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 _____	05/17/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 05/16/23 and 05/17/23.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure walls, ceilings, and floors were kept clean and in good repair in two resident rooms, one hallway with ceiling fans, and 2 common shower/bathrooms and living room. The findings are: Observation of the ladies common bathroom area on 05/16/23 at 9:00am revealed: -The exhaust fan was completely covered in a thick yellowish brown dust completely blocking any air flow. -The ceiling had a yellowish stain on the white popcorn ceiling. -The baseboards in the bathroom were dark brown to black and dusty and in need of cleaning. -The wall beside the toilet on the right side was streaked with yellow stains, dust and dirt and there was a hole approximately 3 inches wide	D 074		

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 _____	05/17/2023

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 074	Continued From page 1	D 074		

near the bottom of the wall.
-The wall behind the toilet was streaked with yellow and brown stains, dust and dirt.
-There was dirt on the floor.
-The inside of the toilet was brown and the outside of the toilet had yellowish brown streaks down the sides of the bowl.
-Around the entire base of the toilet was a dark brown/black ring of a grime substance approximately 1 to 1 1/2 inches wide.
-The shower floor area had a pink substance the size of a dinner plate on the left side of the shower floor.
-There was a green streak from the shower head down the wall to the floor of the shower stall.

Observation of the common shower room on 05/16/23 at 10:01am revealed:
-The shower bench had a brown substance dried on the seat.
-The sink had a yellowish brown stain to the inside of the sink and there was a brown substance smeared in the sink basin.
-The wall behind the toilet was streaked with yellow and brown stains, dust and dirt.
-The light fixture over the sink had a thick dust layer on the top of the light.
-The baseboards in the bathroom were dark brown and dusty.

Observation of the living room on 05/16/23 at 10:18am revealed:
-The window sill had bird food and excrement, several dead flies.
-At the base of the floor lamp was several dead bugs, dirt particles and a heavy build up of a brown substance along the edge of the wall.
-The sofa was soiled and stained and had a tear on the back cushion approximately 4-5 inches in length, two ottomans were both soiled with stains.

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 _____	05/17/2023

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 074	Continued From page 2 -There were cobwebs behind the door going to the outside. -There were 17 brownish red colored blood-like droplets dried on the floor between a chair and a wooden cabinet. Observation of a resident room on 05/16/23 at 1:55pm revealed: -The white colored flooring was covered with black colored grime. -There was a brown colored fecal like substance dried to the divider curtain. -There were large soft rolls of dust balls on the floor against the floorboards. Observation of the hallway and ceiling fans in the hallway on 05/16/23 at 4:44pm revealed: -The ceiling area around the ceiling fans had brown dust hanging on the popcorn ceiling. -The ceiling fans in the hallway had thick brown dust on the fan blades. Interview with a resident on 05/17/23 at 10:10am revealed: -The facility's housekeeper swept and mopped about once a month. -The housekeeper did not do a good job cleaning the floors. -She bought a broom, dustpan, and mop so she could clean her floors more often. -The entire facility was in need of a good cleaning. -She did not like using the common bathroom and shower because it was always dirty. Interview with a second resident on 05/17/23 at 10:15am revealed: -She resided at the facility for about 2 weeks. -The housekeeper had not swept or mopped her room since residing at the facility.	D 074		

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 _____	05/17/2023

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 074	Continued From page 3	D 074		

-She cleaned the floor in her room with a broom and mop belonging to her roommate.

Observation of a resident room on 05/17/23 at 10:18am revealed:
-The floor in the room was dirty with dirt and a brownish black grime.
-The room was cluttered and had heavy build up of grime along the baseboards.

Observation in the facility's laundry room on 05/17/23 at 11:40am revealed:
-There was thick, black colored grime buildup on the flooring around the baseboards.
-The floor was dirty and had black colored grime along the baseboards.
-There was a pile of clothing and towels lying on the floor in front of the washing machine.

Interview with the medication aide (MA) on 05/17/23 at 10:40am revealed:
-The Housekeeper/Maintenance staff member was responsible for sweeping and moping the facility.
-He may sweep/mop once a week.
-She and the other MA was responsible for picking up and cleaning in the resident rooms.
-She told the Administrator and the MA/ Resident Care Coordinator (RCC) on 05/16/23 staff needed to take 1 room a day and deep clean it.
-She could not get other staff to help her.

Interview with the MA/RCC on 05/17/23 at 3:00pm revealed:
-The Housekeeper/Maintenance was supposed to sweep and mop the facility and clean the bathrooms.
-She and the other staff were responsible to keep things "picked up".
-She and the Housekeeper/Maintenance man

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 _____	05/17/2023

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 074	Continued From page 4 were not in the facility last week and she did not think any cleaning was done. - The Housekeeper/Maintenance was in the facility on 05/15/23 and she had assumed he had cleaned. Interview with the Administrator on 05/17/23 at 4:50pm revealed: -Housekeeper/Maintenance was responsible for sweeping and moping the floors throughout the facility daily, cleaning the bathrooms daily as well as cleaning walls, curtains, and ceiling fans as needed. -No cleaning was done last week as Housekeeper/Maintenance and the MA/RCC were not in the facility. Attempted interview with Housekeeper/Maintenance on 05/17/23 at 11:50pm was unsuccessful.	D 074		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) Facilities with a licensed capacity of 7 to 12 residents shall ensure food services comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food and beverage under sanitary conditions. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to keep the facility	D 282		

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 _____	05/17/2023

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 282	Continued From page 5	D 282		

kitchen and dining room area in a clean and sanitary manner.

The findings are:

Review of the most current local health department sanitation review dated 03/07/22 revealed:
-There was a status code of approved with a demerit code of 15.
-A critical violation related to the inside of the refrigerator units were in need of cleaning to remove soil, with a deduction of 4 points.
-Observed window wells in need of cleaning and window air conditioning (AC) units in need of cleaning, with a deduction of 2 points
-Nonfood contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition.
-Observed rodent droppings on shelving and the floor of the food pantry and underneath the kitchen sink, with a deduction of 4 points.

Observation of the kitchen on 05/16/23 at 9:15am prior to the breakfast meal revealed:
-The floor of the kitchen was sticky with a brown substance and it had food particles on the floor.
-The AC unit in the kitchen window had dust, various substances from splatters and dried food particles on the front cover facing the sink.
-The window sill in front of the window AC unit had various substances from splatters and dried food particles. and was in need of cleaning.
-The dishwasher door was open and both racks full of dishes were pulled out.
-The sink was full with dirty pots and pans, coffee cups and a large plastic container with dried food particles.
-There was a gallon milk jug approximately half full sitting on the counter to the left of the sink

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 _____	05/17/2023

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 282	Continued From page 6	D 282		

with the lid on that was cool to the touch.
-There were three dirty glasses and a coffee pot also sitting on the counter beside the gallon of milk.
-The coffee pot had coffee grounds on the top of the pot as well as the bottom burner and white matter floating in the coffee left in the pot.
-There was an oscillator fan covered in dust sitting on the counter above the open dishwasher with a bowl with milk and a spoon, an open bag with a piece of bread lying behind the fan and a coffee can all on the counter beside the fan.
-The back door between the kitchen and the dry goods pantry was open to the front yard.
-The stove had dried food particles on the stovetop.
-On the counter top to the left of the stove was an open bag with two bagels, dried food participles on the counter, 2 pot holders, a telephone, a jar of peanut butter, blue bags in a box and a dirty pan with dried pieces of bacon stuck on the pan.
-The wall behind and to the left of the stove was dirty with dried food particles and brown streaks from grease splatters.
-There was a chair sitting in the entry way to the dry goods pantry with a pair of dirty tennis shoes, 5 small containers and a dark brown soiled wash cloth was on the back of the chair.

