Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	-
			VOOD DRIVE		
WINDWO	OD ASSISTED LIVING	CANDLE	R, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 000	Initial Comments		D 000		
	The Adult Care Licens follow-up survey on 1	sure Section completed a 0/17/23-10/20/23.			
D 273	10A NCAC 13F .0902	(b) Health Care	D 273		
		P. Health Care assure referral and follow-up and acute health care needs			
	This Rule is not met TYPE A1 VIOLATION				
	reviews, the facility fa Endocrinologist and (PCP) for 2 of 2 samp and #3) related to fing readings greater than	the primary care provider bled residents (Resident #4 gerstick blood sugar (FSBS) 400 (#4) and for a ndation to discontinue 1 of 2			
		t #4's current FL2 dated noses included diabetes.			
	dated 04/01/22 revea Lantus ( a slow acting diabetes) 15 units sub well as sliding scale in and with bedtime as f unit, 201-250 = 2 unit 301-350 = 4 units, 35 give 0 units and call the	1-400 = 5 units, over 400 ne physician for instructions.			
	administration record	tation FSBS results over			

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

(X6) DATE TITLE

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPP AND PLAN OF CORRECTION IDENTIFICATION N			CONSTRUCTION	(X3) DATE S	
		HAI 011296 B. WING		R		
		HAL011296	B. WING		10/2	0/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
WINDWOOD ASSISTED LIVING		OD DRIVE NC 28715				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	e 1 ver 400 on 08/02/23 at	D 273			
	4:00pm, 08/04/23 at 4 08/06/23 at 12:00pm, 8:00pm,08/09/23 at 8 and 12:00pm, 08/11/2 8:00am, 08/15/23 at 8 12:00pm, 08/17/23 at 8:00pm, 08/20/23 at 4 08/23/23 at 8:00am.  -There was no docum was notified.  Review of Resident # revealed: -There was document ranged from 408- HI (10 - There were FSBS ov 12:00pm, 09/05/23 at 8:00pm, 09/09/23 at 8:00pm, 09/09/23 at 8:00pm, 09/30/23 at 8:0	4:00pm and 8:00pm, 08/07/23 at :00am, 08/10/23 at 8:00am 23 at 8:00am, 08/14/23 at 8:00am, 08/16/23 at 8:00pm, 08/18/23 at 4:00pm, 08/21/23 at 8:00pm, nentation the Endocrinologist 4's September 2023 MAR tation FSBS over 400 (over 500). ver 400 on 09/03/23 at 8:00am, 09/06/23 at 8:00pm, 09/12/23 at 8:00am, 09/23/23 at 4:00pm and				
	revealed: -There was document ranged from 447-HI (or -There were FSBS ov 8:00am, 10/02/23 at 4:10/09/23 at 8:00pm, 00 at 12:00pm and 10/17	over 500). ver 400 on 10/01/23 at 4:00pm, 10/08/23 at 8:00am, 08/14/23 at 8:00pm,10/15/23				
	there was no docume	4's nursing notes revealed entation the Endocrinologist Resident #4's blood sugars				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7. BOILBING			R
		HAL011296	B. WING		10	0/20/2023
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		6 WINDV	VOOD DRIVE			
WINDWOO	D ASSISTED LIVING	CANDLE	R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	2	D 273			
	Interview with Reside revealed: -He agreed the Endochim about the risk of but did not rememberHe was not aware if Endocrinologist when notHe thought staff had Endocrinologist appoin Interview with a medical 10/19/23 at 8:55am results. She did not recall an Endocrinologist but sabout Resident #4's because she did not regiveShe left a message f waited for them to call about Resident #4's but could not recall well-she had no document called an on-call physician resident #4An on-call physician she had not tried to againShe did not call ever	crinologist had spoken with high and low blood sugars what they were. staff called his his blood sugar was high or taken him to his last intment.  cation aide (MA) on evealed: y dates she tried to call the she was sure she had called blood sugar being over 400 know how much insulin to to an on-call physician and I back to ask what to do blood sugar being over 400 hen she had called. Intation to show she had sician or the Endocrinologist	D 273			
	Interview with the Adr 9:07am revealed: -The MA was respons physicians while the F (RCC) was away fron and September. -She was not aware t	ministrator on 10/19/23 at sible for notifying the Resident Care Coordinator in the facility during August the MA had not notified the dered when Resident #4's				

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Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	PLETED
						R
		HAL011296	B. WING		10	/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
MINDWO	OD 40010TED 1 15/1510	6 WINDW	OOD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDLE	R, NC 28715			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 273	Continued From page	e 3	D 273			
	blood ougor was over	- 400				
	blood sugar was over	crinologist was hard to get in				
		nds as there was no one on				
	call for the physician.					
	odii for tro priyololari.					
	Interview with the RC revealed:	C on 10/19/23 at 10:20am				
		the facility in August 2023				
		ber 2023 and was not aware				
	the Endocrinologist h					
	-The MA was respons					
	Endocrinologist if she					
	_	nave received the maximum				
		Resident #4's blood sugar				
		ocrinologist should have				
	been called per the sl	liding scale order.				
	-There was no one or	n-call for the Endocrinologist				
	during the weekend.					
