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 03/16/2022

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 and the Buncombe County Department of Social Services completed an annual and follow up survey from 03/15/22 - 03/16/22.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 4 sampled staff (Staff A and Staff D) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) upon hire. The findings are: 1. Review of Staff A's personnel record revealed: -There was no date of hire documented in the record. -There was no documentation of the position she was hired to fill. -There was no documentation of a HCPR check. Interview with the Administrator on 03/15/22 at 9:50am revealed: -Though Staff A had a lot of training on 02/11/22, she was not hired until 02/28/22. -She was trying to set up the required account with North Carolina Department of Health and Human Services (NCDHHS) since the law	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 137	Continued From page 1 changed. -She did not think she could check the HCPR until the account had been set up. Interview with Staff A on 03/16/22 at 2:21pm revealed: -She did a lot of training on 02/11/22 and had been working since then. -She was hired to cook meals and was training to be a medication aide. -She helped residents but did not provide any direct personal care. 2. Review of Staff D's personnel record revealed: -There was no date of hire documented in the record. -There was no documentation of a HCPR check. Interview with the Administrator on 03/15/22 at 9:50am revealed staff D was a volunteer and not an official employee yet. Interview with Staff D on 03/16/22 at 3:07pm revealed: -She was hired on 03/02/22 and was being paid since that date. -She was hired to conduct activities with residents for 3 hours a day.	D 137		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on interviews and record reviews, the	D 139		

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	HAL011296	A. BUILDING: _____ B. WING _____	R 03/16/2022

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WINDWOOD ASSISTED LIVING	6 WINDWOOD DRIVE CANDLER, NC 28715

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D 139	Continued From page 2	D 139		

facility failed to ensure 2 of 4 sampled staff (Staff A and Staff D) had a criminal background check upon hire.

The findings are:

1. Review of Staff A's personnel record revealed:
-There was no date of hire documented in the record.
-There was no documentation of the position she was hired to fill.
-There was no documentation of a criminal background check.

Interview with Staff A on 03/16/22 at 2:21pm revealed she did a lot of training on 02/11/22 and had been working since then.

Interview with the Administrator on 03/15/22 at 9:50am revealed:
-Staff A had a lot of training on 02/11/22, but she was not hired until 02/28/22.
-She was trying to set up the required account with the North Carolina Department of Health and Human Services (NCDHHS) since the law changed.
-She had looked up Staff A on an internet website but she did not print it because she was waiting for the official DHHS account to be set up.

2. Review of Staff D's personnel record revealed:
-There was no date of hire documented in the record.
-There was no documentation of the position she was hired to fill.
-There was no documentation of a criminal background check.

Interview with the Administrator on 03/15/22 at 9:50am revealed:

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	HAL011296	A. BUILDING: _____ B. WING _____	R 03/16/2022

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

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D 139	Continued From page 3 -Staff D was a volunteer and not an official employee yet. -She was trying to set up the required account with DHHS since the law changed. Interview with Staff D on 03/16/22 at 3:07pm revealed: -She was hired on 03/02/22 and was being paid since that date. -She was hired to conduct activities with residents for 3 hours a day.	D 139		
D 169	10A NCAC 13F .0509 Food Service Orientation 10A NCAC 13F .0509 Food Service Orientation The adult care home staff person in charge of the preparation and serving of food shall complete a food service orientation program established by the Department or an equivalent within 30 days of hire for those staff hired on or after July 1, 2004. Registered dietitians are exempt from this orientation. The orientation program is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or it is available at the cost of printing and mailing from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff who prepared and served meals completed a food service orientation training that provided an overview of food service in adult care homes including the preparation of therapeutic diets. The findings are:	D 169		

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 03/16/2022

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

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D 169	Continued From page 4 Review of Staff A's personnel record revealed: -She was hired on 02/11/22. -There was no documentation she completed any food service training program within 30 days of hire. Interview with Staff A on 03/16/22 at 10:03pm revealed: -She started work about 5 weeks prior and one of her responsibilities was to prepare breakfast and lunch. -The facility Supervisor, along with the Administrator, trained her on preparing meals and showed her around the kitchen. -She never completed any formal food service training. -She never took a test to check her food service knowledge. -She knew 4 residents had therapeutic diets. -The Supervisor told her the residents on therapeutic diets needed low sugar items substituted for foods that were high in sugar. -She looked at labels to see if a food was high in sugar. -She used one menu for all residents. Interview with the Administrator on 03/16/22 at 4:41pm revealed: -She and the Supervisor completed the food service training for Staff A. -She was not aware there was any specific training course available by the state of North Carolina's Department of Health Service Regulation to use when training new dietary employees. -She was not aware new employees needed any specific training or a food service test within 30 days of being hired.	D 169		

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	HAL011296	A. BUILDING: _____ B. WING _____	R 03/16/2022

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

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D 276	Continued From page 5	D 276		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interview and record review the facility failed to follow physician's orders related to blood glucose checks for 1 of 2 residents (Resident #2). The findings are: Review of Resident #2's current FL-2 dated 02/10/22 revealed: -Diagnoses including seizures, depression, anxiety and bipolar disorder. -There was an order for blood glucose checks three times daily. Review of Resident #3's diabetic monitoring form dated February 2022 revealed fingerstick blood sugar (FSBS) checks were documented once a day from 02/10/22 - 02/28/22. Review of Resident #3's diabetic monitoring form dated March 2022 revealed FSBS checks were documented once a day from 03/01/22 - 03/15/22. Interview with the Administrator on 03/15/22 at 4:29pm revealed: -Either she or the Supervisor took residents to a	D 276		

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	HAL011296	A. BUILDING: _____ B. WING _____	R 03/16/2022

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

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D 276	Continued From page 6 medical appointment once a year to have the FL-2 completed. -She took Resident #2 for his medical appointment on 02/10/22. -She did not notice his blood glucose was listed to be checked three times a day. -It was her responsibility to make staff aware it was to be done three times a day and was an oversight on her part. Interview with the Supervisor on 03/15/22 at 4:46pm revealed: -When an FL-2 was completed it was her responsibility or the Administrators to make sure all staff knew about any changes. -She was not aware that Resident #2 was supposed to have blood glucose checks three times a day. -She checked his blood glucose almost every morning but had not been checking it more than once a day. -She did not know why this had not been communicated to her. Interview with the primary care provider (PCP) on 03/16/22 at 11:32am revealed she expected staff to administer insulin and check FSBS as ordered and within the appropriate timeframes.	D 276		
D 292	10A NCAC 13F .0904(c)(3) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition and Food Service (c) Menus In Adult Care Home: (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.	D 292		

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 03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 292	Continued From page 7	D 292		

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to document any substitutions made to the menu.

The findings are:

Observation of the kitchen during initial tour on 03/15/22 at 9:18am revealed:
-The Supervisor and a resident were in the kitchen preparing breakfast.
-The meal being prepared consisted of cold cereal with milk, dry toast, coffee and orange juice.
-A 4-week cycle menu was posted on the refrigerator.
-A calendar dated December 2021 was posted on the wall beside the refrigerator.

Review of the calendar posted on the wall by the refrigerator revealed:
-The calendar was dated December 2021.
-December 1, 3 and 6 contained entries.
-There was documentation breakfast was substituted for supper on 12/01/21.
-There was documentation a hot dog lunch was obtained from a local restaurant on 12/03/21.
-There was documentation a meal from a fast food chain was served on 12/06/21 but it did not specify which meal it substituted.

Observation of the breakfast meal service on 03/12/22 at 9:30am revealed the meal consisted of cold cereal with milk, dry white toast and orange juice.