Observation of the cabinet and counter top to the left of the refrigerator on 05/16/23 at 9:50am revealed:
-The 3 cabinet shelves were dirty and in need of cleaning.
-There were coffee grounds and a brown sticky area from a spill on the second shelf.
-There were coffee grounds covering the majority of the bottom shelf with 2 cans of coffee, and 2 plastic containers, dirty and in need of cleaning.
-On the counter top was a butcher knife laying 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 _____	05/17/2023

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 282	Continued From page 7	D 282		

top of a white notebook, 2 bags of apples and a bottle of rubbing alcohol, the back wall was sticky with dried food particles and brown streaks coming down the wall.
-There was thick brown sticky matter on the white side of the cabinet doors.

Observation of the kitchen side-by-side refrigerator/freezer on 05/16/23 at 9:41am revealed:
-There were food particles on the shelves in the refrigerator.
-The bottom of the refrigerator had food particles, tin foil sticking out from underneath the bottom drawer, and a reddish pink sticky substance about 3 inches long.
-The bottom drawer was open with a bag of coleslaw, celery and a bag of carrots.
-The sandwich drawer had food particles, an open bag with two bagels.
-There was a cup of coffee in a styrofoam cup sitting on the shelf with a carton of eggs, an open bag of shredded cheese with no date and a plastic bucket containing strawberries with gray fuzz on several of the strawberries on the top layer.
-There was a jar of BBQ sauce with no lid on the side shelf of the refrigerator.
-There were 3 frozen waffles in no container or wrapping on the second shelf of the freezer.
-There was an open box of sausage patties in the freezer.
-The bottom of the freezer was dirty with food particles.

Observation of the refrigerator and freezer in the dining room on 05//23
-The inside top and first two shelves of the freezer were covered in a layer of thick ice.
-The refrigerator shelves had food particles and

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 _____	05/17/2023

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 282	Continued From page 8 sticky substances on the shelves. Interview with the medication aide (MA) on 05/17/23 at 10:40am revealed: -There was no cleaning schedule for the kitchen. -The kitchen was supposed to be cleaned after every meal. -She had not had time to clean the kitchen last night as she had other things she had to do being the only staff in the facility. -She wiped down the counters, took out the trash and put the dishes in the dishwasher after each meal. Interview with the MA/Resident Care Coordinator (RCC) on 05/17/23 at 3:00pm revealed: -The kitchen was supposed to be cleaned after each meal. -Whoever was cooking was supposed to clean the kitchen after each meal. -There was no cleaning schedule for cleaning the dining room or the kitchen. -There was no list of what was expected to be cleaned after the meal. Interview with the Administrator on 05/17/23 at 4:50pm revealed: -There was no cleaning schedule for cleaning the dining room or the kitchen. -There was no list of what was expected to be cleaned after the meal. -It was expected that whoever cooked the meal cleaned the kitchen. -The kitchen was expected to be cleaned after every meal.	D 282		
D 315	10A NCAC 13F .0905 (a & b) Activities Program 10A NCAC 13F .0905 Activities Program	D 315		

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 _____	05/17/2023

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 315	Continued From page 9 (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 10 of 10 residents were offered activities designed to promote active resident involvement with each other and the community. The findings are: Interview with a resident on 05/16/23 at 9:00am revealed: -The facility did not provide outings, or activities and it got boring from time to time. -They would like to go to the store or the park because they liked to walk. Interview with a second resident on 05/16/23 at 9:00am revealed: -There were no activities calendar posted in the facility. -There were no activities provided by the facility. Interview with a third resident on 05/16/23 at 9:06am revealed: -She did not know of any activities or outings offered by the facility. -She watched television for her activity. Interview with a fourth resident on 05/16/23 at	D 315		

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 _____	05/17/2023

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 315	Continued From page 10	D 315		

9:07am revealed there was nothing to do but sit at the facility.

Interview with a fifth resident on 05/16/23 at 9:17am revealed:
-The facility did not offer any activities or outings.
-He kept himself busy by watching television, doing puzzles, and reading the paper.

Interview with a sixth resident on 05/16/23 at 9:20am revealed the facility did not provide activities.

Interview with a seventh resident on 05/16/23 at 9:22am revealed the facility did not do activities, outings of any kind and he would participate if they did.

Interview with an eighth resident on 05/16/23 at 9:26am revealed:
-The facility did not offer any activities.
-There was not anything for the residents to do except watch television.
-They were bored sitting around all day with nothing to do.
-He sat on the front porch and watched the grass grow for his activity.

Interview with a ninth resident on 05/16/23 at 9:40am revealed:
-The facility did not offer any activities or outings.
-She cleaned her room to keep busy.
-She would participate if the facility offered fun activities.

Observation of the facility's cork board hanging on the wall in the main hallway on 05/16/23 at 9:44am revealed:
-There was no activities calendar posted on the cork board.

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 _____	05/17/2023

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 315	Continued From page 11	D 315		

-The cork board had an empty large open space.

Interview with the medication aide (MA)/Resident Care Coordinator (RCC) on 05/16/23 at 11:15am revealed:
-There was not an activities calendar posted in the facility.
-The activities calendar was normally on the cork board in the main hallway.
-She knew a monthly activities calendar was supposed to be posted at the beginning of the month.
-The facility did not currently offer activities because the residents would not participate.

Interview with a second MA 05/16/23 at 12:05pm revealed:
-The personal care aide (PCA) was responsible for filling out the activities calendar and providing the activities to the residents.
-She was told by the RCC this morning that she was responsible for activities.
-She just filled out the activities calendar for May 2023 and posted it on the cork board in the main hallway.
-She did not know activities were not being offered to residents.

Interview with a PCA on 05/17/23 at 11:15am revealed:
-The MA was responsible for filling out the monthly activities calendar.
-She was responsible for providing the activity listed with residents for a couple of weeks and then the Administrator told her the MA was responsible for the activities.
-She helped the MAs and provided activities to residents when the MAs asked for her help.