	Interview with the rea	istered nurse (RN) for				
	_	rinologist office on 10/19/23				
	at 12:39pm revealed:					
		had not received any calls				
		4 from the facility since July				
	2023.	,				
	-Resident #4's last vis	sit was 07/20/23 and was the				
	last time the Endocrir	nologist had heard from				
	anyone at the facility.					
		was not aware Resident				
		400 a total of 33 times from				
	08/01/23-10/18/23.					
	-The Endocrinologist					
		eived the wrong dose of				
	insulin a total of 112 t	imes from				
	08/01/23-10/17/23.					
	-The Endocrinologist	-				
		ders to give 0 units and call				
		or instructions, as he wanted				
		od sugar was over 400.				
	∣ -It Resident #4 becan	ne unresponsive he could be				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.12 . 27.11 .		.52	A. BUILDING: _		
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ACCICTED LIVING	6 WINDW	OOD DRIVE		
WINDWOO	DD ASSISTED LIVING	CANDLER	R, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 273	Continued From page	: 4	D 273		
	need to have 911 call 70.  -Resident #4 was at riblood sugar became of lowResident #4 was at ridecreased kidney fun hyperglycemia, a high being able to heal from and feet and the loss coma and possibly delenged and possibly delenged resident the oright of high blo be notified at the 07/2 2. Review of Resident 01/11/23 revealed dia depression, schizoaffi acute delirium, early contellectual functioning	ner risk of infection and not m it, numbness in his hands of digits or limbs and a eath.  ent #4 and the staff member od sugars and his desire to 10/23 office visit.  It #3's current FL2 dated gnoses included ective disorder bipolar type, dementia, and borderline			
	01/12/23 revealed the	ere was a medication order to treat depression) 75mg			
	physician's orders dat -There was a medicat (used to treat depress daily.	3's local hospital discharge ted 05/30/23 revealed: cion order for sertraline sion) 25mg take 1 tablet to discontinue venlafaxine			
	Review of Resident # dated 09/05/23 revea -There was a medicat 75mg take 1 tablet da	3's physician's orders report led: ion order for venlafaxine			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL011296	B. WING		10/2	0/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	•	
		6 WINDW	OOD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDLER	, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	5	D 273			
	25mg take 1 tablet da	ily.				
	recommendation date pharmacist recommendation pharmacist recommendation are recommendation or venlafaxi increased risk of Resiserotonin syndrome (caused by medication medications that conting levels of seroton and symptoms rangin restlessness, confusion blood pressure, diarrh seizures, and/or death Review of Resident # there was no document physician (PCP) was recommendations.  Review of Resident # medication administration administration administration and the recommendation of	ident #3 developing a serious drug reaction as, usually combining ain serotonin, that build up in in the body causing signs ig from agitation, on, rapid heart rate, high nea, headache, fever, h).  3's chart notes revealed entation the primary care notified of the pharmacist  3's September 2023 ation record (MAR) revealed: for sertraline 25mg take 1 tation sertraline 25mg take 1 nistered daily at 9:00am 23. for venlafaxine 75mg take 1 tation venlafaxine 75mg vas administered daily at				

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION	) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BUILDING: _	A. BUILDING:		
	HAL011296	B. WING		<b>I</b>	R <b>20/2023</b>
NAME OF PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
WINDWOOD ASSISTED LIVING		VOOD DRIVE R, NC 28715			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 273 Continued From page 6 10/01/23-10/08/23There was documentatic administered from 10/09/being hospitalizedThere was an entry for vicapsule dailyThere was documentatic administered at 9:00am file. There was documentatic administered from 10/09/being hospitalized.  Interview with a medicatic 10/17/23 at 3:45pm revealed. Resident #3 was acting because she was talking asking if she was wearing what could she eat Resident #3 was incontidiarrhea, pulled all her cleand walked around the faconfused, and complaine she called for an ambula send Resident #3 to the I room (ER) for an evaluating -The emergency medical responders said Resident psychosis (a mental disordisconnection from reality Review of Resident #3's history and physical report 10:14pm revealed: -Resident #3 reported 3 controls and the "facility manager" report of a control of a co	renlafaxine 75mg take 1 renlafaxine 75mg take 1 ren venlafaxine was from 10/01/23-10/08/23. ren venlafaxine was not realization renlafaxine renlafaxine renlafaxine renlafaxine was renlafaxine vas renlafaxine renlaf	D 273			

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS. CITY, STATE, JP CODE  SWINDWOOD DRIVE CANDLER, NC 28715   (X4) ID PROVIDER'S PLAN OF CORRECTION  SUMMARY STATEMENT OF DEFICIENCIES  (X4) ID PROVIDER'S PLAN OF CORRECTION PREPIX PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORE		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR'	
