STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015463	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Knollwood Healthcare	3151-A Knollwood Drive Mobile, AL 36693

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, resident record review, and review of a facility policy titled Abuse Policy, the facility failed to ensure an allegation of sexual abuse was reported to the State Agency in accordance with reporting requirements after the Administrator (ADM) was informed by a local hospital of a request for a rape kit to be performed on Resident Identifier (RI) #7, a vulnerable and cognitively impaired resident, due to semen found present in RI #7's urine sample. On 02/10/2026 at 9:04 AM the State Agency received an anonymous Complaint (number 2746917) alleging Resident Identifier (RI) #7 was sent to a local hospital and semen was found in his/her urine. On 10/03/2025 the facility transferred RI #7 to a local hospital due to coughing up blood. While RI #7 was at the hospital, a routine urinalysis resulted in the abnormal presence of semen in the urine. The ADM stated he received a phone call on 10/06/2025 or 10/07/2025 from a local hospital reporting to him semen had been detected in the urine of RI #7 and a rape kit was needed. The ADM said the facility had been informed earlier on the same day, the urine sample received repeat testing and revealed no semen present in RI #7's urine. The ADM said the facility had no documented evidence of receiving the phone calls from the hospital regarding the rape kit request or the urine results indicating the presence of semen in RI #7's urine. Further review revealed there was no evidence the facility reported the allegation of RI #7 having semen in his/her urine to the State Agency after receiving the notification. This deficient practice affected RI #7 one of four residents sampled for abuse and was cited as a result of complaint number #2746917. Findings Include: A facility policy titled Abuse Policy, updated 8/2022, documented: . The following table describes the different reporting requirements.What is to be reported. All alleged violations of abuse, neglect, .When . All alleged violations- 1) Immediately but not later than 2 hours * if the alleged violation involves abuse . RI #7 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] and had diagnoses to include Parkinson's Disease, Huntington's Disease, Dementia and Schizoaffective Disorder. RI #7's annual Minimum Data Set (MDS) assessment with an Assessment Reference Date of 07/08/2025 documented a Brief Interview for Mental Status (BIMS) score of zero which indicated severely impaired cognition. RI #7's hospital history and physical dated 10/03/2025 documented: . Physical Exam . Nonverbal frail [AGE] year-old . with intellectual disability . sperm is noted to be in patient's urine have consulted case management for . possible sexual abuse . Sperm Urine 10/03/25 21:56 present abnormal . RI #7's urinalysis report with results amended on 10/07/2025, after retesting of the 10/03/2025 urine sample, documented the urine sample was negative for sperm in the urine. On 03/03/2026 at 2:35 PM the ADM was asked about RI #7's hospital visit on 10/03/2025. The ADM said, RI #7 was sent out for coughing up blood. The ADM said he received a call from the hospital and he was told a rape kit was being done and the detective in the case was referring to Department of Human Resources (DHR), and a representative from DHR had been to the facility twice to check on RI (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
	015463	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Knollwood Healthcare	3151-A Knollwood Drive Mobile, AL 36693

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#7 since being readmitted . On 03/05/2026 at 6:15 PM in a follow up interview, the ADM was asked to provide more information about RI #7's hospital visit and the request for the rape kit to be performed. The ADM said, he became aware the rape kit was being done on 10/06/2025 or 10/07/2025 and did not remember who he had spoken to at the hospital. The ADM stated, despite the determination that the initial urinalysis was incorrect, the local police department still requested a rape kit be performed on RI #7. When asked about the protocol for reporting allegations of abuse, the ADM said abuse should be reported within a two-hour timeframe. On 03/06/2026 at 9:59 AM during another follow up interview, the ADM was asked if there was any documented evidence of the call with the hospital for what the call was about. The ADM said, no, there was not any documented evidence with the date and time when he was made aware of the rape kit request or the sperm in the urine for RI #7.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015463	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Knollwood Healthcare	3151-A Knollwood Drive Mobile, AL 36693

