

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D4943</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KNOLLWOOD POINTE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5601 GIRBY ROAD MOBILE, AL 36695</b>
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(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
A 000	<p>Initial Comments</p> <p>On March 18, 2024, an unannounced inspection of care survey was conducted for this 23 bed Assisted Living Facility with a census of 21.</p> <p>There were no complaints investigated during this survey. A deficiency was cited as a result of the inspection of care investigation.</p> <p>Deficiencies were cited during the survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, Assisted Living Facilities. The deficient practice resulted in the potential for significant harm to one (1) resident. A plan of correction to address the deficiency is required.</p>	A 000		
A 611	<p>420-5-4-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.</p> <p>(a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times.</p> <p>(b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations</p>	A 611		

Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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A 611	<p>Continued From page 1</p> <p>of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.</p> <p>1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when</p>	A 611		

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A 611	<p>Continued From page 2</p> <p>necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to promptly update a resident's care plan and develop appropriate interventions to address the care needs of the resident.</p> <p>Findings:</p> <p>Review of Resident Identifier (RI)#1's facility record, on March 18, 2024, revealed the following information. RI#1 was admitted to the facility on</p>	A 611		

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A 611	<p>Continued From page 3</p> <p>October 31, 2023 with diagnoses which included depression, dementia, hypertension, blindness and decreased hearing. RI#1's Initial Medical Examination, dated October 19, 2023, documented a history of agitation (rare). An entry on RI#1's facility care plan, dated October 31, 2023 read as follows, "...Agitation...Observe for anxiousness, wringing of hands, angry outburst, pacing, difficulty sitting still and excessive talking or movement...". No interventions were documented on RI#1's care plan to direct staff in addressing these behaviors if they occurred.</p> <p>During an interview on March 25, 2024, at approximately 12:22 PM, Employee Identifier (EI)#7, Certified Nursing Assistant, reported that she (EI#7) received the following shift to shift report on March 8, 2024 around 3:10 PM: "(RI#1's) daughter visited earlier and (RI#1) was upset since the visit". EI#7 further stated that she (EI#7) was instructed by her coworker in shift to shift report to "keep a close eye on (RI#1)." EI#7 also stated that she (EI#7) heard RI#1 was in an uproar in the activity room during shift change on March 8, 2024 around 3:05 PM. In addition, EI#7 stated that she (EI#7) observed changes in RI#1's behavior at dinner time on March 8, 2024.</p> <p>Although staff were instructed on RI#1's facility care plan to monitor RI#1 for signs and symptoms of anxiety, there were no interventions on the care plan to address these signs and symptoms to manage RI#1's behaviors and protect RI#1 as well as other residents. On March 8, 2024, at approximately 7:30 PM, RI#1 eloped from the facility through a window and was found in a neighborhood in the bed of a homeowner's truck.</p> <p>EI#2's (RN) job description, essential functions</p>	A 611		

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A 611	<p>Continued From page 4</p> <p>read as follows: paragraph#5, "Supervises the maintenance of resident charts and reviews documentation performed by care giving staff"; paragraph#8 "Participates in pre-admission screening of prospective new residents. Assures that required documentation is completed prior to or upon resident admission, including nursing assessments, service plans, and other assigned forms. Updates assessments as required by policy and as described/allowed in the Nurse Practice Act." EI#2 was present at the time of RI#1's episode of anxiety and also on duty, but RI#1's care plan was not updated with RI#1's current status.</p> <p>THERESA HARRISON, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p>	A 611		