NAME OF PROVIDER OR SUPPLIER WINDWOOD ASSISTED LIVING  SUMMANY STATEMENT OF DEPICIENCES CANDLER, NC 28715  (MA) ID PROVIDER'S PLAN OF CORRECTION (CADDLER, NC 28715  CANDLER, NC 28715  DEPICIENCY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 7 residents residing at the facility. Resident #37s symptoms were most likely psychiatric in nature and did not appear to be caused by an underlying infection triggering an altered mental status. Home medications list included venlarfaxine 75mg take 1 tablet daily and sertraline 25mg take 1 tablet daily and sertraline 25mg take 1 tablet daily and sertraline 25mg take 1 tablet don 10/08/23 at 7:23pm were temperature 99.4, heart rate 80, respiration rate 25, and blood pre-sure 173/92.  Review of Resident #3's local hospital discharge summary dated 10/12/23 at 6.51pm revealed: -Resident #3 was admitted on 10/08/23 at 1:11pm and was awaiting discharge to be admitted to an inpatient psychiatry unit when a bed was availableVenlifexine 75mg was discontinued and sertraline 25mg take 1 tablet daily was continuedResident #3 so discharge diagnoses included encephalopathy, diarrhea, and polypharmacy (the simultaneous use of multiple medications to treat conditions that increased the risk of an adverse event).  Interview with the Resident Care Coordinator (RCC)MA on 10/18/23 at 10:30am revealed: -She was responsible for faxing recommendations from the pharmacist to	AND PLAN (	O CONNECTION	IDENTIFICATION NOWBER:	A. BUILDING: _		COMPLETE	٥_ ا
WINDWOOD ASSISTED LIVING   SUMMARY STATEMENT OF DEFICIENCIES   CANDLER, NC 28715			HAL011296	B. WING		1	2023
(X4)ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FILL PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FILL PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY OR LSC DIBENTIFYING INFORMATION)  D 273 Continued From page 7	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CANDLER, NC 28716    SUMMARY STATEMENT OF DEFICIENCIES   CANDLER, NC 28716   PREPIX   SUMMARY STATEMENT OF DEFICIENCIES   CANDLER, NC 28716   PREPIX   PROVIDER'S PLAN OF CORRECTION   CANDLER OF CORRECTION   CANDLER OF CORRECTIVE ACTION SHOULD BE   CANDLER OF CANDL	WINDWO	OD ASSISTED I WING	6 WINDWO	OD DRIVE			
PREFIX REGULATORY OR ISC IDENTIFYING INFORMATION)  D 273  Continued From page 7 residents residing at the facilityResident #3's symptoms were most likely psychiatric in nature and did not appear to be caused by an underlying infection triggering an altered mental statusHome medications list included venlafaxine 75mg take 1 tablet daily and sertraline 25mg take 1 tablet dailyResident #3's vital signs on 10/08/23 at 7:23pm were temperature 99.4, heart rate 80, respiration rate 25, and blood pressure 173/92.  Review of Resident #3's local hospital discharge summary dated 10/12/23 at 6:51pm revealed: -Resident #3's as admitted on 10/08/23 at 1:11pm and was awaiting discharge to be admitted to an inpatient psychiatry unit when a bed was availableVenlafaxine 75mg was discontinued and sertraline 25mg take 1 tablet daily was continuedResident #3's and thoughts of suicidal ideation and homicidal ideation towards a staff member at the facility upon admission to the hospitalResident #3's discharge diagnoses included encephalopathy, diarrhea, and polypharmacy (the simultaneous use of multiple medications to treat conditions that increased the risk of an adverse event).  Interview with the Resident Care Coordinator (RCC/MA on 10/18/23 at 10:30am revealed: -She was responsible for faxing recommendations from the pharmacist to	WINDWO	DD ASSISTED LIVING	CANDLER,	NC 28715			
residents residing at the facility.  -Resident #3's symptoms were most likely psychiatric in nature and did not appear to be caused by an underlying infection triggering an altered mental status.  -Home medications list included venlafaxine 75mg take 1 tablet daily and sertraline 25mg take 1 tablet daily, and sertraline 25mg take 1 tablet daily, enerature 99.4, heart rate 80, respiration rate 25, and blood pressure 173/92.  Review of Resident #3's local hospital discharge summary dated 10/12/23 at 6:51pm revealed: -Resident #3 was admitted on 10/08/23 at 1:11pm and was awaiting discharge to be admitted to an inpatient psychiatry unit when a bed was availableVenlafaxine 75mg was discontinued and sertraline 25mg take 1 tablet daily was continuedResident #3 had thoughts of suicidal ideation and homicidal ideation towards a staff member at the facility upon admission to the hospitalResident #3 sidscharge diagnoses included encephalopathy, diarrhea, and polypharmacy (the simultaneous use of multiple medications to treat conditions that increased the risk of an adverse event).  Interview with the Resident Care Coordinator (RCC)/MA on 10/18/23 at 10:30am revealed: -She was responsible for faxing recommendations from the pharmacist to	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
-She did not know if she faxed Resident #3's pharmacist recommendation dated 09/27/23 to the PCP with the recommendation to discontinue either sertraline or venlafaxineIf she faxed Resident #3's pharmacist recommendation to the PCP, and did not get a	D 273	residents residing at tages of the resident #3's symptomagnetic in nature and caused by an underly altered mental status. Home medications lith 75mg take 1 tablet daily. Resident #3's vital si were temperature 99 rate 25, and blood professions and was awaiting discontinuation in patient psychiatry underly available. Venlafaxine 75mg was sertraline 25mg take resident #3 had thou and homicidal ideation the facility upon admitage resident #3's dischatence phalopathy, diarrough and increase went).  Interview with the Resident #3's PCP. She was responsible recommendations fro Resident #3's PCP. She did not know if sepharmacist recommendations fro Resident #3's PCP.	che facility.  coms were most likely and did not appear to be ring infection triggering an est included venlafaxine aily and sertraline 25mg take  gns on 10/08/23 at 7:23pm 4, heart rate 80, respiration essure 173/92.  3's local hospital discharge 2/23 at 6:51pm revealed: mitted on 10/08/23 at 1:11pm charge to be admitted to an nit when a bed was  as discontinued and 1 tablet daily was continued. ughts of suicidal ideation n towards a staff member at ession to the hospital. arge diagnoses included rhea, and polypharmacy (the multiple medications to treat sed the risk of an adverse  sident Care Coordinator 23 at 10:30am revealed: e for faxing m the pharmacist to  she faxed Resident #3's ndation dated 09/27/23 to commendation to discontinue nlafaxine. t #3's pharmacist	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		. ,	E SURVEY PLETED	
