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| 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 03/05/2020 |
| NAME OF PROVIDER OF SUPPLIER KNOLLWOOD HEALTHCARE | | STREET ADDRESS, CITY, STATE, ZIP 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 0661 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, interview and a facility policy titled, Discharge Planning Policy, the facility failed to ensure a discharge summary was done for RI (Resident Identifier) #72, a resident who was discharged on [DATE]. This deficient practice affected RI #72, one of three closed records reviewed. Findings Include: A review of a facility policy titled, Discharge Planning Policy, with no effective date revealed the following: . POLICY AND PROCEDURE . At the time of discharge: A) The resident is provided with a discharge summary to ensure the individuals needs will be met after discharge from the facility into the community. The summary will include current diagnosis, summary of treatment received, . RI# 72 was admitted to the facility on [DATE] and discharged on [DATE]. On 03/05/20 at 10:40 a.m., RI #72's medical record review revealed there was no discharge summary done. On 03/05/20 at 11:37 a.m. an interview was conducted with EI (Employee Identifier) #1, RN (Registered Nurse), DON (Director of Nurses). EI #1 was asked when was RI #72 admitted to the facility. EI #1 said 12/12/19. EI #1 was asked when did RI #72 discharge from the facility. EI #1 said 01/21/20. EI #1 was asked was there a discharge summary done in the medical record for RI #72. EI #1 said there was no discharge summary. EI #1 was asked who was responsible for developing the discharge summary. EI# 1 said the physician. EI #1 was asked why was there no discharge summary for RI #72. EI #1 said because the physician did not do one. EI#1 was asked why the physician did not complete a discharge summary. EI #1 said you will have to ask him that. EI #1 was asked what was the concern with not developing a discharge summary for RI #72. EI #1 said there would not be a recapitulation of the resident's stay. | | |
| F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, review of facility policies titled, FOOD STORAGE LABELING, MONITORING TEMPERATURES OF COOKED FOODS, and the 2017 Food Code, the facility failed to ensure: 1. the fan vents in the cooler were not full of thick, black dust particles; 2. expired foods were discarded; 3. temperatures of foods were not taken by sticking the thermometer through the plastic wrap, covering the foods; 4. the temperatures were taken of all food items on the tray line; and 5. hot foods were not served to residents that had a temperature of less than 135 degrees. This had the potential to affect 65 out of 65 residents receiving meals from the kitchen and nine out nine residents who received a pureed diet. Findings include: 1. A review of the 2019 Food Code revealed: 1. . 2017 U.S. (United States) DEPARTMENT OF HEALTH AND HUMAN SERVICE Public Health Service Food and Drug Administration . Chapter 3 . Preventing Food and Ingredient Contamination .[DATE].11 Packaged and Unpackaged Food -Separation, Packaging, and Segregation. (A) FOOD shall be protected from cross contamination by: . (3) Cleaning EQUIPMENT . On [DATE] at 9:11 a.m., during the initial tour of the kitchen with Employee Identifier (EI) #2, Dietary Manager, an observation was made in the cooler. Both fans in the cooler were covered in very thick black dust particles. On [DATE] at 10:33 a.m., an interview was conducted with EI #2. EI #2 was asked, who was responsible for cleaning the fans in the cooler. EI #2 replied, she had spoken with maintenance, and he said that was not a dietary responsibility, and that he said he would have to call someone in from an outside company to clean them. EI #2 was asked, how often were the fans cleaned. EI #2 replied maintenance said they were cleaned when they came to service the coolers. EI #2 was asked, when was the last time the fans were serviced. EI #2 replied, she was not sure. EI #2 was asked, why were the fans in the cooler full of thick, black dust particles. EI #2 replied, she did not know. EI #2 was asked, what was the potential harm in the fans being covered in thick, black dust particles. EI #2 replied that it could cause contamination of the food items in the cooler. 2. A facility policy titled, FOOD STORAGE LABELING, with no effective date revealed: POLICY: The facility will ensure the safety and quality of food by following good storage and labeling procedures. 2. Recommended Food Storage . C. V. Document the date the food is to be discarded. On [DATE] at 9:11 a.m., during the initial tour of the kitchen with EI #2, the Dietary Manager, an observation was made in the freezer of a bag labeled chicken nuggets with an open date of [DATE] and a used by date of [DATE]. On [DATE] at 10:33 a.m., an interview was conducted with EI #2. EI #2 was asked, who was responsible for checking for expired foods. EI #2 replied the cooks and herself. EI #2 was asked, how often were expired foods checked. EI #2 replied, she tried to check for them daily. EI #2 was asked, were there any expired foods viewed during the initial kitchen tour on [DATE]. EI #2 replied yes. EI #2 was asked, where were the expired foods found. EI #2 replied, in the freezer, there was a bag of chicken nuggets in a zip lock bag. EI #2 was asked, why were there expired foods in the freezer. EI #2 replied because she failed to notice them when she checked the freezer. EI #2 was asked, what was the potential concern of expired foods being in the freezer. EI #2 replied loss of quality. 