

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Knollwood Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>29671</p> <p>Based on observations, interviews, review of a facility policy titled Menus and Adequate Nutrition, review of a facility report titled Diet Type Report, and review of facility menus, the facility failed to ensure Pureed Chocolate Cream Pie was prepared and served to residents as planned.</p> <p>This affected Resident Identifier (RI) #9, RI #2, RI #30, and RI #48, all four of (4) residents in the facility with orders for a pureed diet.</p> <p>Findings include:</p> <p>A facility policy titled Menus and Adequate Nutrition with a revised date of 09/16/2024 documented: The purpose of this policy is to assure menus are developed and prepared to meet resident choices including their nutritional . needs, . while using established guidelines. 3. Menus will be followed as posted.</p> <p>A facility report titled Diet Type Report dated 10/09/2024 documented four residents, RI #9, RI #2, RI #30 and RI #48, received a pureed texture diet.</p> <p>A facility menu for Wednesday, (week five) documented four ounces (4 oz) of Chocolate Cream Pie was to be included with the pureed lunch.</p> <p>On 10/09/2024 at 11:25 AM during observation of the lunch tray line, pureed meal trays were prepared to include yogurt instead of the 4 oz serving of pureed chocolate pie as specified in the menu.</p> <p>On 10/09/2024 at 12:30 PM, during an observation of the lunch meal service in the main dining room, RI #9, RI #2, and RI #30 were served a pureed meal that included yogurt rather than pureed chocolate pie.</p> <p>On 10/09/2024 at 12:45 PM RI #48 received a pureed lunch meal that included yogurt instead of pureed chocolate pie.</p> <p>(continued on next page)</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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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/09/2024 at 4:30 PM the Registered Dietician (RD) was asked about the residents on pureed diets not receiving pureed pie for lunch as per the menu. The RD said, staff know to follow the menu and she was unsure why the menu was not followed. The RD said, the residents who received pureed diets should have received the pie because it was on the menu and they should receive the same quality food as other residents in the facility. The RD said, the menu should always be followed to ensure residents received the correct items.</p> <p>On 10/09/2024 at 5:08 PM the Dietary Manager (DM) was asked why residents who received pureed diets received yogurt instead of pie for lunch. The DM said, the cook did not puree the pie. The DM said, the cook had the proper equipment to puree the pie, had access to a menu, and was aware the menu should be followed. When asked why it was important for residents to receive the correct menu items, the DM said, residents should receive what was on the menu to meet their needs.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>29671</p> <p>Based on observation, interviews, and a review of a facility policy titled Garbage and Trash Disposal Policy the facility failed to ensure the grounds around the kitchen were free of discarded pallets during initial tour of the kitchen on 10/08/2024.</p> <p>This had the potential to attract rodents and pests and to affect all 49 residents residing in the facility.</p> <p>Findings include:</p> <p>An undated facility policy titled Garbage and Trash Disposal Policy documented: . The Dining Services Director coordinates with the Directors of Maintenance and Housekeeping to ensure that the areas surrounding the exterior dumpster area is maintained in a manner free of rubbish or other debris.</p> <p>On 10/08/2024 at 9:05 AM, during the initial tour of the kitchen with the Dietary Manager (DM), the surveyor observed 20-25 discarded pallets outside the kitchen backdoor, near the facility dumpsters. The DM said, the pallets had been there for at least two weeks, from deliveries to the facility. When asked about the concern of the discarded pallets, the DM said, the discarded pallets were a shelter for pests or rodents, potentially allowing them to enter the building.</p> <p>An interview was conducted with the Registered Dietician (RD) on 10/09/2024 at 4:30 PM. When asked about the discarded pallets, the RD said, pallets should not be stacked outside the kitchen back door and should instead be placed in a dumpster. The RD said, the pallets were left there following deliveries to the facility and had remained there for several weeks. The RD said, the concern would be a potential for pests or rodents.</p>