Observation of lunch meal service on 03/15/22 at

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	HAL011296	A. BUILDING: _____ B. WING _____	R 03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 292	Continued From page 8 11:57am revealed the meal consisted of 3 baked chicken strips, green beans, mixed vegetables, a dinner roll, sugar free brownie and tea. Observation of the evening meal service on 03/15/22 at 5:00pm revealed the meal consisted of waffles, hash browns, bacon and punch. Review of the menu for 03/15/22 revealed: -The breakfast menu consisted of choice of juice, hot or cold cereal, choice of egg, toast, milk and coffee or tea. -The lunch menu consisted of herb baked chicken, oven roasted vegetables, green beans, bread of choice, pie and a beverage of choice. -The evening meal menu consisted of fruited pancakes, hash browns, bacon, orange wedges, beverage of choice and milk. Interview with the Medication Aide (MA) on 03/15/22 at 12:08pm and 03/16/22 at 10:03am revealed: -She was serving chicken strips for lunch because she forgot to get the chicken out of the freezer on 03/14/22 and therefore did not have chicken to bake. -When she substituted food, she got permission from the Supervisor or the Administrator. -When she substituted food, she substituted with a similar type of food such as a meat for a meat and a vegetable for a vegetable. -She was never instructed to document foods that were substituted. -She did not know what the calendar was for that was posted on the wall beside the refrigerator. -There were some items on the menu that she never prepared because the food was not available, or she did not know how to prepare it, so she made substitutions.	D 292		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 292	Continued From page 9 Interview with the Supervisor on 03/15/22 at 12:15pm revealed: -She rarely substituted food and usually followed the menu that was posted on the refrigerator. -She usually documented food substitutions on the calendar posted next to the refrigerator. -She did not realize the calendar was dated December 2021. -She did not know why a current calendar was not available to document substitutions. -She served cold cereal on 03/14/22 and 03/15/22 because she was running behind schedule but otherwise, she always cooked an egg and meat. -She forgot to document on 03/14/22 that she only served cold cereal. Interview with a resident on 03/15/22 at 2:08pm revealed: -Residents had been served only cold cereal with milk at breakfast for the last three days in a row. -Lunch on 03/14/22 could not be recalled but it was not ham and yams like the menu listed. -Breakfast usually consisted of cereal with eggs and/or meat or a biscuit and gravy with sausage. -About once a week they were served breakfast for supper. -The menus posted in the hall were not always followed. Interview with the Administrator on 03/16/22 at 4:41pm revealed: -Staff were trained to record menu substitutions on the calendar in the kitchen. -She thought staff were recording substitutions as they were trained.	D 292		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service	D 296		

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 03/16/2022

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 296	Continued From page 10 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure there was a matching therapeutic menu available for guidance for 1 of 3 sampled residents (Resident #1) who had an order for a no concentrated sweets diet. The findings are: Review of Resident #1's current FL2 dated 08/09/21 revealed: -Diagnoses included diabetes. -An order for a diabetic diet. Observation of the kitchen during the initial tour on 03/15/22 at 9:17am revealed: -There was a 4-week cycle menu posted on the refrigerator and on a bulletin board in the hallway next to the kitchen door. -There was a piece of paper taped to the refrigerator documenting Resident #1 received a no concentrated sweets diet. -A no concentrated sweets menu was not posted in the kitchen for meal preparation reference. Review of the facility's 4-week cycle menu revealed: -The menu was written by a dietitian. -The menu was written for a regular diet.	D 296		

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 03/16/2022

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 296	Continued From page 11 Observation of the breakfast, lunch and evening meal service on 03/15/22 revealed all residents received the same food except sugar free tea and punch was served to Resident #1. Interview with a Medication Aide (MA) on 03/15/22 at 12:08pm and 03/16/22 at 10:03am revealed: -She started working at the facility about 1 month ago. -The Supervisor who was training her showed her the 4-week cycle menus posted on the refrigerator and she served meals to all residents based on that menu. -Resident #1 could not have concentrated sweets. -She was taught by the Supervisor and the Administrator who were training her that anything with too much sugar could not be served to Resident #1. -Things that had too much sugar included sugar sweetened beverages, syrup, jelly and desserts. Interview with the Administrator on 03/16/22 at 4:41pm revealed: -She recently hired a new employee, and along with the Supervisor, was in the process of training her to prepare meals. -The facility had a book in the kitchen that contained therapeutic menus, and she did not know why staff were not using them. -She was responsible for purchasing food items appropriate for the residents on therapeutic diets. -She expected staff to use the therapeutic diet menus.	D 296		
D 297	10A NCAC 13F .0904(d)(1) Nutrition And Food Service	D 297		

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 03/16/2022

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 297	Continued From page 12 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (1) Each resident shall be served a minimum of three nutritionally adequate, palatable meals a day at regular hours with at least 10 hours between the breakfast and evening meals. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure breakfast and the evening meal were served at least 10 hours apart. The findings are: Interview with a resident on 03/15/22 at 8:57am and 9:07am revealed: -He had not been served breakfast yet. -Breakfast was sometimes served as late as 10:00am. -He wished meals were served on time. Interview with the Supervisor on 03/15/22 at 9:17am revealed she was just preparing breakfast now because she was running behind schedule. Observation of the dining room on 03/15/22 at 9:30am revealed: -The dining room was prepared for the breakfast meal service. -Two residents entered the dining to eat breakfast. Interview with a second resident on 03/15/22 at 9:32am revealed: -Breakfast was usually served a little bit after 9:00am. -Sometimes breakfast was late because staff were running behind.	D 297		

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 03/16/2022

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

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D 297	Continued From page 13 Interview with a third resident on 03/15/22 at 9:41am revealed breakfast was usually served around 9:00am but it was late today because the Supervisor was running behind. Interview with a fourth resident on 03/15/22 at 9:43 revealed: -Breakfast was rarely served before 9:00am because the Supervisor who lived at the facility was frequently running behind. -Breakfast on Sunday was served after 11:00am, after the residents who attended church returned to the facility. Interview with the Supervisor on 03/16/22 at 8:40am revealed: -The residents chose the facility's mealtimes. -Breakfast was served between 8:30am and 9:00am. -The evening meal was served between 5:30pm and 6:00pm Interview with the Medication Aide (MA) on 03/16/22 at 2:21pm revealed: -She was responsible for preparing breakfast Monday through Friday. -She was scheduled to come in at 10:00am on 03/15/22 and the Supervisor was scheduled to prepare breakfast. -Breakfast was usually served between 9:00 and 9:30am. Interview with the Administrator on 03/16/22 at 4:41pm revealed: -Breakfast was usually served between 8:30 and 9:00am. -The evening meal was usually served between 5:30 and 6:00pm. -She was not aware breakfast and the evening meal needed to be at least 10 hours apart.	D 297		

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	HAL011296	A. BUILDING: _____ B. WING _____	R 03/16/2022

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 297	Continued From page 14 -She thought meals were being served at the scheduled times.	D 297		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a minimum of 14 hours of planned group activities was provided each week for the residents. The findings are: Observation of the facility during the initial tour on 03/15/22 from 9:00am to 9:45am revealed: -There was an activity calendar posted in the hallway dated March 2022. -The March 2022 calendar was only completed	D 317		

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 03/16/2022

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 317	Continued From page 15	D 317		

through March 10, 2022.
-No activities were listed on the calendar from March 11, 2022 - March 31, 2022 on Monday through Fridays.
-Each Saturday on the March 2022 calendar was documented with "Free Time."
-Each Sunday on the March 2022 calendar was documented as "Church."

