming in. There are several rooms in the facility that need to be painted

During an interview on 9/13/22 at 9:30 AM, with Certified Nursing Assistant (CNA)#1, revealed the facility has provided an educational in-service related to how to use the maintenance log at the nurse's station to record environmental concerns. She works on the Rehabilitation Unit and has not recorded any issues on the maintenance log because she is busy providing care to the residents and has not noticed the need for paint or the holes in the wall in the residents' rooms. CNA #1 confirmed that the facility floods every time it rains.

During an interview on 9/13/22 at 9:45 AM, with CNA #2, revealed she has been trained to document environmental issues on the

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F 584	Continued From page 7	F 584		

maintenance log and she has previously used the logs to document identified concerns. CNA #2 said the facility floods when it rains, causing the air conditioning units, sheet rock, and paint to peel.

During an interview on 9/13/22 at 10:00 AM with CNA #3, he said he was trained to document environmental issues in the maintenance book, but he has no written anything in the book because he was busy providing resident care. CNA #3 said he has seen the facility flood in the residents' rooms several times and he thinks the sheet rock breaking off the wall around the air conditioning unit onto the floor because the water is not draining outside.

During an interview on 9/13/22 with Licensed Practical Nurse (LPN) #1, she said she documents any environmental issues in the maintenance book. She was aware of the holes in the wall, chipped paint, and the flooding in the building, and has documented it in the maintenance several times.

During an interview on 9/13/22 at 10:45 AM, with the Floor Technician (TECH), he said he has had to vacuum a lot of water in the facility due to flooding after it rains. He has noticed the walls are peeling around the air conditioning units, but he has not documented the issue in the maintenance book.

During an interview on 9/13/22 at 11:00 AM, with Housekeeper #2, she said she was told to document environmental problems in the maintenance log at the nurse's station. She was aware of the hole behind the door in Room 311 and has seen the chipped paint and holes in the

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F 584	Continued From page 8	F 584		

walls on the Rehabilitation Unit. She thought the maintenance personnel knew about them and was going to get to them whenever they could.

Interview on 9/13/22 at 11:15 AM, with Housekeeper # 3, she said she has only been working for the facility for about a month and has fallen three (3) times attempting to mop up the water from the rain. Housekeeper #3 said she was told to record any environmental issues on the maintenance book at the nurse's station, but she has not documented anything in the book. Housekeeper #3 said she thought the maintenance department knew about the issues because they were there when she came to work for the facility.

During an interview with the Director of Nursing (DON) on 9/13/22 at 11:30 AM, she confirmed the environmental issues should be documented in the Maintenance book at the nurse's station. She was aware of the holes in the walls, paint chipping, and flooding in the building and the maintenance department is working as fast as they can to repair the rooms. The DON said she told the staff to write everything down in the maintenance book and don't stop the Maintenance workers to do small projects because they have so much to do, they can't get it all done in a timely manner.

During an interview with the Administrator on 9/13/22 at 12:00 PM, she confirmed she was aware of the environmental problems in the facility. She has advised the Maintenance Department to focus on the most serious issues like the flooding. There was a pump placed in the front of the rehabilitation gym to prevent flooding and she has gotten a quote for the

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F 584	Continued From page 9 placement of gutters.	F 584		
F 865 SS=E	QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(2)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. §483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: The facility's Quality Assurance and Performance Improvement (QAPI) Committee failed to ensure the program was sustained during transitions in leadership and failed to maintain implemented procedures and monitor the interventions the committee put into place in March 2022. This was for one (1) recited deficiency originally cited in March 2022 on an annual recertification survey. The deficiency was in the area of Environment. The facility's continued failure during two federal surveys shows a pattern of the facility's inability to sustain an effective QAPI Committee. Findings Include:	F 865	1. Administrator/Administrator-in-training (AIT) or Director of Nursing (DON) and all other applicable staff will collaborate to prioritize the repairs to the environmental issues in rooms 303, 304, 311, 314, 323, and 327 beginning 9/14/2022. The identified environmental issues for these rooms will be discussed in the scheduled monthly Quality Assessment and Performance Improvement (QAPI) meetings beginning 9/30/2022 and ending 12/31/2022. 2. All residents have the potential to be	10/22/22