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29671</p> <p>Based on resident record review, interviews, and review of the facility Admission Agreement, the facility failed to ensure the binding arbitration agreement within the admission agreement contained a statement, in a clear and detailed manner explaining to recipients, neither the resident or their representative was required to sign the agreement as a condition of admission or to receive care in the facility and the resident or resident's representative had the right to rescind the agreement within thirty (30) days of signing the agreement.</p> <p>This affected Resident Identifier (RI) #3, RI #29 and RI #40, all three (3) residents reviewed for arbitration agreements and had the potential to affect all residents who signed a binding arbitration agreement issued by the facility.</p> <p>Findings include:</p> <p>RI #3 was admitted to the facility on [DATE].</p> <p>A facility Admission Agreement containing an arbitration agreement dated 09/06/2022 was signed by RI #3's Resident Representative.</p> <p>RI #29 was originally admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>A facility Admission Agreement containing an arbitration agreement dated 12/20/2022 was signed by RI #29.</p> <p>RI #40 was admitted to the facility on [DATE].</p> <p>A facility Admission Agreement containing an arbitration agreement dated 10/04/2023 was signed by RI #40's Resident Representative.</p> <p>The facility Admission Agreement reviewed for RI #3, RI #29, and RI #40 failed to contain documentation, in a clear and detailed manner explaining to the recipients, that neither the resident or their representative was required to sign the agreement as a condition of admission or to receive care in the facility and the resident or resident's representative had the right to rescind the agreement within thirty (30) days of signing the agreement.</p> <p>On 10/10/2024 at 3:24 PM the Admissions Director (AD) was asked about the current binding arbitration agreement used by the facility. The AD was unsure when the agreement had been updated. The AD was asked if language in the agreement gave parties the right to refuse to sign the agreement and allowed parties the right to rescind the agreement within thirty (30) days of signing. The AD stated, those provisions were not currently included in the document.</p> <p>On 10/10/2024 at 4:30 PM the Administrator (ADM) reviewed the current binding arbitration agreement and said, it was currently being used by the facility, he was not sure when it had been updated, and the document did not contain the correct wording and language.</p>		

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<p>F 0848</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide a neutral and fair arbitration process and agree to arbitrator and venue.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29671</p> <p>Based on resident record review, interviews, and review of the facility Admission Agreement, the facility failed to ensure the binding arbitration agreement within the admission agreement contained a statement, in a clear and detailed manner, explaining the provision for selection of a neutral arbitrator agreed upon by both parties and the selection of a venue that was convenient to both parties.</p> <p>This affected Resident Identifier (RI) #3, RI #29 and RI #40, all three (3) residents reviewed for arbitration agreements and had the potential to affect all residents who signed a binding arbitration agreement issued by the facility.</p> <p>Findings include:</p> <p>RI #3 was admitted to the facility on [DATE].</p> <p>A facility Admission Agreement containing an arbitration agreement dated 09/06/2022 was signed by RI #3's Resident Representative.</p> <p>RI #29 was originally admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>A facility Admission Agreement containing an arbitration agreement dated 12/20/2022 was signed by RI #29.</p> <p>RI #40 was admitted to the facility on [DATE].</p> <p>A facility Admission Agreement containing an arbitration agreement dated 10/04/2023 was signed by RI #40's Resident Representative.</p> <p>The facility Admission Agreement reviewed for RI #3, RI #29, and RI #40 failed to contain documentation, in a clear and detailed manner explaining to the recipients, the provision for selection of a neutral arbitrator agreed upon by both parties and the selection of a venue that was convenient to both parties.</p> <p>On 10/10/2024 at 3:24 PM the Admissions Director (AD) was asked about the current binding arbitration agreement used by the facility. The AD was unsure of the last update of this agreement. When asked about whether the agreement permitted for the selection of a neutral arbitrator mutually agreed upon by both parties and included provisions for choosing a venue convenient for both, the AD confirmed that such provisions were not present in the current document. When asked about settled disputes, the AD said that no disputes had been resolved through binding arbitration since 2019.</p> <p>On 10/10/2024 at 4:30 PM the Administrator (ADM) reviewed the current binding arbitration agreement and said, it was currently being used by the facility, he was not sure when it was updated, and it did not contain the correct wording and language as required.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>29671</p> <p>Based on observation, interviews, and review of a facility policy titled Maintenance Service the facility failed to ensure kitchen equipment were maintained in working order and kept in good repair. The steamer and a plate warmer were observed in non-working order on 10/09/2024.</p> <p>This had the potential to affect all residents receiving meals from the facility's kitchen, 49 of 49 residents.</p> <p>Findings include:</p> <p>A facility policy titled Maintenance Service revised 10/2009 documented: . Maintenance service shall be provided to all areas of the building, grounds, and equipment. 3. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner.</p> <p>On 10/09/2024 at 11:01 AM on the second day of kitchen observations, the steamer was not in working order and one side of the plate warmer was not in working order.</p> <p>On 10/09/2024 at 11:15 AM the Dietary Manager (DM) reported that the steamer had not worked for at least two weeks and was used for steaming food such as vegetables and for reheating food. When asked about the importance of the steamer, the DM said, it was as important as the oven. The DM further stated, one side of the plate warmer was not working and he was unsure how long it had been broken. The DM said, the plate warmer was used to warm the plate to ensure food stays warm. The DM said, it would be important for the plate warmer to be working to ensure food remains warm.</p> <p>An interview was conducted with the Registered Dietitian (RD) on 10/09/2024 at 4:30 PM. When asked about kitchen equipment the RD said, equipment in the kitchen should be in working order. She said, it was more convenient for staff to have a working steamer and the plate warmer was used to aid in keeping food at an appropriate temperature before it was served to the residents.</p>		