Interview with 5 residents on 03/15/22 during the initial tour between 9:00am and 10:15am revealed:
-There were no early morning activities because it takes staff a while to "wake up."
-The Maintenance Director would sometimes play bingo with them.
-There were no activities at the facility because activities would cost money.
-One resident kept busy by walking up and down the road and completing the puzzles in the daily paper.
-There were no activities, so one resident just talked on the phone.
-An activity other than coloring would be preferred.
-Residents were never taken on any trips.
-There were games stored on the top of the refrigerator in the dining room, but some pieces were missing, and they were never played anyway.
-The calendar posted on the bulletin board in the hallway was "just for show."

Observation of activity supplies on 03/15/22 at 2:30pm revealed:
-There were board games, crayons and coloring books stacked on top of the refrigerator in the dining room.
-The boxes that contained the individual games were very disorganized.

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 03/16/2022

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

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D 317	Continued From page 16 Interview with a Medication Aide (MA) in training on 03/16/22 at 2:22pm revealed: -The calendar was not completed for the month of March. -The AA wrote activities on the calendar when she came in to work each day. -She did not know why the calendar had not been completed for the entire month. Interview with the AA on 03/16/22 at 3:07pm revealed: -She had just been hired by the Administrator to work in Activities and started last week. -She did not know she was supposed to fill out the calendar for the month until she was told by the Administrator on 03/15/22. Interview with the Administrator on 03/16/22 at 4:42pm revealed: -The AA was hired to work for 3 hours a day, Monday through Friday. -She had not been aware the activity calendar was only being filled out one day at a time. -She informed the AA on 03/15/22 that it needed to be filled out monthly. -She was unaware that activities were listed during the scheduled lunch time for the residents. -The AA is new and would need to be trained regarding what was required of her position.	D 317		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:	D 358		

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 03/16/2022

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 358	Continued From page 17 (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interview and record review the facility failed to administer medication as ordered for 2 of 3 residents (Resident #1 and #3) including errors with pain medication for Resident #1 and and not administering medication for gastric reflux for Resident #3. The findings are: 1. Review of Resident #1's current FL2 dated 08/09/21 revealed diagnoses which included Type 1 diabetes, hypertension and bipolar disorder. Review of Resident #1's physician's orders dated 12/16/21 revealed an order for Gabapentin (used to treat pain) 100mg three times daily. Review of Resident #1's electronic Medication Administration Record (eMAR) dated March 2022 revealed: -There was documentation Gabapentin was administered on 03/15/22 at 2:00pm with an exception documented at 12:46pm indicating the Gabapentin was out of stock, waiting for pharmacy to refill it. -There was no documentation Gabapentin was administered on 03/15/22 at 8:00pm and no exception was documented. -There was documentation Gabapentin was administered on 03/16/22 at 8:00am. -There was no documentation Gabapentin was administered on 03/16/22 at 2:00pm and no exception was documented. -There was documentation Gabapentin was	D 358		

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 03/16/2022

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 358	Continued From page 18	D 358		

administered on 03/16/22 at 8:00pm.

Observation of medications available for administration on 03/15/22 at 3:20pm revealed there was no Gabapentin in stock.

Interview with the Supervisor on 03/15/22 at 3:25pm revealed:
-Resident #1 ran out of Gabapentin "this morning."
-She had ordered the refill from the resident's pharmacy on 03/15/22.

Refer to interview with the Administrator on 03/16/22 at 11:48am and 4:42pm.

2. Review of Resident #3's current FL2 dated 02/11/22 revealed:
-Diagnoses included major depression, congestive heart failure and hypertension.
-There was an order for Omeprazole (used to reduce gastric reflux) 20mg each morning.

Review of Resident #3's March 2022 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Omeprazole 20mg each morning.
-There was documentation Omeprazole 20mg was administered at 8:00am from 03/01/22 through 03/16/22.

Observation of Resident #3's medications on hand on 03/15/22 at 3:37pm and 03/16/22 at 12:03pm revealed there was no Omeprazole 20mg available for administration.

Interview with the Supervisor on 03/15/22 at 4:00pm revealed she administered the last available Omeprazole to Resident #3 on 03/14/22

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 03/16/2022

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

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D 358	Continued From page 19 and needed to reorder it. Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/16/22 at 10:26am revealed they delivered a 31-day supply of Omeprazole 20mg to the facility on 03/01/22. Interview with the Supervisor on 03/16/22 at 12:03pm revealed: -She could not locate the Omeprazole that the pharmacy said was delivered in March 2022 so she needed to call the pharmacy. -Because she was the only current Medication Aide (MA) and was busy training the new MA, she did not do cart audits. -A MA was responsible for conducting cart audits but they had not been done recently. -When medications were delivered from the pharmacy, she did not check to see that every medication that was supposed to be delivered was actually there. -Because she did not do cart audits, she did not recognize the Omeprazole was out until she used the last tablet on 03/14/22. Interview with Resident #3 on 03/16/22 at 4:35pm revealed her Omeprazole ran out a couple days ago. Telephone interview with a nurse at Resident #3's primary Care Provider (PCP) on 03/16/22 at 4:21pm revealed: -Resident #3 was ordered Omeprazole 20mg to treat acid reflux. -If Resident #3 did not take the Omeprazole she would start having acid reflux again. -Having acid reflux was not only uncomfortable, it could cause esophageal burning that could result in ulcers.	D 358		

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 03/16/2022

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 358	Continued From page 20 Interview with the Administrator on 03/16/22 at 4:41pm revealed: -She did not realize the Supervisor did not confirm medications delivered from the pharmacy were in the delivery box. -The Supervisor should conduct a cart audit to confirm medications were available to administer. Refer to interview with the Administrator on 03/16/22 at 11:48am and 4:42pm. _____ Interview with the Administrator on 03/16/22 at 11:48am and 4:42pm revealed: -She was not aware of any medication issues prior to 03/16/22. -She expected staff to administer medications as ordered and within the appropriate timeframes. -The Supervisor was currently training the new MA on medication administration.	D 358		
D 364	10A NCAC 13F .1004(g) Medication Administration 10A NCAC 13F .1004 Medication Administration (g) The facility shall ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure medications were administered one hour before or one hour after the prescribed administration time for 3 of 3 residents (Residents #1, #2, and #3). The findings are:	D 364		

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 03/16/2022

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 364	Continued From page 21	D 364		

1. Review of Resident #1's current FL2 dated 08/09/21 revealed:
-Diagnoses included Type 1 diabetes, hypertension and bipolar disorder.
-There was an order for Amlodipine (used to treat high blood pressure) 10mg each morning.
-There was an order for Bupropion (used to treat depression) 100mg every morning.
-There was an order for Gabapentin (used to treat pain) 100mg three times daily.
-There was an order for Lantus (used to treat diabetes) 10 units each morning and 24 units at bedtime.
-There was an order for Lithium (used to treat bipolar disorder) 300mg twice daily.

Review of Resident #1's March 2022 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Amlodipine 10mg to be administered at 8:00am.
-There was an entry for Bupropion 10mg to be administered at 8:00am and 8:00pm.
-There was an entry for Gabapentin 100mg to be administered at 8:00am and 8:00pm.
-There was an entry for Lantus 10 units to be administered at 7:30am and 4:45pm.
-There was an entry for Lithium 300mg to be administered at 8:00am and 8:00pm.