		A. BUILDING:			_	
	HAL011296	B. WING		10	R <b>)/20/2023</b>	
NAME OF PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
	6 WIND	WOOD DRIVE				
WINDWOOD ASSISTED LIVING	CANDLI	ER, NC 28715				
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
did not want to char orders.  -The fax machine di sheet when a docur -She did not call to vidocument that she file. She had no system Resident #3's pharm faxed to or received.  Telephone interview 10/18/23 at 4:45pmThe facility did not recommendation da Resident #3 to discovenia faxineAll faxes received a a computer system documentedThere was no docur calls made from the her of the pharmacis Resident #3 or that -It was important for notify her of any phathat she could make neededShe could see in her Resident #3 was ad had limited access to -It was possible Resiserotonin syndrome both venlafaxine and discourse received and seeded.	provider, she figured the PCP age Resident #3's medication of not provide a confirmation ment was faxed.  Perify the fax was received or faxed the recommendation.  In place to make sure macist recommendation was by the PCP.  With Resident #3's PCP on revealed:  fax a pharmacy ted 09/27/23 to her office for continue either sertraline or at the office were scanned into and all telephone calls were mentation of any telephone facility to the office notifying st recommendation for a fax was sent or received.  The facility to follow up and armacist recommendations so a medication changes if the computer system that mitted to the local hospital but	D 273				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		' '	(X3) DATE SURVEY COMPLETED	
ANDIEAN	or correction.	IDENTIFICATION NOMBER.	A. BUILDING: _		l oown	LLILD
						R
		HAL011296	B. WING		10	20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6 WINDW	OOD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDLE	R, NC 28715			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)		COMPLETE DATE
D 273	Continued From page	9	D 273			
	1:05pm revealed:					
	•	lafaxine and sertraline were				
		ibed together due to a risk of				
	causing serotonin syr					
		at the pharmacy wrote the				
	•	)9/27/23 to the PCP to				
	discontinue either ver	nlafaxine or sertraline .				
	-The facility was resp	onsible for sending the				
	! ·	ndations to Resident #3's				
	PCP.					
	Interview with the Adr	ministrator on 10/20/23 at				
	2:55pm revealed:					
	-She did not know the	e pharmacy				
	recommendation date	ed 09/27/23 for Resident #3				
	was not faxed to the F					
	-	nsible for faxing pharmacist				
	recommendations to t	_				
		lity of the RCC to follow up was received after it was				
		ecause the fax machine did				
	not provide confirmati					
		CC to fax all pharmacy				
		the PCP when received.				
		otify Resident #4's primary				
		crinologist for fingerstick				
	• • • • • • • • • • • • • • • • • • • •	greater than 400 as ordered				
		s from 08/01/23-10/18/23 at an increased risk for				
		eased kidney function,				
	•	ction with poor healing,				
		and feet, or loss of digits or				
		3's PCP was not notified of a				
		dation to discontinue 1 of 2				
	' '	ations to decrease the risk				
	•	in syndrome and Resident				
	#3 was sent to the loc	cal hospital on 10/08/23 with				
	a possible diagnosis	of serotonin syndrome. This				
	failure resulted in seri	ious physical harm and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BOILDING			Ь
		HAL011296	B. WING		l l	R / <b>20/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	·	
			VOOD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDLE	R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 273	Continued From page	<del>2</del> 10	D 273			
	neglect constitutes a	Type A1 Violation.				
	this violation.  THE CORRECTION VIOLATION SHALL N	plan of protection in 131D-34 on 10/20/23 for DATE FOR THE TYPE A1 IOT EXCEED NOVEMBER				
	19, 2023.					
D 315	10A NCAC 13F .0905	(a & b) Activities Program	D 315			
	residents' active involutheir families, and the (b) The program sha active involvement by require any individual against his or her will a resident's ability to resident's physician statement regarding to This Rule is not met Based on observation failed to ensure 9 of Statement 9 of Stateme	designed to promote the vement with each other, community.  Il be designed to promote all residents but is not to to participate in any activity. If there is a question about participate in an activity, the hall be consulted to obtain a he resident's capabilities.  as evidenced by: as and interviews the facility or residents were offered promote active involvement				
	The findings are:					
	revealed: -There were no activi	ent on 10/17/23 at 9:10am ties. esidents for an activity.				