Interview with the MA/RCC on 05/17/23 at

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 _____	05/17/2023

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 315	Continued From page 12 2:58pm revealed: -The Administrator switched the MA and PCA activities responsibility "last week" and that was why a calendar was not posted. -She did not know why the calendar was not posted at the beginning of the month. -She tried to encourage the residents to participate in activities, but most would not. -She asked residents what they would like offered and most would reply they did not want to color but not give suggestions of activities they would like to participate in. -The facility has not offered outings since COVID-19 started. Interview with the Administrator on 05/17/23 at 4:50pm revealed: -The MAs and PCA were responsible for providing activities to residents. -A MA was responsible for filling out the activities calendar and posting it on the cork board in the main hallway at the beginning of the month. -She did not know activities were not being offered to the residents. -The residents would not participate in the activities and would just say they did not want to participate, or they just wanted to take a nap or watch a television show. -She knew there should have been at least 14 hours of activities provided for residents weekly.	D 315		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.	D 338		

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 _____	05/17/2023

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 338	Continued From page 13 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure resident's dirty laundry was timely washed and available to wear and a divider curtain in two resident's room was clean and free from stool. The findings are: Upon the initial tour at the facility, there were 10 residents residing in the facility. 1. Interview with a resident on 05/17/23 at 8:22am revealed the facility staff would wash his dirty laundry on Thursdays and would not return his clothing until the following Thursday or Friday. Interview with a second resident on 05/17/23 at 8:30am revealed the MA or personal care aide (PCA) washed his dirty laundry on Mondays but took several days to return his clothing. Interview with a third resident on 05/17/23 at 10:10am revealed: -Her dirty laundry had not been washed in over a month. -Her laundry hamper was overflowing with dirty clothing. -She had to wear dirty clothes sometimes. -She asked the MA if she could help do laundry to help the staff get caught up and the MA told her no. Observation of the third resident's laundry hamper on 05/17/23 at 10:10am revealed it was a tall white laundry hamper filled with clothing with at least 12 inches of clothing extending above the top of the hamper.	D 338		

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 _____	05/17/2023

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 338	Continued From page 14	D 338		

Interview with a fourth resident on 05/17/23 at 10:15am revealed:
-She moved into the facility about 2 weeks ago.
-Her dirty laundry had not been washed since she moved into the facility.
-Her laundry hamper was full of dirty clothing.
-She offered to help staff wash the dirty clothing, but the facility staff would not let her do laundry.

Observation of a large rubber tote in the fourth resident's room on 05/17/23 at 10:15am revealed the tote was overflowing with clothing.

Observation of the laundry room on 05/17/23 at 11:40am revealed:
-There were 3 laundry hampers.
-One tall white laundry hamper was about ¾ full of laundry with a pile of clothing and towels lying on the floor next to the hamper.
-There was a tall fabric hamper about ¾ full.
-There was a short laundry hamper next to the laundry room door overflowing with clothing with some of the clothing touching the floor.

Interview with a PCA on 05/17/23 at 11:15am revealed:
-The short laundry hamper next to the laundry room door was overflowing with clothing and clean clothes were touching the floor.
-She was responsible for assisting the MAs with washing the residents dirty laundry daily.
-Sometimes she and the MAs would get behind and the residents laundry would sometimes get backed up.
-When the laundry became backed up, it would take 1 to 2 days to get the resident's laundry returned.
-She could not wash any of the resident's dirty laundry the previous week because one of the MAs washed her own personal laundry and had

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 _____	05/17/2023

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 338	Continued From page 15	D 338		

the washer and dryer full of clothing during her shifts.
-Both MAs working at the facility washed their personal laundry at the facility.

Interview with a MA/Resident Care Coordinator (RCC) on 05/17/23 at 2:58pm revealed:
-She, the other MA, or the PCA were responsible for washing the residents' dirty laundry when they had the time.
-The facility staff had trouble with keeping the resident's laundry caught up.
-She would do her personal laundry at the facility, but only after she washed the resident's laundry.
-It normally took about a week to wash the resident's dirty laundry and return the clean laundry to the resident.
-She did not know of any residents having to wear dirty clothing because they had no clean clothing to wear.

Interview with the Administrator on 05/17/23 at 4:50pm revealed:
-She was not aware of any issues with the resident's laundry not being washed timely and returned to the resident.
-She did not know that a resident was wearing dirty clothing because the resident did not have any clean clothes to wear.
-There was a schedule for the facility staff to wash the dirty laundry for one room on a certain day of the week.
-Each resident's laundry was supposed to be washed weekly.
-She expected the facility staff to wash the resident's dirty laundry weekly and return the clean clothing in a timely manner.

2. Observation of the divider curtain in resident room #2 on 05/16/23 at 1:55pm revealed there

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 _____	05/17/2023

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 338	Continued From page 16 was a brown, dried substance midway to the bottom portion of the curtain Interview with one resident on 05/16/23 at 1:40pm revealed: -Her roommate got stool on the divider curtain in her room about 1 to 2 months ago and she reported it to a medication aide (MA) who did not take the divider curtain down to wash it. -The MA told her the divider curtain was fine because the stool dried, so it did not smell anymore. -The facility's staff would not take down the divider curtain to wash it because the laundry was always backed up. Interview with a MA/Resident Care Coordinator (RCC) on 05/17/23 at 2:58pm revealed: -One of the residents told her a long time ago that she accidentally got chocolate on the divider curtain in the room, but it looked like stool on the curtain to her. -The divider curtain in room #2 was supposed to be taken down by the housekeeper/maintenance staff member about 2 weeks ago so the curtain could be washed, and it was not taken down and washed. Interview with the Administrator on 05/17/23 at 4:50pm revealed: -She did not know there was stool on a resident's divider curtain and the curtain was not taken down and washed for over a month. -She expected the facility staff to immediately remove and wash a divider curtain if there was stool present on the curtain.	D 338		
D 344	10A NCAC 13F .1002(a) Medication Orders	D 344		

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 _____	05/17/2023

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 344	Continued From page 17 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review and interviews, the facility failed to clarify a medication order for 1 of 3 sampled residents (Resident #1) related to an order for a rapid acting sliding scale insulin to treat high blood sugar levels. The findings are: Review of the facility's Medication Administration Policy dated January 2000 revealed: -Medications, prescription and non-prescription, will be administered in accordance with the prescribing practitioner's orders. -Documentation will be provided for each dose of medication by the staff who prepared and administered the medication. -The medication administration record (MAR) will include the resident's name, name of medication, strength and dosage or quantity of medication,	D 344		

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 _____	05/17/2023

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 344	Continued From page 18	D 344		

instructions for administering, date and time of administration, and name and initials of the person administering.
-The MAR will be updated and changed when medication orders change.

Review of Resident #1's current FL2 dated 01/11/23 revealed diagnoses included diabetes mellitus type 2, schizoaffective disorder bipolar type, major depressive disorder with psychotic features, and acute delirium.

Review of Resident #1's physician's orders dated 11/01/22 revealed:
-There was an order for Humalog 100 units/ml (a medication used to treat high blood sugar levels) Kwik pen administer sliding scale insulin (SSI) before each meal and at bedtime with no range scale for FSBS greater than 150 ordered.
-There was an unsigned SSI range typed on a plain white piece of paper and taped to the bottom of the physician's order for Humalog SSI before meals and at bedtime for FSBS readings less than 150=0 units, 150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units.
-There was no order for FSBS checks.

Review of Resident #1's physician's orders dated 05/11/23 revealed there was an order for Humalog use as directed per SSI with no range scale ordered.