3. On [DATE] at 4:42 p.m., during tray line EI #3, the cook, was observed taking the temperatures of seven food items by sticking the thermometer through the plastic wrap that was covering the food. On [DATE] at 6:13 p.m., an interview was conducted with EI #3. EI #3 was asked, how should the temperatures of foods be taken. EI #3 replied, just like it was. EI #3 was asked should she stick the thermometer through the plastic when checking the temperature of the foods. EI #3 replied she would not prefer to. EI #3 was asked, who told her to do that. EI #2 replied, nobody, she just saw people do that when she used to wash dishes. EI #3 was asked, what was the concern of taking the temperatures through the plastic wrap. EI #3 replied that the plastic may go in the food. On [DATE] at 10:33 a.m., an interview was conducted with EI #2. EI #2 was asked, how should the temperature of foods be taken. EI #2 replied they should be taken with a thermometer. EI #2 was asked, should temperatures of foods be taken by sticking the thermometer through the plastic wrap covering the food. EI #2 replied, she did not believe so. EI #2 was asked, why was the cook taking the temperatures of the food by sticking the thermometer through the plastic wrap. EI #2 replied she did not know. EI #2 was asked, how was the cook trained to take the temperatures of food. EI #2 replied, they had a kitchen manager that was training her, but she no longer worked there. EI #2 was asked, how long had EI #3 been employed as a cook. EI #2 replied approximately a month. EI #2 was asked, what was the potential concern of taking the temperatures of food, by sticking the thermometer through the plastic wrap covering the food. EI #2 replied the food could be contaminated with the plastic. 4. A facility policy titled, MONITORING TEMPERATURES OF COOKED FOODS, with no effective date, revealed, POLICY: The temperatures of potentially hazardous cooked foods will be monitored to ensure that the foods are not in the danger zone (above 41 degrees F (Fahrenheit) and below 135 degrees F) . On [DATE] at 4:42 p.m., during tray line, EI #3 was observed taking the temperatures of the food items. There were eight food items on the tray line, EI #3 took the temperatures of seven of the items but failed to take the temperature of the eighth item peas and carrots. On [DATE] at 6:13 p.m., an interview was conducted with EI #3. EI #3 was asked, what items on the tray line should have the temperatures checked. EI #3 replied, the | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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| F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>(continued... from page 1)</p> <p>entre, the mechanical soft, the puree, vegetables, and your desserts and your beverages. EI #3 was asked, did she take the temperature of the peas and carrots. EI #3 replied no, she did not think she did. EI #3 was asked, why did she not take the temperature of the peas and carrots. EI #3 replied, she forgot, rushing. EI #3 was asked, why were temperatures suppose to be taken of the foods. EI #3 replied to make sure they were appropriate for residents. EI #3 was asked, what was the potential concern with not taking the temperature of an item on the tray line. EI #3 replied that it could harm them. On [DATE] at 10:33 a.m., an interview was conducted with EI #2. EI #2 was asked, when were the temperatures taken of the food on the tray line. EI #2 replied prior to beginning the tray line. EI #2 was asked, who was responsible for taking the temperatures on the tray line. EI #2 replied, the cook. EI #2 was asked, what were staff taught about taking the temperatures on the tray line. EI #2 replied, they were told to document the temperature of the food on the tray line. EI #2 was asked, what all should have temperatures taken on the tray line. EI #2 replied the hot foods and the cold foods. EI #2 was asked, should the cook have checked the temperature of the peas and carrots on the tray line on [DATE]. EI #2 replied yes. EI #2 was asked, what was the potential concern of not taking the temperature of a food on the tray line. EI #2 replied the food temperature could be less than optimal and could cause food borne illness to the resident. 5. A facility policy titled, MONITORING TEMPERATURES OF COOKED FOODS, with no effective date, revealed: . Procedure . 