	Interview with a seco	nd resident on 10/17/23 at				

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL011296	B. WING		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
WINDWOOD ASSISTED LIVING			OOD DRIVE		
	CLIMMADY CT		, NC 28715	PROVIDEDIC DI AN OF CORDECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 315	Continued From page	e 11	D 315		
D 315	9:10am revealed: -The facility offered "V-He was bored most on nothing to doHe had no one to tall Interview with a third 9:10am revealed: -She would sleep or v-There were no scheol Interview with a fourth 9:10am revealed: -The facility did not present of the was a calendar posted in the main haseled as an and the sat outside	very little" activities. of the time because he had k to except himself. resident on 10/17/23 at vatch television. duled activities. In resident on 10/17/23 at rovide activities even though with activities scheduled activity. Illy do a game but not daily. resident on 10/17/23 at resident on the activity offered every resident on the same resident on	D 315		
	Interview with a sixth 9:30am revealed: -The facility did not of aware of.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	A. BUILDING:				
		HAL011296 B. WING 10		R 10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING	6 WINDWO			
		CANDLER,	NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 315	Continued From page	2 12	D 315		
	was nothing to do.	of the time because there			
	monopoly, cards, puz horseshoes, making i and current events. -There was one activi	the main hallway on 0/17/23-10/20/23 included zles, coloring, bingo, muffins, movie with popcorn ty documented as bird m-12:00pm scheduled on			
	playing horseshoes w on 10/19/23 from 10:0 was gathered to play.	o/23 at 10:10am revealed vas on the activity calendar 00am to 11:00am but no one or could not be located in the			
	activities calendarShe asked the reside do every month so sh activities if possibleThere were 4 resider playing a board game longThe board game was	revealed: for completing the monthly ents what they would like to			

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6 WINDWOOD DRIVE CANDLER, NC 28715  (MA)ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 315  Continued From page 13 residents earlyShe did not have any complaints from the residents about the activities offeredWhen asked what the "bird watching" activity scheduled on 10/05/23 and 10/24/23 from 11:00am-12:00pm included she said the residents would go outside on their own and "just watch outside" to see if they saw any birds.  Interview with one of the residents, named by the MA as participating in the activity scheduled on 10/17/23, on 10/18/23 at 9:53am revealed: -He sat in the dining room from about 10:00am-10:30am on 10/17/23 and staff did not show up for the scheduled activityHe talked to 2 other residents for about 10 minutes when they showed up for the activity also and then all 3 of them left and went back to their rooms.  Interview with the Administrator on 10/20/23 at 2:55pm revealed: -The MA was responsible for creating the monthly	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6 WINDWOOD DRIVE CANDLER, NC 28715    CANDLER   SUMMARY STATEMENT OF DEFICIENCIES   CANDLER, NC 28715    CANDLER   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   CECHO DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX TAG   CECHO DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   DATE	AND FLAN OF C	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
WINDWOOD ASSISTED LIVING  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 315  Continued From page 13  residents earlyShe did not have any complaints from the residents about the activities offeredWhen asked what the "bird watching" activity scheduled on 10/05/23 and 10/24/23 from 11:00am-12:00pm included she said the residents would go outside on their own and "just watch outside" to see if they saw any birds.  Interview with one of the residents, named by the MA as participating in the activity scheduled on 10/17/23, on 10/18/23 at 9:53am revealed: -He sat in the dining room from about 10:00am-10:30am on 10/17/23 and staff did not show up for the scheduled activityHe talked to 2 other residents for about 10 minutes when they showed up for the activity also and then all 3 of them left and went back to their rooms.  Interview with the Administrator on 10/20/23 at 2:55pm revealed: -The MA was responsible for creating the monthly			HAL011296	B. WING			
ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 315  Continued From page 13  residents earlyShe did not have any complaints from the residents about the activities offeredWhen asked what the "bird watching" activity scheduled on 10/05/23 and 10/24/23 from 11:00am-12:00pm included she said the residents would go outside on their own and "just watch outside" to see if they saw any birds.  Interview with one of the residents, named by the MA as participating in the activity scheduled on 10/17/23, on 10/18/23 at 9:53am revealed: -He sat in the dining room from about 10:00am-10:30am on 10/17/23 and staff did not show up for the scheduled activityHe talked to 2 other residents for about 10 minutes when they showed up for the activity also and then all 3 of them left and went back to their rooms.  Interview with the Administrator on 10/20/23 at 2:55pm revealed: -The MA was responsible for creating the monthly	NAME OF PROV	VIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CANDLER, NC 28715  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 315  Continued From page 13 residents earlyShe did not have any complaints from the residents about the activities offeredWhen asked what the "bird watching" activity scheduled on 10/05/23 and 10/24/23 from 11:00am-12:00pm included she said the residents would go outside on their own and "just watch outside" to see if they saw any birds.  Interview with one of the residents, named by the MA as participating in the activity scheduled on 10/17/23, on 10/18/23 at 9:53am revealed: -He sat in the dining room from about 10:00am-10:30am on 10/17/23 and staff did not show up for the scheduled activityHe talked to 2 other residents for about 10 minutes when they showed up for the activity also and then all 3 of them left and went back to their rooms.  Interview with the Administrator on 10/20/23 at 2:55pm revealed: -The MA was responsible for creating the monthly	WINDWOOD ASSISTED LIVING 6 WINDW		OD DRIVE				