Review of Resident #1's March 2023 medication administration record (MAR) revealed:
-There was an entry for Humalog 100 units/ml Kwik pen use as directed per sliding scale with no entry for a sliding scale range.
-There was a handwritten entry with "breakfast", "lunch", and "supper" with no scheduled times 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 _____	05/17/2023

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 344	Continued From page 19	D 344		

the entry and FSBS readings were documented three times a day from 03/01/23 through 03/27/23 and at lunch on 03/29/23.
-There was no documentation of FSBS readings on 03/28/23, 03/30/23, and 03/31/23 three times per day or at breakfast or supper on 03/29/23.
-There were 15 instances out of 74 opportunities from 03/01/23 through 03/27/23 and lunch on 03/29/23 where FSBS were greater than 150, ranging from 156 to 308, and Humalog SSI was not documented as administered.

Review of Resident #1's April 2023 MAR revealed:
-There was no entry for FSBS readings.
-There was an entry for Humalog 100 units/ml Kwik pen use as directed per sliding scale with no SSI range entered and FSBS readings documented on the Humalog entry at 8:00am, 1:00pm, and 6:00pm.
-There were 13 instances out of 80 opportunities from 04/01/23 through 04/30/23 where FSBS were greater than 150, ranging from 151 to 271, and Humalog SSI was not documented as administered.
-There were 10 FSBS readings not documented with initials handwritten on the entry and there were initials documented at 8:00am, 1:00pm, and 6:00pm on 04/31/23 (there were only 30 calendar days in April 2023).

Review of Resident #1's 05/01/23 through 05/16/23 MAR revealed:
-There was an entry for Humalog 100 units/ml Kwik pen use as directed per sliding scale with no SSI range entered.
-There was a blank entry box on the MAR with handwritten times of 9:00am, 1:00pm, 6:00pm, and 10:00pm and FSBS readings documented next to the times.

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 _____	05/17/2023

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 344	Continued From page 20	D 344		

-There were 20 instances out of 61 opportunities from 05/01/23 through 05/16/23 where FSBS were greater than 150, ranging from 153 to 239, and Humalog SSI was not documented as administered.

Interview with a medication aide (MA) on 05/16/23 at 12:05pm revealed:
-She administered Resident #1's Humalog SSI when the FSBS readings were greater than 150.
-She used the unsigned SSI scale range typed on the plain white piece of paper taped to the bottom of the physician's order dated 11/01/22 to administer the dosage of SSI to Resident #1.
-She did not know who typed the Humalog SSI range scale on the plain white piece of paper but thought it was the MA/Resident Care Coordinator (RCC) since there were only 2 MAs working at the facility including herself.
-The MA/RCC was responsible for clarifying medication orders when an order was incomplete.

Interview with the MA/RCC on 05/16/23 at 12:29pm revealed:
-Resident #1's Humalog SSI range was not ordered on 11/01/22 or 05/11/23 when the Humalog SSI was reordered.
-She was responsible for clarifying medication orders when an order was confusing or incomplete.
-She did not call Resident #1's primary care provider (PCP) or endocrinologist to clarify the Humalog SSI order and obtain the SSI range because Resident #1 was administered the same dosage for a long time.
-Staff administered the previously ordered range of Humalog SSI to Resident #1 when the FSBS reading was greater than 150.
-She "missed" that the Humalog SSI order for Resident #1 did not have a range scale included

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 _____	05/17/2023

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 344	Continued From page 21	D 344		

in the order.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 05/16/23 at 3:45pm revealed:
-The facility faxed an order to continue to administer Resident #1's Humalog SSI with no instructions for the FSBS reading range on 02/17/23 so the SSI was not added to Resident #1's MAR.
-The pharmacy entered resident's medications on the MAR, printed the MARs, and delivered them to the facility monthly.
-The facility was responsible for clarifying medication orders when the order was not complete and faxing all medication orders to the pharmacy so the medications could be added to the MAR.

Telephone interview with Resident #1's primary care provider (PCP) on 05/17/23 at 2:37pm revealed:
-Resident #1's insulin orders were mostly managed by the endocrinologist.
-She reordered Resident #1's Humalog SSI on 05/11/23 because it was attached to the physician's orders, but it did not have an instruction scale range included with the medication entries on the physician's orders sheet that she signed.
-She did not know if Resident #1's endocrinologist reordered a SSI scale range with the physician's order to continue Humalog SSI as directed.
-The facility did not contact her to clarify Resident #1's Humalog SSI range scale when she reordered to continue the Humalog SSI as directed.
-Resident #1's Humalog SSI was ordered to treat high blood sugar levels.
-If Resident #1 was not administered the

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 _____	05/17/2023

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 344	Continued From page 22	D 344		

Humalog SSI it could result in medication administration errors and/or cause Resident #1's blood sugar levels to be too high and increase Resident #1's risk for developing infection, diabetic retinopathy, chronic kidney disease, or stroke.
-She expected the facility to call and clarify medication orders if the orders were incomplete or confusing.

Interview with the Administrator on 05/17/23 at 4:50pm revealed:
-The MA/RCC was responsible for resident records including reviewing and clarifying medication orders when necessary.
-The MA/RCC should have called Resident #1's physician to clarify the Humalog SSI order when there was no range scale included in the order.
-She did not know the MAs were using an old order for the Humalog SSI range scale instead of getting the new order clarified when the order was incomplete.

Attempted telephone interview with Resident #1's endocrinologist on 05/16/23 at 4:59pm was unsuccessful.

Based on observation, interviews, and record reviews, it was determined Resident #1 was not interviewable.

_____

The facility failed to ensure clarification of an order for a rapid-acting sliding scale insulin used to control elevated blood sugar levels for Resident #1 which increased Resident #1's risk of having elevated blood sugar levels and developing an infection, diabetic neuropathy, chronic kidney disease, or stroke or could have resulted in medication administration errors. This failure was detrimental to the health and welfare

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 _____	05/17/2023

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 344	Continued From page 23 of Resident #1 and constitutes a Type B Violation. _____ The facility failed to provide a plan of protection in accordance with G.S. 131D-34 by 06/07/23 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 1, 2023.	D 344		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure staff documented on the medication administration records (MARs) immediately after administering medications for 3 of 3 sampled residents (Resident #1, #2, and #3) related to a sliding scale insulin used to treat high blood sugar levels not documented as administered for 3 months (#1), multiple medications not documented as administered from 03/28/23 through 03/31/23 (#1, #2, and #3) and a medication to treat and prevent seizures not documented as administered for a month (Resident #3).	D 366		

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 _____	05/17/2023

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 366	Continued From page 24 The findings are: Review of the facility's Medication Administration Policy dated January 2000 revealed: -Medications, prescription and non-prescription, will be administered in accordance with the prescribing practitioner's orders. -Documentation will be provided for each dose of medication by the staff who prepared and administered the medication. -Staff will provide documentation on the MAR after observing the residents take the medication before administration to another resident. -The MAR will include the resident's name, name of medication, strength and dosage or quantity of medication, instructions for administering, date and time of administration, and name and initials of the person administering. -Omissions and refusals of medications and the reason for omission will be documented on the MAR. -The MAR will be updated and changed when medication orders change. 1. Review of Resident #1's current FL2 dated 01/11/23 revealed diagnoses included diabetes mellitus type 2, schizoaffective disorder bipolar type, major depressive disorder with psychotic features, and acute delirium. a. Review of Resident #1's physician's orders dated 11/01/22 revealed: -There was an order for Humalog 100 units/ml (a medication used to treat high blood sugar levels) Kwik pen administer sliding scale insulin (SSI) before each meal and at bedtime with no order for a Humalog SSI range scale. -There was an unsigned SSI range scale typed on a plain white piece of paper and taped to the	D 366		

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 _____	05/17/2023

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 366	Continued From page 25	D 366		

bottom of the physician's order to administer Humalog SSI for fingerstick blood sugar (FSBS) readings greater than 150. If the FSBS was 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, and 351-400=10 units.
-There was no order for FSBS checks.

