STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015117	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Knoll Health and Rehabilitation, LLC	824 Sixth Avenue West Birmingham, AL 35204

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 33739 Based on record review, interview, review of an Online Incident Report and review of facility policy Abuse, Neglect Misappropriation of Resident/Guest Property, Suspicious Injuries of Unknown Source, Exploitation, the facility failed to ensure Resident Identifier RI #1 was not talked to in a demeaning way by a Certified Nursing Assistant (CNA) #4. This incident occurred on 1/28/24 and affected RI #1. This was cited as a result of investigation of complaint/report number AL00046804 and affected RI #1, one of one resident verbally abused. Findings include: Review of a facility policy Abuse, Neglect, Misappropriation of Resident/Guest Property, Suspicious Injuries of Unknown Source, Exploitation with an effective date of 10/15/2022 documented . Verbal- Verbal abuse is the use of oral, written or gestured communication or sounds that includes disparaging and derogatory terms to resident/guest(s) or their families/representatives . Review of a facility Online Reported Incident dated 01/28/2024 documented . 05:30 AM CNA #4 cursed out Resident (RI)#1 over a cigarette lighter. RI #1 stated CNA #4 had asked to borrow his/her lighter. RI #1 said the lighter was not returned . At the desk CNA #4 got mad and said F . you and your lighter. Further review of the Online Reported Incident documented CNA #4 admitted to cursing at RI #1. RI #1 admitted to the facility 06/25/2022 with diagnoses of Anxiety disorder, and Nicotine dependence, cigarettes. On 5/1/24 at 3:50 PM during an interview with Registered Nurse (RN) #3, she said she never saw RI #1 smoking in the facility. She said one night RI #1 was arguing with CNA #4 then RI #1 said he/she found his/her lighter in the shoe. She said she went to get the lighter and RI #1 would not give it to her, she said she told the Director of Nursing (DON) when she called her. RN #3 said she was only aware of RI #1 having a lighter that night when RI #1 said he/she found it in his shoe. RN #3 recalled RI #1 said CNA #4 borrowed the lighter, the CNA #4 said to RI #1 F . you and your lighter. RN #3 said she told CNA #4 to go home he could not talk that way to a resident. RN #3 said it was verbal abuse; she added RI #1 was not harmed. RN #3 said when she called the DON she told CNA #4 cursed at RI #1 and she sent him home, RN #3 said the concern with CNA #4 making a demeaning comment to RI #1 was verbal abuse. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015117	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Knoll Health and Rehabilitation, LLC	824 Sixth Avenue West Birmingham, AL 35204

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/01/2024 at 12:01 PM during an interview with the Administrator she recalled CNA #4 and RI #1 having an argument about a lighter and RI #1 accused CNA #4 of keeping the lighter. She said CNA #4 said f . you and your lighter. CNA #4 admitted to saying that to RI #1, so RN #3 sent him home she heard him say that. The Administrator said the concern when CNA #4 said the demeaning comment to RI #1 was verbal abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015117	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Knoll Health and Rehabilitation, LLC	824 Sixth Avenue West Birmingham, AL 35204

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 33739 Based on observations, interviews, and a review of a facility policy, Supervised Smokers, the facility failed to ensure Resident Identifier (RI) #1 was not found with a lighter in his possession on two separate occasions. This affected RI #1, one of 13 residents listed as a smoker. This was cited as a result of investigation of complaint/report number AL00047459. Findings Include: Review of a facility policy Supervised Smokers with an effective date of 10/15/2022 documented . PROCESS: . 2. Smoking materials should be kept at the nurse's station, and . 3. No fire igniting materials (matches/lighters) should be kept in resident/guest(s) possession. Smokers should obtain lighting materials from staff. On 5/1/24 at 3:50 PM during an interview with Registered Nurse (RN) #3, she said she recalled RI #1 and CNA #4 arguing over a lighter. RN #3 said she never saw the lighter. RN #3 said RI #1 said he/she found the lighter in his/her shoe. RN #3 went to the room to get the lighter and RI #1 said he/she did not have a lighter and was not going to give it to her. RN #3 said she was first aware of RI #1 with a lighter when CNA #4 and RI #1 were arguing about it. RN #3 said the concern with RI #1 having a lighter in his/her room was safety although she never saw RI #1 with a lighter. RN #3 said she told the unit manager and RI #1 gave the lighter to her at shift change. On 5/2/24 at 11:30 AM during an interview with the Director of Nursing she said RI #1 had lighters on 01/28/2024 and on 02/09/2024. She said on 01/28/2024 the unit manager got it from RI #1 and with the incident on 02/09/2024 RI #1 was sent to the hospital for an evaluation and returned later the same day, with the Administrator getting the lighter. The DON said the facility policy was for residents to not have lighters or cigarettes in their possession. The DON said the concern in residents having lighters in their possession was the risk of lighting up, and inside risk of accident. On 5/1/24 at 12:01 PM during an interview with the Administrator she said RI #1 had a lighter during the incident on 01/28/2024 with CNA #4, they were arguing about CNA #4 not returning the lighter to RI #1. The Adm said the unit manager took the lighter when she came on shift as RI #1 would not give it to RN #3. The Adm said with the next event on 02/09/2024 she took the lighter from RI #1 after he/she returned from the hospital. The Adm said she was not sure how RI #1 got the lighters. The Adm said the facility process for ensuring residents do not have lighters on their person was by Social services communicating with family to bring cigarettes and lighters to the SW. The Adm said the concern with a resident having a lighter on their person was safety and a fire risk. 49218