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 315  Continued From page 13  residents earlyShe did not have any complaints from the residents about the activities offeredWhen asked what the "bird watching" activity scheduled on 10/05/23 and 10/24/23 from 11:00am-12:00pm included she said the residents would go outside on their own and "just watch outside" to see if they saw any birds.  Interview with one of the residents, named by the MA as participating in the activity scheduled on 10/17/23, on 10/18/23 at 9:53am revealed: -He sat in the dining room from about 10:00am-10:30am on 10/17/23 and staff did not show up for the scheduled activityHe talked to 2 other residents for about 10 minutes when they showed up for the activity also and then all 3 of them left and went back to their rooms.  Interview with the Administrator on 10/20/23 at 2:55pm revealed: -The MA was responsible for creating the monthly	WINDWOOD	A33I3TED LIVING	CANDLER,	NC 28715			
residents earlyShe did not have any complaints from the residents about the activities offeredWhen asked what the "bird watching" activity scheduled on 10/05/23 and 10/24/23 from 11:00am-12:00pm included she said the residents would go outside on their own and "just watch outside" to see if they saw any birds.  Interview with one of the residents, named by the MA as participating in the activity scheduled on 10/17/23, on 10/18/23 at 9:53am revealed: -He sat in the dining room from about 10:00am-10:30am on 10/17/23 and staff did not show up for the scheduled activityHe talked to 2 other residents for about 10 minutes when they showed up for the activity also and then all 3 of them left and went back to their rooms.  Interview with the Administrator on 10/20/23 at 2:55pm revealed: -The MA was responsible for creating the monthly	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLET	Έ
activities calendar and posting the calendar on the wall.  -The MAs were responsible for providing activities to residents.  -She did not know activities were not being offered to the residents or only being offered once every couple of weeks.  -Most of the residents did not want to participate in activities and just wanted to watch television or smoke cigarettes outside.  -She knew there should have been at least 14 hours of activities provided for residents weekly.  -She did not consider residents going outside and watching the air for birds to fly by an activity.	re -S re -V so 111 who on In M 10 -H 10 sh -H m ar ro In 2: -T ac th -T to -S of ev -N in sr -S ho -S	esidents early. She did not have any esidents about the activities and just we have a present a series of the process of the p	complaints from the ctivities offered. e "bird watching" activity and 10/24/23 from cluded she said the residents heir own and "just watch as aw any birds.  the residents, named by the sthe activity scheduled on a sat 9:53am revealed: room from about 10/17/23 and staff did not duled activity. The residents for about 10 rowed up for the activity also a left and went back to their ministrator on 10/20/23 at sible for creating the monthly did posting the calendar on the sible for providing activities were not being the sor only being offered once is a did not want to participate wanted to watch television or side.  In all have been at least 14 vided for residents weekly. In a complaint so on the side and in the	D 315			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BUILDING:		R
		HAL011296	B. WING		10	)/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
WINDWO	OD ASSISTED LIVING		VOOD DRIVE ER, NC 28715			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 338	Continued From page	e 14	D 338			
D 338	10A NCAC 13F .0909	Resident Rights	D 338			
	all residents guarante	hall assure that the rights of ed under G.S. 131D-21, ents' Rights, are maintained				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	facility failed to ensur maintained for 9 of 9 facility by ensuring m hours comparable to and bedtime medicati	and record reviews, the e resident rights were residents residing in the eals were served at regular mealtimes in the community ons were administered so re able to go to sleep at a				
	The findings are:					
	room, and common li	ain hallway, kitchen, dining ving room on 10/17/23 at e were no staff present.				
	8:58am revealed ther filled with cereal setting	ning room on 10/17/23 at e were plastic containers ng on the dining room table ntaining milk and 2 coffee				
	9:00am revealed: -The door was closed the medication aide (In the MA answered the second seco	ain office on 10/17/23 at and after knocking loudly MA) opened the door. e door and her hair looked beared that she was awoken				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
74101 2741	or contraction	IDENTIFICATION NO.	A. BUILDING: _	BUILDING:	
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
WINDWOOD ASSISTED LIVING		OOD DRIVE			
		CANDLER	, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE
D 338	Continued From page	e 15	D 338		
	-The MAs bedroom w room inside the main	vas located in a separate office.			