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and review of a facility policy titled Accidents and Incidents - Investigating and Reporting the facility failed to thoroughly investigate the cause of a bruise observed on the left side of Resident Identifier (RI) #44's face which was observed by Licensed Practical Nurse (LPN) #10. Specifically, the facility failed to complete an incident report following an allegation of a fall reported by RI #44's family member on 02/10/2026. RI #44's family member alleged a new bruise was located on the left side of RI #44's face. This failure had the potential to affect the residents by limiting the facility's ability to evaluate the circumstances of the event and implement measures to reduce the risk of further accidents.This affected one of five residents reviewed for accidents and was cited as a result of the investigation of complaint #2747676.Findings Include: An undated policy titled Accidents and Incidents-Investigating and Reporting documented: Policy StatementAll accidents or incidents involving residents . occurring on our premises shall be investigated and reported to the Administrator.Policy Interpretation and Implementation1. The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. 2. The following data, as applicable, shall be included on the Report of Incident/Accident form: a. The date and time the accident or incident took place;b. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.);c. The circumstances surrounding the accident or incident;d. Where the accident or incident took place;e. The name(s) of witnesses and their accounts of the accident or incident;f. The injured person's of the accident or injury; g. The time the injured person's Attending Physician was notified, as well as the time the physician responded and his or her instructions'h. The date and time the injured person's family was notified and by whom;i. The condition of the injured person, including his/her vital signs;j. The disposition of the injured (i.e., transferred to hospital, put to bed, sent home;k. Any corrective action taken;l. Follow-up information;m. Other pertinent data as necessary or required; andn. The signature and title of the person completing the report.RI #44 was admitted to the facility on [DATE] and discharged on 02/10/2026.On 03/05/2026 at 11:05 AM during an interview, LPN #10 stated she had been informed that RI #44's daughter reported that RI #44 had a fall. LPN #10 said she assessed RI #44 and observed a small raised, bruised knot on the left side of his/her face, near the eyebrow. LPN #10 stated she did not complete an incident report, although one should have been complete. LPN #10 said the issue with not completing an incident report was the facility required documentation of the events that occured. On 03/05/2026 at 12:40 PM during an interview Registered Nurse/Unit Manager (RN) #7 stated that on 02/10/2026 at approximately 07:40 AM she heard RI #44's daughter screaming that RI #44 had fallen. RN #7 stated that upon assessment she noted an unraised bruise on the left side of RI #44's face. When asked whether an incident report had been completed, RN #7 stated she had not prepared one and did not find one in the medical record. RN #7 said an incident report should have been completed and the concern of not completing an incident report was that documentation was needed for follow up, identifying the root cause and implementing preventive measures.On 03/05/2026 at 3:20 PM during an interview the Director of Nursing (DON) said RI #44's daughter had made her aware of an unwitnessed fall involving RI #44. She said RI #44 had a bruise on his/her left cheek which could have resulted from hitting the side rail. The DON further stated that RI #44's daughter was adamant that RI #44 had experienced a fall and requested that he/she be taken to the hospital for evaluation. When questioned regarding the existence of an incident report, she indicated that interviews had been conducted with RN #4 and Certified Nursing Assistant (CNA) #15, and no one had claimed to have seen the resident on the floor or to have assisted him/her back to bed; however, she was uncertain if an incident report had been completed. The DON explained that the person who received the report of the fall would have been responsible for completing the incident report. She said the concern of not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015463	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Knollwood Healthcare	3151-A Knollwood Drive Mobile, AL 36693