.Review of Resident #1's March 2022 Medication Administration Variance Report revealed:
-There was documentation Resident #1 received his 8:00am dose of Amlodipine, Bupropion, Gabapentin and Lithium at 11:15am on 03/12/22.
-There was documentation Resident #1 received his 8:00pm dose of Bupropion, Gabapentin, Lantus, and Lithium at 10:33pm on 03/12/22.
-There was documentation Resident #1 received his 7:30am dose of Lantus at 11:15am on

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 03/16/2022

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 364	Continued From page 22	D 364		

03/12/22.
-There was documentation Resident #1 received his 4:45pm dose of Lantus at 10:23pm on 03/12/22.
-There was documentation Resident #1 received his 8:00am dose of Amlodipine, Bupropion, Gabapentin and Lithium at 3:30pm on 03/13/22.
-There was documentation Resident #1 received his 8:00pm dose of Amlodipine, Bupropion, Gabapentin and Lithium at 9:22 on 03/13/22.
-There was documentation Resident #1 received his 7:30am dose of Lantus at 3:30pm on 03/13/22.
-There was documentation Resident #1 received his 4:45pm dose of Lantus at 9:11pm on 03/13/22.
-There was documentation Resident #1 received his 8:00am dose of Amlodipine, Bupropion, Gabapentin and Lithium at 10:35am on 03/14/22.
-There was documentation Resident #1 received his 8:00pm dose of Amlodipine, Bupropion, Gabapentin and Llithium at 9:34pm on 03/14/22.
-There was documentation Resident #1 received his 7:30am dose of Lantus at 10:35am on 03/14/22.
-There was documentation Resident #1 received his 4:45pm dose of Lantus at 9:25pm on 03/14/22.

Refer to interview with the Medication Aide (MA) on 03/16/22 at 2:22pm.

Refer to interview with the Administrator on 03/16/22 at 11:48am and 4:42pm.

2. Review of Resident #2's current FL-2 dated 02/10/22 revealed diagnoses including seizures, depression, anxiety and bipolar disorder.

Review of Resident #2's physician's orders for

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 03/16/2022

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 364	Continued From page 23	D 364		

daily medications revealed:
-Escitalopram 20mg tablet every day for anxiety prescribed 11/03/21.
-Levetiracetam 750mg tablet twice daily for seizures prescribed 01/13/20.
-Olanzapine 5mg tablet three times daily for anxiety/mood prescribed 10/25/21.
-Phenobarbital 64.8 mg tablet twice daily for seizures prescribed 02/02/22.
-Vimpat 50mg tablet twice daily for seizures prescribed 08/09/21.

Review of Resident #2's March 2022 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Escitalopram 20mg to be administered at 8:00am.
-There was an entry for Levetiracetam 750mg to be administered at 8:00am and 8:00pm.
-There was an entry for Olanzapine 5mg to be administered at 8:00am and 8:00pm.
-There was an entry for Phenobarbital 64.8mg to be administered at 8:00am and 8:00pm.
-There was an entry for Vimpat 50mg to be administered at 8:00am and 8:00pm.

Review of Resident #2's March 2022 medication administration variance report revealed:
-There was documentation Resident #2 received his 8:00am doses of Escitalopram, Levetiracetam, Olanzapine, Phenobarbital and Vimpat at 10:34am on 03/12/22.
-There was documentation Resident #2 received his 8:00pm dose of Levetiracetam, Olanzapine, Phenobarbital and Vimpat at 10:25pm on 03/12/22.
-There was documentation Resident #2 received his 8:00am doses of Escitalopram, Levetiracetam, Olanzapine, Phenobarbital and Vimpat at 3:17pm on 03/13/22.

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 03/16/2022

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 364	Continued From page 24	D 364		

-There was documentation Resident #2 received his 8:00am doses of Escitalopram, Levetiracetam, Olanzapine, Phenobarbital and Vimpat at 10:27am on 03/14/22.

Interview with the Supervisor on 03/16/22 at 10:56am revealed she knew there was only an hour before and an hour after the scheduled administration time to give a medication.

Interview with Resident #2's primary care provider 0n 03/16/22 at 11:32am revealed:
-She was not aware Resident #2 was receiving his medications late.
-His Vimpat and Phenobarbital needed to be administered at consistent times to keep a steady level of medication in his system.
-She expected medications to be given as ordered.

Refer to interview with the Medication Aide (MA) on 03/16/22 at 2:22pm.

Refer to interview with the Administrator on 03/16/22 at 11:48am and 4:42pm.

3. Review of Resident #3's current FL2 dated 02/11/22 revealed:
-Diagnoses included major depression, congestive heart failure and hypertension.
-There was an order for Omeprazole (used to reduce gastric reflux) 20mg each morning.
-There was an order for Carvedilol (used to treat high blood pressure), 12.5mg twice a day.
-There was an order for Entresto (used to treat heart failure), 24mg-26mg twice a day.
-There was an order for Furosemide (used to treat fluid retention), 40mg daily.
-There was an order for Spironolactone (used to treat fluid retention), 25mg daily.

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 03/16/2022

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 364	Continued From page 25 Interview with Resident #3 on 03/15/22 at 9:43 am revealed: -Medications were always administered after meals. -Breakfast was usually not available until after 9:00am, lunch until after 12:30pm and the evening meal was not available until 6:30pm and it was after that time that her medications were administered. -Because several residents went to church on Sunday morning, breakfast was not usually served until 11:00am and medications administered afterward. Review of Resident #3's March 2022 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Omeprazole 20mg to be administered daily at 8:00am. -There was an entry for Carvedilol 12.5mg to be administered daily at 8:00am and 8:00pm. -There was an entry for Entresto 24mg - 26mg to be administered daily at 8:00am and 8:00pm. -There was an entry for Furosemide 40mg to be administered daily at 8:00am. -There was an entry for Spironolactone 25mg to be administered daily at 8:00am. Review of Resident #3's March 2022 Medication Administration Variance Report revealed: -There was documentation Resident #3 received her 8:00am dose of Omeprazole, Carvedilol, Entresto, Furosemide and Spironolactone at 10:51am on 03/12/22. -There was documentation Resident #3 received her 8:00pm dose of Carvedilol and Entresto at 10:29pm on 03/12/22. -There was documentation Resident #3 received her 8:00am dose of Omeprazole, Carvedilol,	D 364		

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 03/16/2022

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 364	Continued From page 26	D 364		

Entresto, Furosemide and Spironolactone at 3:22pm on 03/13/22.
-There was documentation Resident #3 received her 8:00pm dose of Carvedilol and Entresto at 9:17pm on 03/13/22.
-There was documentation Resident #3 received her 8:00am dose of Omeprazole, Carvedilol, Entresto, Furosemide and Spironolactone at 10:31am on 03/14/22.
-There was documentation Resident #3 received her 8:00pm dose of Carvedilol and Entresto at 10:31pm on 03/14/22.
-There was documentation Resident #3 received her 8:00am dose of Omeprazole, Carvedilol, Entresto, Furosemide and Spironolactone at 10:08am on 03/15/22.

Interview with the Supervisor on 03/16/22 at 8:40am and 3:25pm revealed:
-She administered medications after meals.
-The evening meal was served around 5:30pm or 6:00pm.
-She thought she was administering all of Resident #3's medications on time according to the order.
-She administered Resident #3's 8:00am medications on time but since she was training a new Medication Aide (MA) she would wait to document the administration until the MA arrived so she could show her how to use the eMAR system.
-Sometimes she was interrupted when administering medications, and she had to go back later and document that she administered the medication.
-The variance report reflected what time she documented that she administered the medication, not what time she actually administered the medication.