Review of Resident #1's physician's orders dated 05/11/23 revealed:
-There was an order for Humalog SSI use as directed with no range scale ordered.
-There was no order to check FSBS levels.

Review of Resident #1's March 2023 medication administration record (MAR) revealed:
-There was an entry for Humalog 100 units/ml Kwik pen use as directed per sliding scale with no entry for a sliding scale range.
-There was a handwritten entry with "breakfast", "lunch", and "supper" with no scheduled times on the entry and FSBS readings were documented three times a day from 03/01/23 through 03/27/23 and at lunch on 03/29/23.
-There was no documentation of FSBS readings on 03/28/23, 03/30/23, and 03/31/23 three times per day or at breakfast or supper on 03/29/23 (without any FSBS reading results there was no way to determine how much Humalog to administer).
-There were 15 instances out of 74 opportunities from 03/01/23 through 03/27/23 and lunch on 03/29/23 where FSBS readings were greater than 150, ranging from 156 to 308, and Humalog SSI was not documented as administered.

Review of Resident #1's April 2023 MAR revealed:
-There was no entry for FSBS readings.
-There was an entry for Humalog 100 units/ml Kwik pen use as directed per sliding scale with no

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 _____	05/17/2023

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 366	Continued From page 26	D 366		

SSI range entered and FSBS readings documented on the Humalog entry at 8:00am, 1:00pm, and 6:00pm.
-There were 13 instances out of 80 opportunities from 04/01/23 through 04/30/23 when the FSBS readings were greater than 150, ranging from 151 to 271, and Humalog SSI was not documented as administered.
-There were 10 FSBS readings not documented as administered.
-There was documentation FSBS readings were obtained at 8:00am, 1:00pm, and 6:00pm on 04/31/23 (there were only 30 calendar days in April 2023).

Review of Resident #1's 05/01/23 through 05/16/23 MAR revealed:
-There was an entry for Humalog 100 units/ml Kwik pen use as directed per sliding scale.
-There was no entry for a Humalog SSI range
-There was a blank entry box on the MAR with handwritten times of 9:00am, 1:00pm, 6:00pm, and 10:00pm and FSBS readings documented next to the times.
-There were 20 instances out of 61 opportunities from 05/01/23 through 05/16/23 where FSBS were greater than 150, ranging from 153 to 239, and Humalog SSI was not documented as administered.

Interview with a medication aide (MA) on 05/16/23 at 12:05pm revealed:
-She administered Resident #1 Humalog SSI according to the range scale typed on the unsigned plain white piece of paper attached to the order to administer Humalog SSI when the FSBS reading was greater than 150, but did not document the administration of the insulin or the dose administered because there was not an entry for the SSI on Resident #1's MAR.

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 _____	05/17/2023

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 366	Continued From page 27 -She did not know how to document the administration of Resident #1's Humalog SSI when there was no entry for the insulin on the MAR. -She used the unsigned SSI range scale typed on the plain white piece of paper taped to the bottom of the physician's order dated 11/01/22 to administer the dosage of SSI to Resident #1. -She did not know who typed the Humalog SSI range scale on the plain white piece of paper for Resident #1 but she thought it was the MA/Resident Care Coordinator (RCC) since there were only 2 MAs working in the facility including herself. -The MA/RCC was responsible for checking the MARs for accuracy and notifying the pharmacy if the MARs were incorrect. Interview with the MA/RCC on 05/16/23 at 12:29pm revealed: -She was responsible for checking the MARs for accuracy of documentation and medication entries each month. -She was responsible for adding new medication order entries to the MARs. -The medication entries and documentation of administration of medications were missed on the MARs because she overlooked it. -Resident #1's Humalog SSI range was not ordered on 11/01/22 or 05/11/23 when the Humalog SSI was ordered. -She did not call Resident #1's primary care provider (PCP) or endocrinologist to clarify the Humalog SSI order and obtain the SSI range because Resident #1 was administered the same dosage for a long time. -Staff administered the previously ordered range of Humalog SSI to Resident #1 when the FSBS reading was greater than 150 but did not document the insulin administered because she	D 366		

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 _____	05/17/2023

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 366	Continued From page 28	D 366		

missed adding the entry for the SSI on the MAR.
-The MARs for Resident #1 were printed and sent from the facility's contracted pharmacy and the pharmacy did not add entries for Resident #1's FSBS readings or the Humalog SSI range.
-She was responsible for faxing new orders to the pharmacy and the pharmacy would add the medication entries to the MARs.
-She was responsible for adding FSBS readings and the Humalog SSI range to Resident #1's MARs if they were not entered onto the MAR by the pharmacy.
-She did not document the Humalog SSI administered to Resident #1 when the FSBS was greater than 150 because she did not realize there was not an entry for the SSI on the MAR.

Telephone interview with a pharmacist from the facility's contracted pharmacy on 05/16/23 at 3:45pm revealed:
-Resident #1's Humalog SSI pen was on cycle fill and dispensed to the facility monthly.
-The facility faxed an order to continue to administer Resident #1's Humalog SSI with no instructions for the FSBS reading range scale on 02/17/23 so the SSI was not added to Resident #1's MAR.
-The facility was responsible for obtaining a clarification order for Resident #1's Humalog SSI range scale and faxing it to the pharmacy to be added to the MAR.
-The pharmacy entered resident's medications on the MAR, printed the MARs, and delivered them to the facility monthly.
-The facility was responsible for faxing all medication orders to the pharmacy so the medications could be added to the MAR.

Telephone interview with Resident #1's primary care provider (PCP) on 05/17/23 at 2:37pm

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 _____	05/17/2023

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 366	Continued From page 29	D 366		

revealed:
-Resident #1's insulin orders were mostly managed by Resident #1's endocrinologist.
-She reordered Resident #1's Humalog SSI on 05/11/23 because it was entered on the physician's orders sheets, but the order did not have an instruction range scale included with the order.
-Resident #1's Humalog SSI was ordered by Resident #1's endocrinologist to treat high blood sugar levels greater than 150 with meals and at bedtime.
-If Resident #1 was not administered the Humalog SSI it could cause Resident #1's blood sugar levels to be too high and increase Resident #1's risk for developing infection, diabetic retinopathy, chronic kidney disease, or stroke.
-She expected the facility to document all medications administered to Resident #1 because not documenting could result in medication administration errors and place Resident #1 at risk of being administered more insulin than ordered which could cause blood sugar levels to drop too low and/or diabetic coma.