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F 865	Continued From page 10 Record Review of the facility's, "Quality Assessment and Performance Improvement Program" dated 4/10/2013, revealed, " ...The facility will implement and maintain a Quality Assessment and Performance Improvement program...The Quality Assurance and Performance Improvement (QAPI) committee will implement a process that is ongoing, multi-level, and facility wide that encompasses managerial, administrative, clinical, ancillary, and environmental services ...The primary purpose of the committee is to identify and analyze actual or potential quality issues, develop and implement appropriate plans to improve performance, to address identified quality issues and monitor the effectiveness of implemented changes ..." F584: Based on observations, interviews, record review, and facility policy review, the facility failed to maintain and provide a clean, sanitary, and home-like environment for six (6) of 26 rooms located on the Rehabilitation Unit. Room #303, Room #304, Room #311, Room #314, Room #323, and Room #327. The deficient practice had the potential to impact 26 Residents residing on the Rehabilitation Unit. F584 was also previously cited in March 2022 for a shower room that was in disrepair. During an Interview on 9/13/22 at 09:00 AM, with the Maintenance Director and Assistant Director, they confirmed they were aware of the environmental problems at the facility. The Maintenance Director and the Assistant Director explained that they both started working for the facility in July 2022. The Director acknowledged that he was not aware of the past citations of environmental concerns. The Director said he completes environmental rounds and has a list of	F 865	affected by environmental deficient practice and have a right to a safe, clean, and comfortable home-like environment. 3. Administrator/AIT and the Maintenance Supervisor will review the Maintenance Request logs weekly beginning on 9/14/2022 to discuss and prioritize any needed repairs. All existing staff will be in-serviced by DON, Director of Housekeeping, and Dietary Manager on how to record observed needed repairs or maintenance needs in the Maintenance Request Logs and where to locate the logs beginning on 10/03/2022 and ending on 10/07/2022. All new staff will be educated on where to find the Maintenance Request logs and what information to put in them upon orientation beginning 10/03/2022 and continued indefinitely as part of the orientation process by Human Resources. The Maintenance Request logs along with the environmental rounds books that department heads complete weekly will be reviewed, compared and discussed at the monthly QAPI meetings beginning 9/30/2022 until 12/31/2022. 4. The Administrator will monitor the performance of the facility's plan of correction by reviewing the weekly environmental rounds check performed by the department heads beginning 9/14/2022 and ending 12/31/2022. These findings will be recorded by the department heads performing the environmental rounds in the Maintenance Request log. The findings will be	

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F 865	Continued From page 11 concerns, but he has not reported the findings to the QAPI Interdisciplinary Team. He verified that he attends monthly QAPI meetings. During an interview with the Director of Nursing (DON) on 9/13/22 at 1:00 PM, she said she reviewed the CMS-2567 (a record that identifies the federal regulation in violation and describes the findings of noncompliance and the facility's plan of correction) when she came to work at the facility in July 2022. The DON confirmed that the Maintenance Director has not brought the maintenance logs or concerns to the monthly QAPI meetings. During an interview with the Administrator on 9/13/22 at 2:00 PM, she stated she was not aware of the past environmental citations or the facility's plan of correction. She was not working for the company at the time of recertification survey in March 2022. The Administrator confirmed the Maintenance Department has not brought maintenance logs or concerns to the monthly QAPI meetings. She commented that she was going to have to take these concerns back to the QAPI committee to again develop action plans and audit the areas of concern.	F 865	discussed and compared to the Maintenance Request log in the monthly QAPI meetings to detect unresolved maintenance issues in order to prevent reoccurrence beginning 09/30/2022 until 12/31/2022.	