2. The temperature of each potentially hazardous food will be taken at the following times. b. When the food is placed in the hot holding equipment. If the temperature is below 135 degrees F, the food is reheated to 165 degrees F for 15 seconds and placed back in the holding equipment. On [DATE] at 4:42 p.m., during tray line, EI #3 was observed taking temperatures of foods on the tray line. EI #3 took the temperature of the puree roast beef and the temperature was 115 degrees F. The cook then documented the temperature on the log. On [DATE] at 6:13 p.m., an interview was conducted with EI #3. EI #3 was asked, what should the temperatures be on the tray line for hot and cold foods. EI #3 replied 180 for hot, they did not have a diagram of what hot and cold foods should be. EI #3 was asked, what was the temperature of the pureed roast beef. EI #3 replied 115 degrees. EI #3 was asked, was that temperature okay to serve to the residents. EI #3 replied no. EI #3 was asked, what should have been done with the pureed roast beef. EI #3 replied put it back in the steamer so it could get warmer. EI #3 was asked, why did she not warm it back up before serving it. EI #3 replied she was just trying to get it out in time. EI #3 was asked, was the pureed roast beef served to the residents. EI #3 replied yes. EI #3 was asked, what was the potential concern of serving the puree roast beef at a temperature less than 135. EI #3 replied it could make the resident sick. On [DATE] at 10:33 a.m., an interview was conducted with EI #2. EI #2 was asked, what was the holding temperature for hot foods on the tray line. EI #2 replied 155. EI #2 was asked, how were staff trained on proper holding temperatures. EI #2 replied the kitchen manager that was working here before was supposed to train staff. EI #2 was asked, should a hot food that has a temperature of 115 F on the tray line be served to residents. EI #2 replied, no. EI #2 was asked, why was a food that had a temperature of 115 F on the tray line served to residents. EI #2 replied she did not know. EI #2 was asked, what should EI #3 have done with the food that had a temperature of 115 F degrees. EI #2 replied she should have heated it to 155. EI #2 was asked, what was the potential harm of serving residents hot foods with a temp of less than 135 degrees on the tray line. EI #2 replied there could be bacteria in the food and cause food borne illness.</p> | | |
| F 0814 Level of harm - Potential for minimal harm Residents Affected - Many | <p>Dispose of garbage and refuse properly.</p> <p>Based on observation, interview, and a facility policy titled, WASTE DISPOSAL, the facility failed to ensure one of the dumpster's doors were closed. This affected one of two dumpster's viewed. Findings include: A facility policy titled, WASTE DISPOSAL, with no effective date revealed: . Procedure: . 4. b. Outside storage areas are . kept covered at all times. On 03/03/20 at 9:24 a.m., an observation was made of the facility's two dumpster's. The second one viewed had the front door halfway open. On 03/05/20 at 10:33 a.m., an interview was conducted with Employee Identifier (EI) #2, Dietary Manager. EI #2 was asked, how many dumpster's did the facility have. EI #2 replied, the facility had two dumpster's, one was for dietary and one was for nursing. EI #2 was asked, where were they located. EI #2 replied at the rear of the building. EI #2 was asked, how should the doors on the dumpsters be kept. EI #2 replied, they should be closed. EI #2 was asked, was the door of the second dumpster viewed on 3/3/2020 closed. EI #2 replied, no. EI #2 was asked, who was responsible for making sure the dumpster doors were closed. EI #2 replied all employees who used the dumpsters. EI #2 was asked, what was the potential concern of the dumpster door being open. EI #2 replied that trash could be blown out of the dumpster, or animals could get in the dumpsters.</p> | | |
| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on an interview, review of a facility policy titled, INFECTION CONTROL LOG and review of a facility policy titled, SUBJECT: SURVEILLANCE FOR HEALTHCARE ASSOCIATED INFECTIONS, the facility failed to implement an Infection Prevention and Control Policy. This occurred from 12/2018 through 2/2020, and had the potential to affect all 70 residents residing at the facility. Findings include: A review of a facility policy titled, SUBJECT: SURVEILLANCE FOR HEALTHCARE ASSOCIATED INFECTIONS, with a last history date of 1/16, revealed, . POLICY: Surveillance for Healthcare Associated Infections will be completed to calculate baseline rates, detect outbreaks, track progress, and to determine trends to help prevent the development or spread of infection (HAI) {Healthcare Associated Infections}. RESPONSIBILITY: Director of Nursing/Infection Control Designee/Licensed Nurses PROCEDURE: 1. Notify the Infection Control Nurse, or the Director of Nursing Services, of residents with: a. Single oral temperature of 100 degrees F (Fahrenheit) or greater; repeated oral temperatures over 99.5 degrees F or rectal temperatures over 99.5 degrees F; or singer (single) temperature(s) 2 degrees over baseline from any site (oral, tympanic, axillary) b. Diarrhea (three or more liquid stools within twenty-four (24) hours); and c. Other symptoms of an infectious condition. 2. Obtain a physician's [DIAGNOSES REDACTED]. 3. Complete the Monthly infection Control Surveillance Log utilizing a new form each month . c. Infection Onset Date . d. Infection site . e. Symptoms or related diagnosis; f. Date of pre-treatment culture if known or indicated; g. Identify the pathogen; h. Record antibiotics or other treatment used; i. Record any invasive, or high risk procedures the resident may have had completed; j. Identify if the infection was acquired outside the facility, i.e. community acquired; k. Record other interventions; l. Date infection resolved. Forward the Infection Control Surveillance Log to the Director of Nursing Services or Infection Control designee at the end of the month. 