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 03/16/2022

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 364	Continued From page 27 Refer to interview with the Medication Aide (MA) on 03/16/22 at 2:22pm. Refer to interview with the Administrator on 03/16/22 at 11:48am and 4:42pm. _____ Interview with the Medication Aide (MA) on 03/16/22 at 2:22pm revealed: -She was trained by her Supervisor to give morning medications after breakfast. -Breakfast usually started between 9:00am and 9:30am each morning. -Morning medications were not given out until after 10:00am each morning. -She was unaware medications needed to be given one hour before to one hour after prescribed administration time. Interview with the Administrator on 03/16/22 at 11:48am and 4:42pm revealed: -She was not aware morning medications were being given later than the designated times. -She was not aware of any medication issues prior to 03/16/22. -She expected staff to administer medications within the appropriate timeframes. -The Supervisor was currently training the new MA on medication administration and documentation.	D 364		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order;	D 367		

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 03/16/2022

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 367	Continued From page 28	D 367		

(3) strength and dosage or quantity of medication administered;
(4) instructions for administering the medication or treatment;
(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;
(6) date and time of administration;
(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,
(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

This Rule is not met as evidenced by:
Based on observations, record review and interviews, the facility failed to accurately document administration of medications on the electronic Medication Administration Record (eMAR) for 3 of 3 residents (Residents #1, #2 and #3).

The findings are:

1. Review of Resident #1's current FL2 dated 08/09/21 revealed:
-Diagnoses included Type 1 diabetes, hypertension and bipolar disorder.
-There was an order for Trospium Chloride (used to treat overactive bladder) 20mg twice daily.

Review of subsequent physician orders for Resident #1 revealed:
-There was an order dated 12/01/21 for Ciprofloxacin (an antibiotic) twice daily for 3 days prior to a surgical procedure.
-An order dated 03/03/22 for Apixiban (used as a

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 03/16/2022

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 367	Continued From page 29	D 367		

blood thinner) 5mg daily.

Review of the March 2022 electronic Medication Administration Record (eMAR) revealed:
-There was no entry for Trospium Chloride 20mg twice daily.
-There was no entry for Apixiban 5mg daily.
-There was an entry for Ciprofloxacin administered twice daily from 03/01/22 - 03/15/22.

Interview with Supervisor on 03/16/22 at 3:24pm revealed:
-There were no entries on 03/01/22 - 03/15/22 for the Trospium Chloride and the Apixiban because they had been having problems with wireless and internet connections.
-She had not used a paper MAR instead.

Refer to interview with the Supervisor on 03/16/22 at 3:25pm.
2. Review of Resident #2's current FL2 dated 02/10/22 revealed diagnoses included seizures, depression, anxiety and bipolar disorder.

a. Review of Resident #2's physician's orders for daily medications revealed Escitalopram 20mg tablet every day for anxiety prescribed 11/03/21.

Observation of Resident #3's medication on hand on 03/16/22 at 10:52am revealed Escitalopram 20mg was available to administer.

Review of Resident #2's March 2022 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Escitalopram 20mg to be administered at 8:00am.
-There was no documentation Escitalopram 20mg was adminstered at 8:00am from 03/07/22

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 03/16/2022

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 367	Continued From page 30 - 3/15/22. Review of Resident #2's March 2022 medication administration variance report revealed there were no exceptions documented regarding medications not being adminstered from 03/07/22 -03/15/22. b. Review of Resident #2's physician's orders for daily medications revealed Levetiracetam 750mg tablet twice daily for seizures prescribed 01/13/20. Observation of Resident #2's medication on hand on 03/16/22 at 10:52am revealed Levetiracetam 750mg was available to administer. Review of Resident #2's March 2022 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Levetiracetam 750mg to be administered at 8:00am. -There was no documentation Levetiracetam 750mg was administered at 8:00am from 03/07/22 -03/15/22. -There was an entry for Levetiracetam 750mg to be administered at 8:00pm. -There was no documentation Levetiracetam 750mg was administered at 8:00pm from 03/07/22 -03/15/22. Review of Resident #2's March 2022 medication administration variance report revealed there were no exceptions documented regarding medications not being adminstered from 03/07/22 -03/15/22. c. Review of Resident #2's physician's orders for daily medications revealed Olanzapine 5mg tablet three times daily for anxiety/mood prescribed	D 367		

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 03/16/2022

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 367	Continued From page 31 10/25/21. Observation of Resident #2's medication on hand on 03/16/22 at 10:52am revealed Olanzapine 5mg was available to administer. Review of Resident #2's March 2022 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Olanzapine 5mg administered at 8:00am from 03/01/22 - 03/06/22. -There were no entries for Olanzapine 5mg administered at 8:00am from 03/07/22 - 03/15/22. -There was an entry for Olanzapine 5mg administered at 2:00pm from 03/01/22 - 03/06/22. -There were no entries for Olanzapine 5mg administered at 2:00pm from 03/07/22 - 03/15/22. -There was an entry for Olanzapine 5mg administered at 8:00pm from 03/01/22 - 03/06/22. -There were no entries for Olanzapine 5mg administered at 8:00pm from 03/07/22 - 03/15/22. Review of Resident #2's March 2022 medication administration variance report revealed there were no exceptions documented regarding medications not being adminstered from 03/07/22 -03/15/22. d. Review of Resident #2's physician's orders for daily medications revealed Phenobarbital 64.8mg tablet twice daily for seizures prescribed 02/02/22. Observation of Resident #2's medication on hand on 03/16/22 at 10:52am revealed phenobarbital 64.8mg was available to administer. Review of Resident #2's March 2022 electronic Medication Administration Record (eMAR) revealed:	D 367		

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 03/16/2022

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 367	Continued From page 32 -There was an entry for Phenobarbital 64.8mg administered at 8:00am from 03/01/22 - 03/06/22. -There were no entries for Phenobarbital 64.8mg administered at 8:00am from 03/07/22 - 03/15/22. -There was an entry for Phenobarbital 64.8mg administered at 8:00pm from 03/01/22 - 03/06/22. -There were no entries for Phenobarbital 64.8mg administered at 8:00pm from 03/07/22 - 03/15/22. Review of Resident #2's March 2022 medication administration variance report revealed there were no exceptions documented regarding medications not being adminstered from 03/07/22 -03/15/22. e. Review of Resident #2's physician's orders for daily medications revealed Vimpat 50mg tablet twice daily for seizures prescribed 08/09/21. Observation of Resident #2's medication on hand on 03/16/22 at 10:52am revealed Vimpat 50mg was available to administer. Review of Resident #2's March 2022 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Vimpat 50mg adminstered at 8:00am from 03/01/22 - 03/06/22. -There were no entries for Vimpat 50mg administered at 8:00am from 03/07/22 - 03/15/22. -There was an entry for Vimpat 50mg adminstered at 8:00pm from 03/01/22 - 03/06/22. -There were no entries for Vimpat 50mg administered at 8:00pm from 03/07/22 - 03/15/22. Review of Resident #2's March 2022 medication administration variance report revealed there were no exceptions documented regarding medications not being adminstered from 03/07/22 -03/15/22.	D 367		

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 03/16/2022

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 367	Continued From page 33 Interview with the Supervisor on 03/15/22 at 3:03pm revealed: -There had been recent computer and internet issues that had prevented her from completing the eMAR since January 2022. -She tried to enter data into the eMAR system once internet connection was restored but some of the entries were not retained. -She thought the issues had been fixed but continued to encounter problems. -She did not use paper MARs in January or February 2022. -She did not request paper MARs from the pharmacy until 03/04/22. -She has been trying to go back and document that medication was given on the paper MARs from the pharmacy for the month of March, but had not fully completed Resident #2's yet. Refer to interview with the Supervisor on 03/16/22 at 3:25pm. 3. Review of Resident #3's current FL2 dated 02/11/22 revealed: -Diagnoses included major depression, congestive heart failure and hypertension. -There was an order for Omeprazole (used to reduce gastric reflux) 20mg each morning. -There was an order for a liquid nutrition supplement three times daily. -There was an order for Hyoscyamine ER (extended release- used to treat bladder spasms), 0.375mg twice daily. -There was an order for Varenicline (used for smoking cessation), 1mg twice daily. a. Review of Resident #3's March 2022 electronic Medication Administration Record (eMAR) revealed:	D 367		

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 03/16/2022

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 367	Continued From page 34	D 367		

-There was an entry for Omeprazole 20mg daily.
-There was documentation the 8:00am dose of Omeprazole 20mg was administered on 03/15/22 and 03/16/22.

