

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 08/21/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on staff interview, record review, and facility policy review, the facility failed to ensure antipsychotic medications were prescribed for residents with appropriate, clinically documented diagnoses for one (1) of six (6) residents reviewed for unnecessary medications. Resident #157 Findings include: A review of the facility's policy, Antipsychotic Medication Use, revised 10/2022, revealed, Policy Interpretation and Implementation 1. Residents will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective. A record review of the admission Record revealed the facility admitted Resident #157 on 9/20/24 with diagnoses including Major Depressive Disorder, Single Episode, Unspecified. A record review of the Discharge Summary from an acute care hospital, dated 9/20/24, revealed Resident #157's Problem List/Discharge Diagnosis included Hemorrhagic Cerebrovascular Accident, Disorientation, Pulmonary Embolism, Acute Kidney Injury, and Wheezing. A record review of the Diagnosis Report revealed Resident #157 had a diagnosis of Major Depressive Disorder, Single Episode, Unspecified with an onset date listed as 9/20/24. A record review of the Order Summary Report with an order date range of 9/20/24 through 8/31/25 revealed Resident #157 had Physician's Orders for Olanzapine (an antipsychotic medication), dated 9/20/25 for Mood, for Olanzapine, dated 10/9/24, for Psychosis, Olanzapine, dated 10/22/24 for psychotic disorder, Olanzapine, dated 11/7/24 for Major Depressive Disorder, Single Episode, Unspecified, and Zyprexa (Olanzapine), dated 1/9/25 for Major Depressive Disorder, Single Episode, Unspecified. Further review revealed Physician's Orders for Haloperidol (an antipsychotic medication), dated 1/14/25 for mood and Haloperidol, dated 10/22/24 for Psychosis. A record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/26/25 revealed Resident #157 had a diagnosis of Depression and there were no other psychiatric/mood disorders indicated. A record review of the Significant Change in Status MDS with ARD of 1/31/25 revealed Resident #157 had a diagnosis of Depression with no other psychiatric/mood disorders indicated. On 8/21/25 at 11:45 AM, in an interview with the pharmacist, he explained that his monthly reviews include evaluating appropriate diagnoses, potential interactions, and duration of therapy. He stated that he does not generally have concerns if the medical record does not contain a specific supporting diagnosis for a medication, because many medications can be prescribed for multiple conditions. On 8/21/25 at 1:32 PM, during an interview with the Director of Nursing (DON), she explained that when a physician provides a new medication order, the physician indicates the diagnosis associated with the medication. The nurse then enters the order into electronic health record, where a prompt appears requiring the associated diagnosis. She stated that orders are reviewed each morning to ensure diagnoses are in place for new medications. She further explained that the Minimum Data Set (MDS) nurse reviews diagnoses for accuracy, and for psychotropic medications, the consultant pharmacist verifies that appropriate diagnoses are present.</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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