Interview with the Administrator on 05/17/23 at 4:50pm revealed:
-She did not know the MAs were not documenting Resident #1's Humalog SSI on the March, April, and May 2023 MARs because there was no entry on the MARs for the SSI.
-The MAs were trained to administer medications to residents and document the medications administered on the MAR after giving the medications to a resident before giving the next resident's medications.
-The MA/RCC was responsible for checking the MARs for accuracy monthly by comparing the MAR to the most current physician's orders when the MARs were delivered by the facility's

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 _____	05/17/2023

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 366	Continued From page 30	D 366		

contracted pharmacy.
-The MA/RCC was responsible for auditing MARs for accuracy of documentation every 2 weeks when completing the medication cart audit.
-The last MAR and medication cart audit was completed on 05/05/23 and she did not know why the MA/RCC did not find there was no entry for Resident #1's Humalog SSI and correct the MARs.
-She expected the MA/RCC to complete MAR audits every 2 weeks with the medication cart audit and check the MARs for accuracy when they were delivered by the pharmacy.
-She expected the MAs to document medications administered on the resident's MAR.

Attempted telephone interview with Resident #1's endocrinologist on 05/16/23 at 4:59pm was unsuccessful.

Based on observation, interviews, and record reviews, it was determined Resident #1 was not interviewable.

Refer to the interview with the MA/Resident Care Coordinator (RCC) on 05/16/23 at 12:29pm.

Refer to the interview with the Administrator on 05/16/23 at 1:00 pm.

Refer to the interview with the MA/RCC on 05/17/23 at 3:00pm.

Refer to the interview with the Administrator on 05/17/23 at 4:50pm.

b. Review of Resident #1's current FL2 dated 01/11/23 revealed:
-There was an order for pantoprazole (used to treat acid reflux) 40mg take 1 tablet 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 _____	05/17/2023

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 366	Continued From page 31	D 366		

-There was an order for venlafaxine (used to treat depression) 75mg take 1 capsule daily.
-There was an order for vitamin D3 (used to help the body absorb calcium for bone health) take 1 tablet daily.
-There was an order for docusate (used to prevent constipation) 100mg take 1 capsule daily.
-There was an order for fluticasone (used to treat seasonal allergies) 0.05% place 1 spray into each nostril twice daily.
-There was an order for levetiracetam (used to treat and prevent seizures) 750mg take 1 tablet twice daily.
-There was an order for meloxicam (used to treat osteoarthritis) 7.5mg take 1 tablet twice daily.
-There was an order for metformin (used to lower blood sugar levels) 500mg take 1.5 tablets twice daily.
-There was an order for olanzapine (used to treat mental disorders) 10mg take 1 tablet twice daily.
-There was an order for risperidone (used to treat schizophrenia and bipolar disorder) 1mg take 1 tablet twice daily.
-There was an order for cetirizine (used to treat seasonal allergies) 10mg take 1 tablet at bedtime.
-There was an order for melatonin (used to treat sleep disorders) 3mg take 1 tablet at bedtime.
-There was an order for simvastatin (used to treat high cholesterol and triglyceride levels) 10mg take 1 tablet at bedtime.
-There was an order for trazodone (used to treat sleep disorders) 50mg take 1 tablet at bedtime.
-There was an order for Humalog (used to lower blood sugar levels) inject 5 units three times daily with meals.
-There was an order for Lantus (used to lower blood sugar levels) inject 10 units at bedtime.
-There was an order for Trulicity (used to lower blood sugar levels) 3mg/0.5ml inject 0.5ml every

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 _____	05/17/2023

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 366	Continued From page 32	D 366		

Wednesday.
-There was an order for amlodipine (used to treat high blood pressure) 10mg take 1 tablet daily.
-There was an order for aspirin (used as a blood thinner) 81mg take 1 tablet daily.
-There was an order for escitalopram (used to treat depression) 10mg take 1 tablet daily.
-There was an order for Miralax (used to treat and prevent constipation) mix 17 grams in 8 ounces of beverage and drink daily.
-There was an order for lisinopril (used to treat high blood pressure) 40mg take 1 tablet daily.
-There was an order for metoprolol (used to treat high blood pressure) 50mg take 1 tablet daily.
-There was an order for magnesium oxide (used to treat low magnesium levels) 400mg take 1 tablet daily.

Review of Resident #1's March 2023 medication administration record (MAR) revealed:
-There was a computer-generated entry for pantoprazole 40mg take 1 tablet daily at 8:00am with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for venlafaxine 75mg take 1 capsule daily at 8:00am with no documentation as administered from 03/01/23-03/31/23.
-There was a computer-generated entry for vitamin D3 2000 units take 1 tablet daily at 8:00am with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for docusate 100mg take 1 tablet twice daily at 8:00am and 8:00pm and no documentation as administered at 8:00am and 8:00pm from 03/01/23-03/31/23.
-There was a computer-generated entry for fluticasone 0.05% place 1 spray into each nostril twice daily at 8:00am and 8:00pm and no

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 _____	05/17/2023

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 366	Continued From page 33	D 366		

documentation of administration at 8:00am and 8:00pm from 03/01/23-03/31-23.
-There was a computer-generated entry for levetiracetam 750mg take 1 tablet twice daily at 8:00am and 8:00pm with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for meloxicam 7.5mg take 1 tablet twice daily at 8:00am and 8:00pm with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for metformin 500mg take 1.5 tablets (750mg) twice daily at 8:00am and 8:00pm with no documentation as administered on 03/28/23-03/31/23.
-There was a computer-generated entry for olanzapine 10mg take 1 tablet twice daily at 8:00am and 8:00pm with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for risperidone 1mg take 1 tablet twice daily at 8:00am and 8:00pm with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for cetirizine 10mg take 1 tablet daily at 8:00pm and documented as administered from 03/01/23-03/27/23 and no documentation of administration from 03/28/23-03-31-23.
-There was a computer-generated entry for melatonin 3mg take 1 tablet daily at 8:00pm and documented as administered from 03/01/23-03/27/23 with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for simvastatin 10mg take 1 tablet daily at 8:00pm and documented as administered from 03/01/23-03/27/23 and no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for trazodone 50mg take 1 tablet daily at 8:00pm and

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 _____	05/17/2023

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 366	Continued From page 34	D 366		

documented as administered from 03/01/23-03/27/23 and no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for Humalog pen inject 5 units three times a day at 7:30am, 12:00pm, and 4:30pm and documented as administered from 03/01/23-03/27/23 and no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for Lantus inject 10 units daily at 8:00pm and documented as administered from 03/01/23-03/27/23 and no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for Trulicity 3mg/0.5ml pen inject 0.5ml every Wednesday at 8:00am and documented as administered on 03/01/23, 03/10/23, 03/15/23, and 03/22/23 with no documentation as administered on 03/29/23.
-There was a computer-generated entry for amlodipine 10mg take 1 tablet daily at 8:00am with no documentation as administered from 03/28/23-03/31/23.
-There was a computer-generated entry for aspirin 81mg take 1 tablet daily at 8:00am with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for escitalopram 10mg take 1 tablet daily at 8:00am with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for Miralax mix 17 grams in 8 ounces beverage and drink at 8:00am with no documentation of administration from 03/28/23-03/31/23.
-There was a computer-generated entry for lisinopril 40mg take 1 tablet daily at 8:00am with no documentation of administration from 03/28/23-03/31/23.

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 _____	05/17/2023

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 366	Continued From page 35	D 366		

-There was a computer-generated entry for magnesium oxide 400mg take 1 tablet daily at 8:00am with no documentation as administered from 03/28/23-03/31/23.
-There was a computer-generated entry for metoprolol 50mg take 1 tablet daily at 8:00am with no documentation of administration from 03/28/23-03/31/23.