Observation of Resident #3's medication on hand on 03/15/22 at 3:37pm revealed there was no Oomeprazole 20mg available for administration.

Interview with the Supervisor on 03/15/22 at 4:00pm and 03/16/22 at 3:25pm revealed:
-She administered Resident #3's medication on 03/15/22 and 03/16/22.
-She administered the last available Omeprazole on 03/14/22 and it needed to be reordered.
-When she was administering medications, she had to mark it as administered or the eMAR system would not allow her to move on to the next medication.
-She should have written a note that the medication was not available.

Interview with Resident #3 on 03/16/22 at 4:35pm revealed she did not receive Omeprazole on 03/15/22 and 03/16/22 because more tablets needed to be ordered.

Interview with the Administrator on 03/16/22 at 4:41pm revealed the Supervisor was trained on the eMAR system and should document correctly.

b. Review of Resident #3's March 2022 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for a liquid nutrition supplement three times daily.
-The liquid nutrition supplement was documented as administered three times daily from 03/01/22 through 03/14/22 and twice on 03/15/22.

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 03/16/2022

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 367	Continued From page 35 Interview with Resident #3 on 03/15/22 at 11:34am revealed she stopped taking the liquid nutrition supplement about 18 months ago. Observation in the kitchen on 03/15/22 at 11:57am revealed there was no liquid nutrition supplement in the pantry. Interview with the MA in training on 03/15/22 at 11:57am revealed Resident #3 did not get a nutrition supplement. Interview with the Supervisor on 03/15/22 at 12:01pm and 03/16/22 at 3:25pm revealed: -Resident #3 refused the nutrition supplement frequently. -When she was administering medications, she had to mark it as administered or the eMAR system would not allow her to move on to the next medication. -She should have written a note that Resident #3 refused the supplement. -The MA never administered Resident #3's nutrition supplement. Interview with the MA in training on 03/16/22 at 2:21pm revealed: -She never administered any type of nutrition supplement to Resident #3. -Her initials were on the eMAR because the Supervisor told her to document administration even though it was the Supervisor who administered the medication. -She was trained to document each medication as administered in order to move to the next medication, even if the medication was not available or not administered. Interview with the Administrator on 03/16/22 at 4:41pm revealed the Supervisor was trained on	D 367		

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 03/16/2022

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 367	Continued From page 36	D 367		

the eMAR system and should document correctly.

c. Review of Resident #3's March 2022 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Hyoscyamine ER, (extended release; used to treat bladder spasms) 0.375mg twice daily.
-There was documentation Hyoscyamine ER was administered twice a day from 03/01/22 through 03/15/22 and at 8:00am on 03/16/22.

Observation of Resident #3's medication on hand on 03/15/22 at 3:37pm revealed there was no Hyoscyamine ER available to administer.

Interview with the Supervisor on 03/15/22 at 4:00pm and 03/16/22 at 3:25pm revealed:
-Resident #3's Hyoscyamine ER was discontinued several months ago but she could not locate the order to discontinue.
-She should have had it taken out of the eMAR system when it was discontinued.
-When she was administering medications, she had to mark it as administered or the eMAR system would not allow her to move on to the next medication.
-She should have written a note that the medication had been discontinued.

Interview with the MA on 03/16/22 at 2:21pm revealed:
-She never administered any medications to Resident #3.
-Her initials were on the eMAR because the Supervisor told her to document administration even though it was the Supervisor who administered the medication.
-She was trained to document each medication as administered in order to move to the next

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 03/16/2022

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 367	Continued From page 37	D 367		

medication, even if the medication was not available or not administered.

Interview with the Administrator on 03/16/22 at 4:41pm revealed the Supervisor was trained on the eMAR system and she expected her to document correctly.

d. Review of Resident #3's March 2022 electronic Medication Administration Record (eMAR) revealed:
-There was an entry for Varenicline 1gm twice daily.
-Varenicline 1gm was documented as administered twice daily from 03/01/22 through 03/14/22 and at 8:00am on 03/15/22 and 03/16/22.

Observation of Resident #3's medication on hand on 03/16/22 at 12:12pm revealed:
-There was a bubble pack containing 28 tablets of Varenicline 1 gm dispensed on 01/01/22.
-There were still 28 tablets remaining in the bubble pack.

Interview with the Supervisor on 03/16/22 at 12:12pm revealed:
-Varenicline was available to administer when Resident #3 stopped smoking.
-She did not administer Varenicline because Resident #3 did not want to stop smoking.
-When she administered medications, she had to mark it as administered or the eMAR system would not allow her to move on to the next medication.
-She should have included an exception note when she marked it as administered.

Interview with the MA on 03/16/22 at 2:21pm revealed:

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 03/16/2022

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 367	Continued From page 38	D 367		

-She never administered any medications to Resident #3.
-Her initials were on the eMAR because the Supervisor told her to document administration even though it was the Supervisor who administered the medication.
-She was trained to document each medication as administered in order to move to the next medication, even if the medication was not available or not administered.

Interview with the Administrator on 03/16/22 at 4:41pm revealed the Supervisor was trained on the eMAR system and should document correctly.

e. Review of Resident #3's January 2022 electronic Medication Administration Record (eMAR) revealed:
-There was no documentation medications were administered from 01/01/22 through 01/11/22 and 01/15/22 through 01/31/22.
-There was no documentation why medications were not documented as administered 01/01/22 through 01/11/22 and 01/15/22 through 01/31/22.
-There was documentation on 01/12/22 through 01/14/22 that the internet was down.

Review of Resident #3's February 2022 eMAR revealed:
-There was no documentation medications were administered from 02/01/22 through 02/06/22 or on 02/08/22.
-There was documentation on 02/07/22 that the internet connection was down.
-There was documentation from 02/21/22 through 02/28/22 that the computer was down but medications were administered on time.

Interview with the Supervisor on 03/15/22 at 3:03pm revealed:

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 03/16/2022

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 367	Continued From page 39 -Computer and internet issues in January 2022 and February 2022 prevented her from accurately documenting medication administration in the eMAR. -She tried to enter data into the eMAR system once internet connection was restored but some of the entries were not retained. -She did not use paper MARs in January and February 2022. -She requested paper MARs from the pharmacy on 03/04/22. -A new computer was delivered from the pharmacy on 03/11/22 and she was able to document correctly from that point on. Telephone interview with the eMAR support manager from the facility's contracted pharmacy on 03/16/22 at 10:26am revealed: -The first time she was alerted to a problem with the eMAR system was on 03/04/22 when paper MARs were requested. -The eMAR system was designed to operate even if internet connection was interrupted. -Once an internet connection was restored, the eMAR system conducted an automatic sync. -If staff were having trouble with the eMAR system for 2 months they should have contacted the support team at the pharmacy before 03/04/22. -She conducted a 2-hour training with the Supervisor on 08/09/21 that covered administering medications, proper documentation and use of the eMAR system. Refer to interview with the Supervisor on 03/16/22 at 3:25pm. _____ Interview with the Supervisor on 03/16/22 at 3:25pm revealed: -She did not know that the eMAR system	D 367		

