

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2024
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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD POINTE SCALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5601 GIRBY ROAD MOBILE, AL 36693
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A 000	<p>Initial Comments</p> <p>On March 18, 2024, an unannounced inspection of care survey was conducted for this 32 bed Specialty Care Assisted Living Facility (SCALF) with 12 residents.</p> <p>There were no complaints investigated during this survey. There were deficiencies written 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for significant harm to one (1) resident. A plan of correction to address the deficiencies is required.</p>	A 000		
A 406	<p>420-5-20-.04 (9) Personnel.</p> <p>(9) Training.</p> <p>(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. An RN shall identify staff training needs and shall provide or arrange for needed training. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that, prior to resident contact, all staff members receive training on the subject matter listed below:</p> <ol style="list-style-type: none"> 1. State law and rules on specialty care assisted living facilities. 2. Facility policies and procedures. 	A 406		

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

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A 406	<p>Continued From page 1</p> <p>3. Resident rights.</p> <p>4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.</p> <p>5. Identifying and reporting abuse, neglect, and exploitation.</p> <p>6. Basic first aid.</p> <p>7. Advance directives.</p> <p>8. Protecting resident confidentiality.</p> <p>9. Resident fire and environmental safety.</p> <p>(b) Prior to providing any resident care, all staff shall complete The Dementia Education and Training Act (DETA) Care Series Training developed by the Alabama Department of Mental Health or equivalent training approved by the State Health Officer. All licensed staff shall complete DETA Brain Series Training, The Pharmacological Management of Dementia, and the Dementia Assessment Series provided by the DETA Program or equivalent training approved by the State Health Officer prior to resident contact. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained.</p> <p>(c) All staff who have resident contact shall be able to demonstrate diversional methods and redirection. All staff shall be able to</p>	A 406		

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A 406	<p>Continued From page 2</p> <p>demonstrate an understanding of the implications of caring for residents with agnosia, amnesia, aphasia, and apraxia. All staff shall be able to demonstrate an understanding of the facility's fire and evacuation plan and all other policies regarding safety, including policies for preventing elopements, responding to elopements, and fall prevention.</p> <p>(d) Cardiopulmonary Resuscitation. A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of a specialty care assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. A specialty care assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or the American Red Cross in CPR or AED utilization.</p> <p>(e) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(f) Continuing Education. All staff must receive annual continuing education sufficient to</p>	A 406		

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A 406	<p>Continued From page 3</p> <p>remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have licensed staff complete required training.</p> <p>Findings:</p> <p>Employee training record review on March 18, 2024 indicated that Employee Identifier (EI)#2 and EI#5 did not complete required Dementia Education and Training Act (DETA) Brain Series training. In addition, EI#2, EI#3, EI#4, EI#5 and EI#6 did not have documentation that they completed The Pharmacological Management of Dementia as required.</p> <p>Employee interviews, conducted on March 20, 2024, indicated lack of appropriate documentation of all completed training in reference to DETA requirements as EI#2 and EI#5 both stated they had completed DETA requirements.</p>	A 406		
A 604	<p>420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include</p>	A 604		

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A 604	<p>Continued From page 4</p> <p>a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.</p> <p>Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status.</p> <p>The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments.</p> <p>(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.</p> <p>(c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems:</p>	A 604		

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A 604	<p>Continued From page 5</p> <p>1. Weight loss:</p> <p>(i) Each month, the facility shall accurately weigh and record the weight of each resident.</p> <p>(ii) A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician.</p> <p>2. Falls (two or more falls within a 30 day period).</p> <p>3. Elopement.</p> <p>4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident.</p> <p>5. Unmanageable, combative, or potentially harmful behavior(s).</p> <p>6. Any accident with injury.</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status</p>	A 604		

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A 604	<p>Continued From page 6</p> <p>requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility Registered Nurse (RN) failed to complete a comprehensive assessment as required.</p> <p>Findings:</p> <p>Review of Resident Identifier (RI)#1's facility record on March 28, 2024, at approximately 2:12 PM, revealed the following information. RI#1 was admitted to the SCALF on March 9, 2024 with diagnoses which include depression, dementia, hypertension, blindness and decreased hearing. RI#1 previously resided in the Assisted Living Facility (ALF) but was transferred to the SCALF following evaluation of RI#1 in the hospital emergency department after RI#1 eloped from the ALF. The surveyor was unable to locate a comprehensive assessment of RI#1 prior to or since admission to the SCALF. During an interview on March 25, 2024, at approximately 1:05 PM, EI#2 could not provide information that a comprehensive assessment had been completed for RI#1 before or during the admission process.</p>	A 604		
A 611	<p>420-5-20-.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>	A 611		

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A 611	<p>Continued From page 7</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. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary.</p> <p>1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. 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</p>	A 611		

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A 611	<p>Continued From page 8</p> <p>provider.</p> <p>5. Activities of Daily Living. Residents of a specialty care assisted living facility 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 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. Residents' 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>	A 611		

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A 611	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility RN failed to develop and implement appropriate care plan interventions to provide for a resident's safety.</p> <p>Findings:</p> <p>RI#1 had resided at the facility since March 9, 2024. Refer to deficiency 604 for additional information on RI#1. RI#1 was transferred from the ALF to the SCALF following an elopement from the ALF on March 8, 2024. RI#1 had a documented history of agitation prior to the elopement while residing in the ALF. In addition, RI#1 sustained a head injury with laceration after admission to the SCALF.</p> <p>Record review of RI#1's facility care plan revealed there were not appropriate agitation interventions listed for staff to refer to and provide care for RI#1. RI#1's care plan was dated October 31, 2023 which was the date RI#1 was admitted to the ALF. An entry on RI#1's care plan, dated March 8, 2024, read "elopement at approximately 7:35 PM taken to Mobile Infirmary Hosp via Newman's Amb." However, the care plan did not address elopement interventions to prevent a recurrence. In addition, RI#1's care plan did not address the head injury with instructions for staff to monitor resident for complications of the injury.</p> <p>EI#2 failed to appropriately identify resident care problem areas and formulate written interventions to address those problems for RI#1. In addition, RI#1's care plan did not reflect the current condition of the resident to include a head injury.</p>	A 611		

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