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	This has been Corrected 4/22/22 for Staff A and D. In the future no new hires will be allowed to work on the floor until the Health Care Personal Registry Check is in the file along with the Signed Job descriptions. and the hire date will be documented where it can be easly found. an updated employee Check list has been made see included Check list. The supervisor in Charge will use the Check list to ensure all documentation is included before new employee will be allowed to work on the floor with residents and the check list will be rechecked by the Human Resources Director.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Melissa Melby — Administrator — 4/22/22

STATE FORM 6899 RR1L11 If continuation sheet 1 of 58

Reviewed and acknowledged OMS 04/28/22