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 03/16/2022

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

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D 367	Continued From page 40 continued to operate without internet connection and would conduct an automatic sync when connections were restored. -When she did not have internet connection, she administered medications without a MAR.	D 367		
D 383	10a NCAC 13F .1006 (g) Medication Storage 10a NCAC 13F .1006 Medication Storage (g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure medications needing refrigeration were stored in a secure location, separate from non-medication and non-medication related items. The findings are: Observation of the kitchen refrigerator on 03/15/22 at 9:23am revealed: -The refrigerator was stocked with food to serve meals as indicated on the menu. -One shelf was filled with medications in 3 plastic bags, 2 boxes and a locked metal box. -The two boxes each contained diabetes medication in 4 prefilled single dose autoinjectors . -One plastic bag contained insulin in 3 prefilled	D 383		

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	HAL011296	A. BUILDING: _____ B. WING _____	R 03/16/2022

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

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D 383	Continued From page 41 injectable pens. -Two plastic bags each contained 2 glass vials of insulin. Interview with the Supervisor on 03/16/22 at 9:10am revealed: -Medications were usually stored in a locked box in the refrigerator in the kitchen. -The locked box was too small, so extras were stored on the shelf next to it. -She did not know that medications should not be stored in the kitchen refrigerator with resident food. Interview with the Administrator on 03/16/22 at 4:41pm revealed: -She did not know medications were being stored on a shelf in the kitchen refrigerator until the Supervisor informed her earlier in the day. -She did not know the locked box was too small to hold all the medications that needed to be in it.	D 383		
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to maintain a readily retrievable, accurate controlled substance count	D 392		

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D 392	Continued From page 42 sheet (CSCS) for 1 of 1 sampled resident (Resident #3) who had an order for oxycodone (a medication to treat pain). The findings are: Review of Resident #3's current FL2 dated 02/11/22 revealed: -Diagnoses included major depression. -An order for oxycodone HCL 20mg, four times a day as needed for pain. Observation of Resident #3's medications on hand on 03/15/22 at 3:37pm revealed there was a 28-tablet bubble pack of Oxycodone HCL 20mg, with 9 remaining, dispensed by the pharmacy on 03/08/22. Review of Resident #3's oxycodone 20mg CSCS revealed: -The CSCS was generated by the pharmacy when the prescription was filled for 28 tablets on 03/08/22. -The first documented date of administration was 03/11/22. -There was documentation a tablet was dropped on 03/12/22 at 6:00am. -There were 3 columns documenting the declining balance and each column documented a different declining balance. -There was documentation 4 tablets were administered on 03/11/22 ; at 8:00am, noon, 4:00pm and 9:00pm. -The 8:00am dose documented as administered on 03/11/22 was signed by a medication aide but crossed out and initialed by the Supervisor. -There was documentation 1 tablet was administered on 03/11/22 at 6:00am but there was a line marked through it and initialed by the Supervisor.	D 392		

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D 392	Continued From page 43	D 392		

-There was documentation 4 tablets were administered each day on 03/12/22, 03/13/22 and 03/14/22 at 6:00am, noon, 4:00pm and 9:00pm.
-There was documentation 2 tablets were administered by the Supervisor on 03/15/22 at 6:00am and 10:00am but the 6:00am dose had originally been written as 9:00am and the 6 was written on top of the 9.

Review of Resident #3's March 2022 electronic Medication Administration Record (eMAR) revealed:
-The eMAR was printed on 03/16/22.
-There was an entry for oxycodone 20mg four times a day as needed.
-Oxycodone was documented as administered one time on 03/16/22.
-Oxycodone 20mg was not documented as administered on 03/11/22 through 03/15/22.

Interview with the Supervisor on 03/15/22 at 8:58am revealed she overslept, and no residents had received their morning medications yet.

Interview with the Supervisor on 03/15/22 at 4:00pm revealed:
-She noticed earlier in the day that the CSCS balance did not match the number of tablets left in the package, so she looked for errors and made alterations to the CSCS.
-A new MA was hired about a month ago but she had not yet trained her on counting controlled substances at the end of each shift.
-A facility hired registered nurse consultant came to the facility every 2 weeks to check the MAR and the CSCS and there was never any problem.

Interview with the Administrator on 03/16/22 at 4:41pm revealed:
-A facility hired registered nurse consultant

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D 392	Continued From page 44 checked the eMAR and the CSCS every 2 weeks. -She was never informed there were any discrepancies between the eMAR, the CSCS and the medication available for administrtion.. -She expected the MAs to document correctly on the CSCS.	D 392		
D 398	10A NCAC 13F .1008 (g) Controlled Substance 10A NCAC 13F .1008 Controlled Substance (g) A dose of a controlled substance accidentally contaminated or not administered shall be destroyed at the facility. The destruction shall be documented on the medication administration record (MAR) or the controlled substance record showing the time, date, quantity, manner of destruction and the initials or signature of the person destroying the substance. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure an accidentally contaminated controlled substance was documented on the controlled substance count sheet (CSCS) with the method of destruction for 1 of 1 resident (Resident #3) who had an order for oxycodone (a medication used to treat pain). The findings are: Review of Resident #3's current FL2 dated 02/11/22 revealed: -Diagnoses included major depression. -An order for oxycodone HCL 20mg four times a day as needed for pain.	D 398		

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D 398	Continued From page 45 Observation of Resident #3's medications on hand on 03/15/22 at 3:37pm revealed there was a bubble pack containing 9 Oxycodone HCL 20mg. Review of Resident #3's oxycodone 20mg CSCS revealed: -The CSCS was generated by the pharmacy when the prescription was filled for 28 tablets on 03/08/22. -There was documentation a tablet was dropped on 03/12/22 at 6:00am. -There was no documentation the tablet was destroyed. Interview with the Supervisor on 03/15/22 at 4:00pm and 03/16/22 at 3:25pm revealed: -She dropped one of Resident #3's oxycodone 20mg tablets when she was administering medications on 03/12/22 at 6:00am. -She documented on the CSCS she dropped a tablet and put the contaminated tablet in a box on the medication cart where she was trained to put contaminated medication. -She did not know that she should document on the CSCS how she destroyed the controlled substance or that she should have a witness. -No other staff were present in the building when she destroyed the controlled substance. Interview with the Administrator on 03/16/22 at 4:41pm revealed: -There was a box on the medication cart that was used to destroy contaminated medication. -The box contained a liquid which disolved any medication placed in the box. -Staff were trained to have a witness when controlled substances were destroyed. -She was not aware staff were not destroying contaminated controlled substances as trained.	D 398		

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D 611	10A NCAC 13F .1801 (b) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (b) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at https://www.cdc.gov/infectioncontrol, and addresses the following: (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at https://www.cdc.gov/infectioncontrol/basics, including: (A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable resident medical equipment; (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1802 of this Section; (3) Resident care when there is suspected or confirmed communicable disease in the facility,	D 611		

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D 611	Continued From page 47 including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen; (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs of illness, as well as posting signage for visitors regarding screening and restriction procedures; (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness from working; (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak; (7) The annual review and update of the facility ' s IPCP to be consistent with published CDC guidance on infection control; and (8) a process for updating policies and procedures to reflect guidelines and recommendations by the CDC, local health department, and North Carolina Department of Health and Human Services (NCDHHS) during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina. This Rule is not met as evidenced by: TYPE B VIOLATION	D 611		