Interview with a MA on 05/16/23 at 4:55pm revealed:
-She remembered she administered Resident #1's medications from 03/28/23 through 03/31/23 and she forgot to sign the MARs.
-She forgot to document the administration of Resident #1's Trulicity on 03/29/23.
-She forgot to document the administration of Resident #1's fluticasone spray twice daily, docusate twice daily, and venlafaxine daily from 03/01/23-03/31/23 because she overlooked the entry on Resident #1's MAR.
-She was trained to administer medications to a resident and then immediately document the medications as administered on the MAR before administering medications to another resident.
-Sometimes she got busy and was not able to document the medications administered on the MARs and would have to document the medications administered later.

Interview with a second MA on 05/17/23 at 10:40am revealed:
-She had been taught she was supposed to document the administration of medications immediately after she finished administering the medications to the resident prior to going on to the next resident.
-She tried to get "caught up" and signed the medications as administered on the MARs yesterday for 05/15/23 and the morning

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 _____	05/17/2023

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 366	Continued From page 36	D 366		

medication pass on 05/16/23 because she did not sign the MARs immediately after administering the medications.
-She was the only one in the facility on 05/16/23 and during the am medication pass on 05/16/23 and she was rushing trying to get things done and just "forgot".

Based on observations, record review, and interview, it was determined Resident #1 was not interviewable.

Refer to the interview with the MA/Resident Care Coordinator (RCC) on 05/16/23 at 12:29pm.

Refer to the interview with the Administrator on 05/16/23 at 1:00 pm.

Refer to the interview with the MA/RCC on 05/17/23 at 3:00pm.

Refer to the interview with the Administrator on 05/17/23 at 4:50pm.

2. Review of Resident #2's current FL2 dated 02/09/23 revealed:
-Diagnoses included traumatic brain injury, cardiovascular accident, chronic obstructive pulmonary disease, seizures, and schizoaffective disorder.
-There was an order for olanzapine (used to treat agitation with certain mental disorders) 40mg daily before breakfast.
-There was an order for escitalopram (used to treat depression and anxiety) 20mg one tablet daily.
-There was an order for lisinopril (used to treat high blood pressure) 5mg ½ tab (2.5mg) daily.
-There was an order for Vitamin D3 (used to treat vitamin deficiency) 2000IU two tablets 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 _____	05/17/2023

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 366	Continued From page 37	D 366		

-There was an order for levetiracetam (used to treat seizures) 1000mg one tablet twice daily.
-There was an order for metformin (used to treat diabetes) extended release (ER) 500mg one tablet twice daily.
-There was an order for Mucinex DM (used to treat cough and loosens mucus) one tablet twice daily.
-There was an order for Phenobarbital (used to treat seizures) 64.8mg one tablet twice daily.
-There was an order for Vimpat (used to treat seizures) 50mg one tablet twice daily.

Review of Resident #2's March 2023 medication administration record (MAR) revealed:
-There was a computer-generated entry for olanzapine 40mg daily before breakfast scheduled for administration at 6:30am with no documentation of administration on 03/28/23- 03/31/23 at 6:30am.
-There was a computer-generated entry for escitalopram 20mg one tablet daily scheduled for administration at 8:00am with no documentation of administration on 03/28/23- 03/31/23.
-There was a computer-generated entry for lisinopril 5mg ½ tab (2.5mg) daily scheduled for administration at 9:00am with no documentation of administration on 03/28/23- 03/31/23.
-There was a computer-generated entry for Vitamin D3 2000IU two tablets daily scheduled for administration at 9:00am with no documentation of administration on 03/28/23- 03/31/23.
-There was a computer-generated entry for levetiracetam 1000mg one tablet twice daily scheduled for administration at 9:00am and 9:00pm with no documentation of administration on 03/28/23- 03/31/23 at 9:00am or 9:00pm.
-There was a computer-generated entry for metformin ER 500mg one tablet twice daily scheduled for administration at 8:00am and

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 _____	05/17/2023

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 366	Continued From page 38	D 366		

8:00pm with no documentation of administration on 03/28/23- 03/31/23 at 8:00am or 8:00pm.
-There was a computer-generated entry for Mucinex DM one tablet twice daily scheduled for administration at 8:00am and 8:00pm with no documentation of administration on 03/28/23-03/31/23 at 8:00am or 8:00pm.
-There was a computer-generated entry for Phenobarbital 64.8mg one tablet twice daily scheduled for administration 8:00am and 8:00pm with no documentation of administration on 03/28/23- 03/31/23 at 8:00am or 8:00pm.
-There was a computer-generated entry for Vimpat 50mg one tablet twice daily scheduled for administration at 8:00am and 8:00pm with no documentation of administration on 03/28/23-03/31/23 at 8:00am or 8:00pm.

Observation on 05/16/23 at 9:40am revealed the MA was in the kitchen signing the medication administration record(MARs) for Resident #2 and all the other residents in the facility.

Interview with the MA on 05/16/23 at 9:40am revealed:
-She was signing the MAR for all the facility residents for medications administered 05/15/23 and 05/16/23.
-She was really busy with the residents and other duties and had not had time to sign the MARs.
-She was able to recall things better now than she had previously had been so she was able to recall she had given all the medications yesterday and today.

Second Interview with a MA on 05/17/23 at 10:40am revealed:
-She had been trained to document on the MAR immediately after administering the medications to a resident prior to going on to the next resident.

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 _____	05/17/2023

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 366	Continued From page 39	D 366		

-She was not sure why she did not document the medications for Resident #2 on 03/28/23-03/31/23.
-She knew she had given the medications but didn't realize she had not documented them for 03/28/23- 03/31/23.
-She was signing the MAR' yesterday because she did not sign it on 05/15/23 or the morning of 05/16/23 during the medication pass.
-She was the only one in the facility on 05/16/23 and during the am medication pass on 05/16/23.and she was rushing trying to get things done and just "forgot".

Interview with the pharmacist at the facility contracted pharmacy on 05/17/23 at 3:40pm revealed:
-The medications (olanzapine, Escitalopram, lisinopril, Vitamin D3, levetiracetam, metformin, Mucinex DM, Phenobarbital, and Vimpat) were on a monthly cycle fill which meant the facility received a thirty-day supply at the beginning of each month.
-There had been no medication returned to the pharmacy for Resident #2.
-There had been no request for more medication by the facility in March or April for Resident #2.
-The pharmacy had not been notified of any issues with the medications for Resident #2.
-Resident #2 would have had enough medication available for administration for March.

Based on observations, record review, and interview, it was determined Resident #2 was not interviewable.

Refer to the interview with the MA/Resident Care Coordinator (RCC) on 05/16/23 at 12:29pm.