4. Perform the surveillance using any or all of the following data gathering tools as possible indicators of nosocomial infections. a. Laboratory records; b. Wound (Wound) evaluation flow sheets; c. Infection control rounds or interviews; d. Pharmacy records; e. Hospital transfer logs; f. Discharge summaries; 5. Utilize CDC's (Centers for Disease Control's) Definitions of Infection for Surveillance in Long Term Care. 6. If reviews of laboratory reports are used as a data gathering tool, the following findings merit further scrutiny: . 7. The Director of Nursing or Infection Control designee will complete the Monthly Nosocomial Infection Report utilizing the following data from the Monthly Infection Surveillance Log: . 8. Utilize your surveillance data to: a. Identify infections quickly; b. Identify clusters of infections, symptoms, pathogens, body sites, risk factors; c. Note any seasonal trends; d. Document quality improvement conclusions/actions; e. Compare data from one month to the next, or from the same month of the previous year; f. Compare unit by unit data; g. The desired outcome of surveillance is to generate comparison in order to change behaviors, identify environmental factors that may warrant further evaluation; h. The goal is to minimize the infection rate. 9. The monthly report is to be provided to the facility Quality Improvement members in the Quality Assurance and Assessment Committee Meetings. A review of an INFECTION CONTROL LOG form, intended to be used for this task, revealed the following as designated areas to be completed: RESIDENT (NAME), RM # (ROOM NUMBER), DATE STARTED, END DATE, ANTIBIOTIC, SYMPTOMS and ISOLATION. EI (Employee Identifier) #1, the Director of Nursing, was asked to provide documentation of Infection Prevention and Control documentation. She reported there was none to provide to the survey team. An interview was conducted on 3/05/20 at 2:55 p.m., with EI #1, the Director of Nursing. EI #1 was asked who currently filled the position of infection control preventionist/nurse. EI #1 answered no one currently held that role. EI #1 was asked how many residents were on antibiotics at this time and she answered eight. EI #1 was asked what infections were being treated by those antibiotics at that time. EI #1 answered Urinary Tract Infections, Respiratory and a wound infection she believed. EI #1 was asked how many residents were on isolation precautions at that time. EI #1 answered two. EI #1 was asked why were those residents on isolation. EI #1 answered one was for ESBL (Extended Spectrum Beta Lactamase) of the urine and one was on droplet precautions [MEDICAL CONDITIONS] of the sputum. EI #1 was asked when was the last review of the IPCP (Infection Prevention and Control Procedure) and she answered 1/2016. EI #1 was asked when should that policy have been reviewed. EI #1 answered yearly. EI #1 was asked who was responsible for reviewing it. EI #1 answered the IDT (Inter-disciplinary) team. EI #1 was asked why was it not done. EI #1 answered it was related to the turnover in staffing. EI #1 was asked if IDT</p> | | |

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| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>(continued... from page 2)</p> <p>members were employed, why was the yearly review not done. EI #1 answered she could not answer that question. EI #1 was asked if she was a member of the IDT team and she answered yes she was. EI #1 was asked if she brought it before the team and she answered no. EI #1 was asked why. EI #1 answered staff turnover. EI #1 was asked what was the concern of not reviewing the policy/procedure. EI #1 answered if you don't review it, you may not have up to date to best practices in place or the most current information. EI #1 was asked where were the monthly infection control surveillance log tracking for each month since 12/2018. EI #1 answered she did not have one completed. EI #1 was asked what was supposed to be done with that form. EI #1 answered it was used to monitor the incidences of infections and impact and outcome to affected resident and also to track the infections. EI #1 was asked when was it supposed to be done. EI #1 answered monthly. EI #1 was asked who was responsible for the surveillance tracking. EI #1 answered the infection control nurse or designee. EI #1 was asked in their absence, who was responsible for completing this task indicated in your policy. EI #1 answered the Director of Nursing. EI #1 was asked why was this tracking supposed to be done. EI #1 answered to prevent the spread of infections in the facility and prevent re-hospitalization s. EI #1 was asked why was the tracking not done. EI #1 answered (newly hired) staff not completing orientation or training. EI #1 was asked why did a designee not step in and complete the work. EI #1 answered she was not aware it was not being done. EI #1 was asked what she did when the (Infection Control) log was not forwarded to her each month. EI #1 answered she was not aware it was supposed to be forwarded to her. EI #1 was asked during the period of time from 12/2018 through 3/2020 how were infections tracked. EI #1 answered they were not tracked. EI #1 was asked what was the concern of not tracking infections in their resident population. EI #1 answered the potential for increased infection rate and re-hospitalization s.</p> | | |