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D 611	Continued From page 48 Based on observations, record review and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to the screening of visitors. The findings are: Review of the CDC guidelines for the prevention and spread of COVID-19 in long term care (LTC) facilities, updated 09/10/21 revealed all visitors should be screened for the presence of fever and symptoms of COVID-19 when entering the building. Review of the NCDHHS guidelines for the prevention and spread of COVID-19 in LTC facilities, updated 02/10/22, revealed facilities should continue to screen all who enter for visitation. Review of the facility's undated Infection Control policy regarding Visitor Screening and Restrictions revealed all visitors will be screened for the presence of fever and symptoms consistent with COVID-19. Observations upon entering the facility on 03/15/21 at 8:55am revealed: -There was no facility staff monitoring the facility entrance for visitors. -There was no equipment to check temperature or a questionnaire form related to screening for symptoms of COVID-19 at the facility entrance. -The surveyors temperatures were not checked and they were not screened for symptoms of	D 611		

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D 611	Continued From page 49 COVID-19. Interview with the Supervisor on 03/15/21 at 2:19pm revealed: -She had been screening all visitors when they came to the facility. -She used to write down the temperatures of visitors and answers to COVID-19 questions, but she stopped documenting that information in February 2022. -When the surveyors entered the facility, she was not sure if they should be screened, so she decided not to screen them. -There were visitors in the building on a weekly basis for deliveries and some family members visiting. Review of the employee and guest temperature logs on 03/15/22 at 2:40pm revealed the most recent visitor sign in with temperature checks and COVID-19 questions was on 10/14/21. Interview with the Administrator on 03/15/21 at 2:49pm revealed: -She had been told not to screen state surveyors or emergency medical services (EMS) workers. -She was unable to remember who informed her not to screen the state surveyors or EMS workers. -She did not know why staff stopped documenting when they check visitor's temperatures and asked COVID-19 questions. -All visitors should have their temperatures taken and asked COVID-19 questions. Telephone interview with a family member of a resident on 03/15/22 at 3:37pm revealed: -She came to the facility for visitation one to two times every week. -They used to take her temperature and ask her	D 611		

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D 611	Continued From page 50 COVID-19 questions, but they stopped doing that over a month ago. -Her last visit to the facility was last week and she did not have her temperature checked or asked COVID-19 questions by staff. _____ The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) for infection prevention and transmission during the global COVID-19 pandemic related to screening of visitors. The facility's failure to follow the guidance related to infection prevention and transmission for COVID-19 was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided an acceptable plan of protection in accordance with G.S 131D-34 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 30, 2022.	D 611		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.	D912		

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D912	Continued From page 51 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to infection prevention and control and medication administration. The findings are: 1. Based on observations, record review and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to the screening of visitors. [Refer to Tag 0611 10A NCAC 13F .1801 (b) Infection Prevention and Control (Type B Violation)]. 2. Based on observations, interview and record review the facility failed to administer medication as ordered for 3 of 3 residents (Resident #1, #2 and #3) by not administering the right dose of insulin for Resident #1, not administering pain medication for Resident #1, not following physician's orders related to blood glucose checks for Resident #2, not administering anti-seizure medication for Resident #2 and not administering medication for gastric reflux for Resident #3. [Refer to Tag 0358 10A NCAC 13F .1004 (a) Medication Administration (Type B Violation)].	D912		
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency	D935		

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D935	Continued From page 52 G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered	D935		

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D935	Continued From page 53	D935		

by the Division of Health Service Regulation in accordance with subsection (c) of this section.

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure 1 of 4 sampled staff (Staff A) was supervised while administering medications and administering medications outside of scheduled parameters before she passed the Medication Aide (MA) examination.

The findings are:

Review of Staff A's personnel record revealed:
-She was hired on 02/11/22 as a MA.
-She had completed her 15 hour medication class,
-She had completed her medication skills checkoff.
-She had not taken the MA examination test yet.

1. Review of Resident #1's current FL2 dated 08/09/21 revealed:
-Diagnoses included Type 1 diabetes.
-There was an order for Novolog insulin inject 6 units before breakfast, 4 units before lunch and 6 units before dinner.

Observation of Staff A on 03/15/22 at 12:05pm revealed she was unsupervised when she administered insulin to Resident #1.

Review of the electronic Medication Administration Record (eMAR) for 03/15/22 revealed:
-The Supervisor documented Resident #1's FSBS for lunch time was 168.
-The Supervisor documented she administered 1 unit of SSI.

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D935	Continued From page 54 Review of the Diabetic Monitoring Form for March 2022 revealed: -On 03/15/22 Resident #1's FSBS was 148 at lunch time with a Novolog adminstration of 6 units. -There was no signature indicating if the Supervisor or the MA administered the insulin. Interview with the Supervisor on 03/16/22 at 11:11am revealed: -She had been training the MA since she started. -She did not stay with the MA every time she gave medications. -She was always available in the building if the MA had any questions or needed any assistance. Interview with Staff A on 03/16/22 at 2:22pm revealed: -She had completed her 15 hour medication class and her clinical skills checkoff. -She was trained by the Supervisor for over a week "side by side". -She administered medications without the Supervisor being present. -She was trained by her Supervisor to give morning medications after breakfast, which was not until a0:00am or later. -She was unaware medications needed to be given one hour before to one hour after prescribed administration time. Refer to the interview with the Administrator on 03/16/22 at 11:48am and 4:42pm. 2. Review of a residents March 2022 medication administration variance report revealed: -There was documentation the resident was administered his 8:00am doses of Escitalopram, Levetiracetam, Olanzapine, Phenobarbital and	D935		

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 03/16/2022

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D935	Continued From page 55 Vimpat at 10:34am on 03/12/22. -Staff A initialed on the eMAR that she administered these medications. -There was documentation Resident #2 received his 8:00am doses of Escitalopram, Levetiracetam, Olanzapine, Phenobarbital and Vimpat at 10:27am on 03/14/22. -Staff A initialed on the eMAR that she administered these medications. Interview with the Supervisor on 03/16/22 at 11:11am and 3:24pm revealed: -She was responsible for training Staff A. -She did not stay with Staff A each time she administered medication but she was always available in the the building if she had questions or needed assistance. -She usually popped the medications out of the bubble packs and handed them to Staff A to give to the residents. -She was training Staff A on the computer and letting her sign off that she is administering them. -She had been getting out the narcotics and signing off on them, but giving them to Staff A to administer. -It had not occurred to her when she initialed the controlled substance log that it would not match with the electronic Medication Administration Record (eMAR) signature that Staff A signed. Interview with the Administrator on 03/16/22 at 11:48am and 4:42pm revealed: -The Supervisor was currently training Staff A on medication administration. -She was not aware of the medication issues with staff prior to 03/16/22.	D935		
D992	G.S.§ 131D-45 (a) Examination and screening	D992		

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D992	Continued From page 56 G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure documentation of an examination and screening for the presence of controlled substances was completed for 2 of 4	D992		

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D992	Continued From page 57 sampled staff (Staff A and D). The findings are: 1. Review of Staff A's personnel record revealed: -There was no date of hire documented in the record. -There was no documentation an examination and screening for the presence of controlled substances was completed. Interview with the Administrator on 03/15/22 at 9:50am revealed: -Though Staff A had a lot of training on 02/11/22, she was not hired until 02/28/22. -She completely forgot about doing a test for controlled substances. -She had not hired anyone in a year and a half and it did not enter her mind. Interview with Staff A on 03/16/22 at 2:21pm revealed she began her training on 02/11/22 and had been working since then. 2. Review of Staff D's personnel record revealed: -There was no date of hire documented in the record. -There was no documentation an examination and screening for the presence of controlled substances was completed. Interview with the Administrator on 03/15/22 at 9:50am revealed Staff D was a volunteer and not an official employee yet. Interview with Staff D on 03/16/22 at 3:07pm revealed she was hired on 03/02/22 and was being paid since that date.	D992		