

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 04/04/2024
NAME OF PROVIDER OR SUPPLIER The Pillars of Biloxi		STREET ADDRESS, CITY, STATE, ZIP CODE 2279 Atkinson Road Biloxi, MS 39531	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>41680</p> <p>Based on interviews, record review, and facility policy review, the facility failed to complete a thorough investigation regarding an injury of unknown origin for one (1) of six (6) residents reviewed for accidents. Resident #242</p> <p>Findings include:</p> <p>Review of the facility's policy, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, dated 10/22, revealed, Policy Statement All reports of resident's abuse (including injuries of unknown origin) . are reported .and thoroughly investigated by facility management. Findings of all investigations are documented and reported .Investigating Allegations .7. The individual conducting the investigation as a minimum .j. interviews other residents to whom the accused employee provides care or services .</p> <p>Record review of facility's investigation incident report, dated 3/22/24 revealed Resident #242 was transferred to the hospital for an abdominal issue and the tests revealed she had bilateral pubic ramus fractures. The facility was made aware of the fractures and began an investigation which included interviewing the resident's medical providers, staff who were assigned to the resident prior to the transfer to the hospital, and the resident's roommate. There were no interviews with other residents who reside near or on the same hall as Resident #242 to possibly identify instances of abuse from staff, visitors, or other residents.</p> <p>On 04/3/24 at 3:40 PM, in a phone interview with the Licensed Social Worker (LSW) for the local acute care hospital, she explained Resident #242 was transferred to the hospital on 3/16/24. She received x-rays within one (1) to one-half (1 1/2) hours of arriving at the hospital and had bilateral pelvic fractures.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/04/24 at 11:45 AM, in an interview with the Administrator, she confirmed Resident #242 was transferred to the hospital on 3/16/24 and tests revealed she had fractures. The facility was unable to determine how or when the fractures occurred and stated they could have occurred either during ambulance transport or while in the hospital. She said she thought about visiting the resident while she was in the hospital but was unsure if she could interview her while at the hospital. The Administrator confirmed that she did not contact the ambulance service or the hospital to determine if an incident occurred that could have caused the fractures. She stated, in hindsight I should have contacted them. The Administrator also confirmed Resident #242's roommate was interviewed during her investigation, but she did not conduct interviews with any other residents that lived near Resident #242 or on the same hall as Resident #242 to determine if there were any allegations of abuse or complaints made by those residents.</p> <p>Record review of Admission Record revealed the facility initially admitted Resident #242 on 12/15/17 with current diagnoses including Cerebral Infarction.</p> <p>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date of 3/15/24, revealed Resident #242 required a staff interview for cognition and her cognitive skills were severely impaired.</p> <p>Record review of the Computed Tomography (CT) of the Abdomen/Pelvis, dated 3/16/24, revealed, New minimal displaced bilateral pubic rami fractures.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>37415</p> <p>Based on record review and interview 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 two (2) recited deficiencies originally cited in March 2022 on an annual recertification survey. The deficiencies were in the area of residents' rights/environment and investigations. The facility's continued failure during two surveys shows a pattern of the facility's inability to sustain an effective QAPI Committee for two (2) of 16 deficient practice citations.</p> <p>Findings Include:</p> <p>Record review of the facility's policy, Quality Assessment and Performance Improvement, undated, revealed, .The facility will implement and maintain a Quality Assessment and Performance Improvement program. Overview: The Quality Assurance and Performance Improvement (QAPI) committee will implement a process that is ongoing .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 .</p> <p>F584: Based on observation, interviews, record review, and the facility policy review the facility failed to ensure residents' rights for a clean and comfortable environment were honored regarding soiled privacy curtains for two (2) of 30 sampled residents. Resident #6 and Resident #27</p> <p>F610: Based on interviews, record review, and facility policy review, the facility failed to complete a thorough investigation regarding an injury of unknown origin for one (1) of six (6) residents reviewed for accidents. Resident #242</p> <p>Record review of the Statement of Deficiencies and Plan of Correction (Form 2567) from the previous annual survey in March 2022, revealed F584 was cited due to shower rooms and resident wheelchairs in disrepair and F610 was cited regarding an investigation of misappropriation.</p> <p>During an interview with the facility's Administrator on 4/4/24 at 2:00 PM, she stated she was not working for the company at the time of the recertification survey that occurred in March 2022. The Administrator confirmed the interdisciplinary team met monthly for a QAPI meeting and discussed the high-risk issues in the facility and provided interventions. She confirmed she had reviewed Form 2567 and was aware of the facility's previous citations. The Administrator stated the QAPI committee had not discussed the soiled privacy curtains because she was unaware there was an issue. She also stated the QAPI committee did not discuss the pelvic fracture investigation because she felt she completed a thorough investigation and had ruled out neglect and abuse during the investigation.</p>		