STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011296	A. BUILDING: _____ B. WING _____	R 10/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWOOD ASSISTED LIVING	6 WINDWOOD DRIVE CANDLER, NC 28715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on October 11, 2018.	{D 000}		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide supervision for 1 of 4 residents sampled (Resident #4), who was caught by staff smoking in the facility dayroom. The findings are: Review of Resident #4's current FL2 dated 02/26/18 revealed diagnoses included tobacco use, anxiety disorder, and depression. Review of Resident #4's Resident Register revealed an admission date of 04/21/11. Review of Resident #4's record revealed the resident had signed the facility smoking policy on 04/21/11. Review of the facility's "Use of Tobacco Policy" revealed: -Residents who smoke will be requested to use	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011296	A. BUILDING: _____ B. WING _____	R 10/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWOOD ASSISTED LIVING	6 WINDWOOD DRIVE CANDLER, NC 28715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 1	D 270		

designated smoking areas outside of the building.
-Staff will supervise and reassess residents who need assistance with smoking as needed.
-Residents who use snuff or chewing tobacco are expected to use appropriate means of disposal.

Observation in the facility on 10/11/18 at 10:45am revealed:
-Resident #4 was sitting in the facility dayroom smoking a cigarette.
-An empty drink can was being used as an ash receptacle.
-There was fog of smoke in the dayroom from the cigarette of Resident #4.

Interview on 10/11/18 at 10:50am with Resident #4 revealed:
-The staff had told him in the past not to smoke in the building.
-He smoked everyday in the facility.
-He never smoked in his room.
-The only place he smoked was in the dayroom.
-He liked to watch television while smoking.
-He went outside to smoke sometimes.
-Since it was raining today he did not feel like going outside to smoke.
-He knew that he was not supposed to in the building.

Interview on 10/11/18 at 11:00am with Resident #4's roommate revealed he had never seen Resident #4 smoke in their room.

Interview on 10/11/18 at 11:05am with the Administrator revealed:
-She had caught Resident #4 smoking in the facility multiple times before.
-She had taken away Resident #4's cigarettes, but "he just gets them from someone else".
-She did not really know what else she could do.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011296	A. BUILDING: _____ B. WING _____	R 10/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWOOD ASSISTED LIVING	6 WINDWOOD DRIVE CANDLER, NC 28715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 2 -The facility's smoking policy was to try and make sure residents did not smoke in the building. -She had Resident #4 to sign a contract on 10/11/18 which stated if he smoked in the building again he would be discharged.	D 270		