	Interview with a residence revealed:	ent on 10/17/23 at 9:20am			
	-He ate cereal for bre -The facility offered ce -The facility staff left of the residents to fix the	akfast around 8:30am. ereal about 3 days weekly. cereal setting on the table for emselves a bowl. ays made coffee for the			
	12:42pm revealed: -The Activities Director because he told her told down in the bedShe knocked on the around 11:00pm and telephoned the Resid because she had not bedtime medications, -The RCC assured he the MA and get the M medicationsHer medications were when the MA workedSometimes the MA workedSometimes the MA were sometimes the MA workedSometimes the MA were sometimes the MA	er she would get a hold of IA to administer her nightly  e administered late "a lot"  vould prepare dinner around d she did not like eating so ed.  ng to bed early.  ng to stay up so late just to			
	Interview with a third 9:33am revealed the sometimes served at	•			
	Interview with a fourth	resident on 10/20/23 at			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R	
		HAL011296	B. WING		10/20/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWOOD ASSISTED LIVING 6 WINDWO		6 WINDWO			
		CANDLER,	NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 338	Continued From page	<del>2</del> 16	D 338		
D 338	10:20am revealed: -She did not know wh lateShe and the other re were served breakfas-Lunch was usually se 2:00pm-3:00pm and conduction served until almost 11She was not used to and wanted them serence was usually admaround the same time. She did not report the meals and medication was usually the only put time at the facilityMeals were usually set the RCC worked instead in the RCC revealed: -A resident called her around 10:00pm or 10 not administered her insulinThe resident said she and the MA would not she telephoned the I about to administer the not say why she had residents yetShe did not know who	sidents were "lucky" if they it by 10:00am. erved between dinner was sometimes not 1:00pm. eating her meals so late wed at normal eating times. Ininistered her medications is the meals were served. If MA to anyone for serving in so late because the MA in the meals were served. If MA to anyone for serving in so late because the MA in the meals were served. If MA to anyone for serving in so late because the MA in the meal of the MA. If C on 10/19/23 at 10:22am If a couple of nights ago 0:30pm and said she was nightly medications or the late of the MA's door	D 338		
	revealed: -She administered ins	eal times which was around			
	5:30pm-6:00pm.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING	A. BUILDING:	
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING	6 WINDWO	OD DRIVE		
WINDWO	DD ASSISTED LIVING	CANDLER,	NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 17	D 338		
D 336	-The bedtime dosage administered betweer -She knew the bedtim at either 8:00pm or 9: -She only gave the besthe residents late ond nights agoShe always administ scheduled or sliding same time when she blood sugars (FSBS)She did not know at glucometer when the -She did not know who were recorded in the	s of insulin were n 10:00pm and 10:30pm. ne dosages were scheduled 00pm. edtime dosages of insulin to the around 11:00pm a few  ered the residents scale insulin (SSI) at the checked the fingerstick time was recorded in the FSBS was checked. Ty the FSBS reading times glucometers so late for meal ith the bedtime readings	D 330		
	10:55am revealed: -She did not know the medications and serv so late until about 2 w residents complained -She asked some of t meals were being ser around 8:00pm or 8:3 -She told the MA that 9:00am, 1:00pm, and acceptable to serve the -She had already talk times about serving the times since she was nof them being served -She occasionally had preparing the evening serve it lateShe and the Administration of the safter they found the serve in the safter they found the safter they	the residents what time eved and they told her sopp for dinner.  meals had to be served by 6:30pm and that it was not the meals so late.  ed to the MA a couple of the meals at the scheduled made aware by the residents so late.  d to remind the MA to start to meal because she would extrator had discussed the late			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011296	B. WING		R <b>10/20/2023</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE	
WINDWOO	DD ASSISTED LIVING		OOD DRIVE R, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 338	Interview with the Adr 11:51am revealed: -She was not aware the served meals so late on the being administered timeframesShe expected the MA at the scheduled time.  The facility failed to entered the served meals during normal of the scheduled time.  The facility failed to entered the scheduled time.  The facility failed to entered the scheduled time having to eat meals be and having to stay up order to receive their detrimental to the heat constitutes a Type B of the facility provided at accordance with G.S. this violation.	ations were supposed to be at times.  Ininistrator on 10/20/23 at the residents were being for that the medications were divided within the scheduled at the serve the residents mours for eating. At the administer medications is.  Insure meals were served at rable to mealtimes in the me medications were resulting in the residents atter in the day than desired late into the evening in bedtime medication, was allth of the residents and violation.	D 338		
D 358	(a) An adult care hon	(a) Medication  Medication Administration ne shall assure that the nistration of medications,	D 358		
		prescription, and treatments			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 11 20123 11 101 _		R
		HAL011296	B. WING		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING	6 WINDW	OOD DRIVE		
WINDWO	OD ASSISTED LIVING	CANDLER	R, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
D 358	Continued From page	: 19	D 358		
	which are maintained (2) rules in this Section and procedures.	ed prescribing practitioner in the resident's record; and on and the facility's policies			
	This Rule is not met a TYPE A1 VIOLATION	<u>-</u>			
	reviews the facility fai medications as ordered residents (Resident # administered an incor- scale insulin (SSI) dur multiple instances of I dosages of SSI (#3 au used to promote sleet	ed for 3 of 3 sampled 3 and #4) related to rect dosage of a sliding ring a medication pass (#4), being administered incorrect and #4), and medications of and prevent urinary tract medication used to assist			
	09/20/23 revealed: -Diagnosis included d -There was an order f insulin) 15 units subce -There was an order f insulin) inject 6 units s bedtimeThere was an order f 151-200 = 1 unit, 201	for Lantus (a slow acting utaneous (SQ) twice daily. For novolog (a fast acting SQ with meals and at for sliding scale as follows:  -250 = 2 units, 251-300 = 3 its, 351-400 = 5 units, over			
	at 12:34pm revealed:	edication pass on 10/18/23 (MA) donned gloves and			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL011296	B. WING		10	R 0/ <b>20/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE	-	
MINDMO	OD ACCICTED I IVING	6 WIND\	WOOD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDLE	ER, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	checked Resident #4 (FSBS) with a reading -The MA drew up 10 an insulin syringe (10 verbally with the MA) novolog insulin into R abdomen.  Review of Resident # 09/20/23 revealed: -There was an order in meals plus the SSI do -There was an order in units novolog if the FSI Interview with the MA	s fingerstick blood sugar g of 234. units (u) of novolog SSI into units was confirmed and she injected the 10u esident #4's right lower  4's physician's order dated for novolog inject 6u before ose per the SSI scale. for novolog SSI administer 2 SBS reading was 201-250.	D 358			
	6u plus 2u novolog S 10/18/23 at 12:34pm.  Interview with the MA revealed: -When she administe lunch she used the sl should administer a te syringe was almost at what she told the sur- when she was questie -The syringe had small only a one line different hard to tell the exact at Interview with the Adr 1:10pm revealed: -She thought the MA dosage of novolog S3 10/18/23 at 12:34pm because she "got in a	on 10/18/23 at 4:14pm  red Resident #4's insulin at iding scale to determine she otal of 8u but the level in the the 10u mark so that is veyor she administered oned.  all lines and since there was note from 8u to 10u it was amount.  ministrator on 10/18/23 at administered an incorrect SI to Resident #4 on on the medication pass				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 BOILBING.			