Refer to the interview with the Administrator 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 _____	05/17/2023

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 366	Continued From page 40 05/16/23 at 1:00 pm. Refer to the interview with the MA/RCC on 05/17/23 at 3:00pm. Refer to the interview with the Administrator on 05/17/23 at 4:50pm. 3. Review of Resident #3's current FL2 dated 10/17/22 revealed: -Diagnoses included schizophrenia, grandmal seizures, cognitive impairment related to head trauma, depression and anxiety. -There was an order for citalopram (used to treat depression) 20mg one tablet daily. -There was an order for Depakote (used to treat seizures) 500mg one tablet daily. -There was an order for levothyroxine (used to treat hypothyroidism) 100mcg one tablet daily. -There was an order for omeprazole (used to treat heartburn) 40mg one capsule twice daily. -There was an order for risperidone (used to treat schizophrenia) 3mg one tablet twice daily. -There was an order for Depakote 500mg two tablets at bedtime. -There was an order for Tamsulosin (used to treat urinary retention) 0.4mg two capsules at bedtime. -There was an order for trazodone (used to treat insomnia) 100mg one tablet at bedtime. Review of Resident #3's March 2023 medication administration record (MAR) revealed: -There was a computer-generated entry for citalopram 20mg one tablet daily scheduled for administration at 8:00am with no documentation of administration on 03/28/23- 03/31/23. -There was a computer-generated entry for Depakote 500mg one tablet daily scheduled for administration at 8:00am with no documentation of administration 03/01/23-03/31/23.	D 366		

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 _____	05/17/2023

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 366	Continued From page 41 -There was a computer-generated entry for levothyroxine 100mcg one tablet daily scheduled for administration at 8:00am with no documentation of administration on 03/28/23-03/31/23. -There was a computer-generated entry for omeprazole 40mg one capsule twice daily scheduled for administration at 8:00am and 8:00pm with no documentation of administration on 03/28/23- 03/31/23 at 8:00am or 8:00pm. -There was a computer-generated entry for risperidone 3mg one tablet twice daily scheduled for administration at 8:00am and 8:00pm with no documentation of administration on 03/28/23-03/31/23 at 8:00am or 8:00pm. -There was a computer-generated entry for Depakote 500mg two tablets at bedtime scheduled for administration at 8:00pm with no documentation of administration 03/01/23-03/31/23. -There was a computer-generated entry for Tamsulosin 0.4mg two capsules at bedtime scheduled for administration at 8:00pm with no documentation of administration 03/28/23-03/31/23. -There was a computer-generated entry for trazodone (used to treat insomnia) 100mg one tablet at bedtime scheduled for administration at 8:00pm with no documentation of administration 03/28/23-03/31/23. Observation of the Depakote 500mg one tablet daily and two tablets at bedtime available for administration on 05/17/23 at 12:35pm revealed: -Depakote 500mg one tablet daily and two tablets at bedtime was dispensed on 03/16/23 with a quantity of 270 to begin on 03/16/23 at 8:00pm. -There were 62 days between 03/16/23 and 05/17/23 at 3 pills per day. -There would have been 185 tablets	D 366		

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 _____	05/17/2023

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 366	Continued From page 42	D 366		

administered.
-There were 85 tablets remaining in the bottle for a total count of 270 tablets.

Interview with a medication aide (MA) on 05/17/23 at 10:40am revealed:
-She had been trained to document on the MAR after giving the medications.
-She had worked on 03/28/23-03/31/23 but was not sure why she had not documented the medications for Resident #3 on 03/28/23-03/31/23.
-She knew she had given the medications but didn't realize she had not documented them for for 03/28/23- 03/31/23.

Interview with the guardian for Resident #3 on 05/17/23 at 10:09am revealed:
-He was responsible for taking Resident #3 to the physician.
-He also made sure if the physician wrote any new medication orders he would take them to the local pharmacy and have them filled for the facility to administer.
-He provided a monthly supply of medication each month for each one of Resident #3's ordered medications.
-He was not aware of Resident #3 missing any medications or running out of any medications.
-The facility called him to get the refills when they started getting low on Resident #3's medication but they had never been without any of Resident #3's medications that he was aware of.

Interview with the pharmacist at the local pharmacy for Resident #3 on 05/17/23 at 3:40pm revealed:
-The medications (citalopram,divalproex DR, levothyroxine, omeprazole, risperidone, ziprasidone, Tamsulosin, and trazodone) were

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 _____	05/17/2023

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 366	Continued From page 43 filled monthly. -There had been no request by the guardian nor the facility for more medication in March or April for Resident #3 other than what was dispensed for the month. -The pharmacy had not been notified of any issues related to not having enough medication for Resident #3 with any of Resident #3's medications. Based on observations, record review, and interview, it was determined Resident #3 was not interviewable. Refer to the interview with the MA/Resident Care Coordinator (RCC) on 05/16/23 at 12:29pm. Refer to the interview with the Administrator on 05/16/23 at 1:00 pm. Refer to the interview with the MA/RCC on 05/17/23 at 3:00pm. Refer to the interview with the Administrator on 05/17/23 at 4:50pm. _____ Interview with the MA/RCC on 05/16/23 at 12:29pm revealed: -She was responsible for checking the MARs for accuracy of documentation and medication entries each month. -The medication entries and documentation of administration of medications were missed on the March MARs because she overlooked it. Interview with the Administrator on 05/16/23 at 1:00pm revealed: -Staff should document on the MAR immediately after they have administered the medications to each resident.	D 366		

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 _____	05/17/2023

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 366	Continued From page 44 -She was not aware the MAs did not document medications administered to Resident #1,#2, and #3 from 03/28/23-03/31/23 or why some medications were not documented as administered for the entire month of March 2023. Interview with the MA/RCC on 05/17/23 at 3:00pm revealed: -She had also worked on 03/28/23-03/31/23 and was not sure why the MARS had not been documented on 03/28/23-03/31/23 for Resident #1, #2, and #3. -She and the other MA should be documenting after the administration of the medication on the MAR. -She was positive she and another MA administered Resident #1, #2, and #3 their medications from 03/28/23-03/31/23 and just forgot to document the medications on the MAR as administered. -"It was carelessness" not documenting it on the MAR. -She trained the MA to document the administration of mediations immediately after the medications were administered. -She did not know why the MA had not completed the MAR after she administered the medications. -Regardless of what was going on in the facility the medications should be documented as administered after giving the resident their medications. Interview with the Administrator on 05/17/23 at 4:50pm revealed: -The MAs were trained to administer medications to residents and document the medications administered on the MAR. -The MA/RCC was responsible for auditing MARs for accuracy of documentation every 2 weeks when completing the medication cart audit.	D 366		

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 _____	05/17/2023

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 366	Continued From page 45 -The last MAR audit was completed on 05/05/23. -She expected the MA/RCC to complete MAR audits every 2 weeks with the medication cart audit and check the MARs for accuracy when they were delivered by the pharmacy. -She expected the MAs to follow the facility's policy for Medication Administration and document medications as administered immediately after administering medications. _____ The facility failed to document on the medication administration records immediately following the administration of sliding scale insulin for 3 months, 3 medications for the entire month of March 2023, and multiple medications from 03/28/23-03/31/23 (Resident #1), multiple medications not documented from 03/28/23-03/31/23 (Resident #2), and a seizure medication not documented for the entire month of March 2023 and multiple medications not documented from 03/28/23-03/31/23 (Resident #3). This failure placed the residents at risk for medication administration errors and was detrimental to the health and safety of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection on 06/05/23 in accordance with G.S. 131D-34 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED July 1, 2023.	D 366		