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	completing an incident report would be not doing a complete investigation. A review of signed witness statements dated 02/10/2026 provided by the facility documented RN #4 and CNA #15 did not witness RI #44 fall.On 03/05/2026 at 4:01 PM, the Assistant Director of Nursing (ADON) reported she was informed on 02/10/2026 of an unwitnessed fall involving RI #44. The ADON said she assessed the resident who appeared confused, lethargic, and expressed a reluctance to go to the hospital. The ADON said the daughter of RI #44 insisted on the resident being taken to the hospital. She described a light purple bruise extending from the resident's cheek to the eyebrow on the left side of his/her face. The ADON stated she contacted the Nurse Practitioner (NP) who gave an order to transport RI #44 to the hospital. The ADON said that an incident report should have been completed and that she would have been responsible for its completion. The ADON stated she did not complete the incident report. When questioned about the concern of not filing an incident report, she said the resident could have sustained an internal injury.On 03/05/2026 at 4:44 PM the Administrator (ADM) was asked about his knowledge of an unwitnessed fall involving RI #44. The ADM indicated he had been informed of a bruise located on the left side of RI #44's face. He said he observed the bruise, describing its color as light blue, extending from the cheekbone to the midpoint of the eye. The ADM reported that RI #44's daughter, the DON, and the ADON, had communicated that RI #44 had experienced a fall. The ADM stated that in accordance with policy an incident report should have been completed, and the failure to complete such a report was a concern due to not following facility policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015463	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Knollwood Healthcare	3151-A Knollwood Drive Mobile, AL 36693

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and review of facility policies titled Administering Medications and Controlled Substances, the facility failed to ensure controlled medications were were handled and documented as required including the recording of controlled medications on the Medication Administration Record (MAR) after controlled medications were administered to Resident Identifier (RI) #65, one of one resident reviewed for the accurate account of controlled medications.Specifically, RI #65's controlled substance inventory record documented Lorazepam and Morphine were given on 01/29/2026 and 01/30/2026; review of RI #65's MAR revealed no evidence the medications were administered to RI #65. This failure had the potential to affect the RI #65 by limiting the facility's ability to ensure accurate controlled medication administration, record keeping, and monitoring.This was cited as a result of the investigation of complaint #2786698. Findings include:A facility policy titled: Controlled SubstancesPolicy Statement The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances. l. Signature of nurse administering medication.A facility policy titled Administering Medications. Policy StatementMedications shall be administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation .12. The individual administering the medication must initial the resident's MAR on the appropriate line after giving each medication and before administering the next ones RI #65 was originally admitted to the facility on [DATE] and had diagnoses that included Senile Degeneration of the Brain, Acute Respiratory Failure with Hypoxia, Acute Ischemic Heart Disease, and Sepsis. RI #65 was admitted to hospice on 02/13/2025.RI #65's Controlled Substance Inventory Record (CSIR) documented Licensed Practical Nurse (LPN) #3 signed out for Lorazepam and Morphine; two doses of each on 01/29/2026 and three doses of each 01/30/2026.RI #65's January 2026 MAR documented LPN #3 failed to record administration of Lorazepam and Morphine to RI #65 for two doses each day, of each controlled medication, on 01/29/2026 and 01/30/2026. On 03/05/2026 at 3:29 PM during an interview LPN #3 stated she administered Morphine and Lorazepam to RI #65 but could not remember the exact frequency. LPN #3 stated she documented the administration Morphine and Lorazepam on the MAR approximately 85 percent of the time. LPN #3 said that if the medication was documented on the controlled substance sheet but not on the MAR it would be incomplete documentation.On 03/05/2026 at 12:38 PM the Assistant Director of Nursing (ADON) said staff should record PRN medications on the MAR as well as on the controlled substance narcotic sign-out sheet. Upon reviewing the MAR and the controlled substance sheet, the ADON said there was no documentation on the MAR for the administration of Lorazepam and Morphine on 01/29/2026, at 12:20 and 15:20. The ADON said that on 01/30/2026 Lorazepam and Morphine were signed out on the controlled substance sheet at 10:15 and 13:15, yet there was no documentation on the MAR. The ADON said the facility process required staff to document the administration of a PRN controlled substance on both the MAR and the narcotic sign-out sheet.