		HAL011296	B. WING		R 10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWOOD ASSISTED LIVING 6 WINDW			OD DRIVE			
***************************************	DE AGGIOTED EIVING	CANDLER	NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	21	D 358			
	-The MA should have to make sure she adn amount of insulin to F	double checked the order ninistered the correct Resident #4.				
	<ul><li>b. Review of Resident #4's physician's orders dated 04/01/22 revealed:</li><li>-There was an order for Lantus 15 units</li></ul>					
	units SQ with meals a -There was an order of as follows; 151-200 = 251-300 = 3 units, 30 units, over 400 give 0 for instructions.	for novolog insulin inject 6 and at bedtime. for FSBS with a sliding scale 1 unit, 201-250 = 2 units, 1-350 = 4 units, 351-400 = 5 units and call the physician				
		4's physician's orders dated ere was an order for Lantus s (SQ) twice daily.				
	administration record -There was an entry f units three times daily 12:00pm, 4:00pm and -There was documen administered three tin 8:00am, 12:00pm, 4:0 08/01/23 - 08/31/23There was an entry f	or novolog insulin give 6 y and at bedtime at 8:00am, d 8:00pm. tation novolog 6 units was nes daily and bedtime at 00pm and 8:00pm from or novolog insulin SSI three				
	12:00pm, and 4:00pm reading 151-200=1u, 301-350=4u, 351-400 give 0 units and call till -There were 112 inst being 151 or greater I with 51 doses of novo administered incorrect	ances of the FSBS reading between 08/01/23 - 08/31/23 blog SSI documented as				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	OILDING:	
HAL011296 B. WING			R <b>10/20/2023</b>		
NAME OF D		OTDEET ADE	DECC CITY CTA	TE 7/D 00DE	
NAME OF P	ROVIDER OR SUPPLIER		ORESS, CITY, STA	I E, ZIP CODE	
WINDWO	OD ASSISTED LIVING		OOD DRIVE		
			, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	22	D 358		
	08/31/23 with 12 dose documented as admir the 12 doses in the ar	nistered incorrectly (12 of mount of 7 units novolog SSI administered when no SSI			
	2023 MAR revealed: -There was no entry f daily 09/01/23 - 09/25 -There was no entry f daily 09/25/23 - 09/30 -There was no entry f units three times daily 12:00pm, 4:00pm and -There was no docum was administered thre at 8:00am, 12:00pm, 09/01/23 - 09/30/23There was no entry f times daily before me 12:00pm, and 4:00pm	or Lantus 18 units SQ twice //23. or novolog insulin give 6 v and at bedtime at 8:00am,			
	301-350=4u, 351-400 give 0 units and call the Review of Resident # monitoring log reveals -There was administered twice when Lantus 15 units 09/25/23 should have -There was an entry funits three times daily 12:00pm, 4:00pm and -There was document administered three times	=5u and if greater than 400 ne physician.  4's September FSBS ed: tation Lantus 18 units SQ ce daily 09/01/23 - 09/30/23 SQ twice daily 09/01/23 - been given .  or novolog insulin give 6 and at bedtime at 8:00am,			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL011296	B. WING		10	R 0/ <b>20/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		6 WINDW	OOD DRIVE			
WINDWO	OD ASSISTED LIVING		R, NC 28715			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN O	F CORRECTION	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 23	D 358			
	There was an entry t	for novolog insulin SSI three				
		eals and bedtime at 8:00am,				
	•	n and 8:00pm with a FSBS				
		201-250=2u, 251-300=3u,				
		0=5u and if greater than 400				
	give 0 units and call t	•				
		ances of the FSBS reading				
		between 09/01/23 - 09/30/23				
	with 25 doses of nove	olog SSI documented as				
	administered incorrectly.  -There were 13 instances of the FSBS reading being 150 or less between 09/01/23 - 09/30/23					
		olog SSI documented as				
		ctly (10 of the 13 doses in				
	the amount of 7 units	_				
		nistered when no SSI should				
	have been administer	red).				
	revealed:	4's October 2023 MAR				
	-	for novolog insulin give 6				
		y and at bedtime at 8:00am,				
	12:00pm, 4:00pm and	•				
		nentation novolog 6 units				
		ee times daily and bedtime				
	10/01/23 - 10/17/23.	4:00pm and 8:00pm from				
	-There was a handwr	itten note with "in CBG				
	(capillary blood gluco on the MAR	se monitoring) book" written				
		for navolog inculin CCI throa				
		for novolog insulin SSI three eals and bedtime at 8:00am,				
	•	n and 8:00pm with a FSBS				
		201-250=2u, 251-300=3u,				
		)=5u and if greater than 400				
	give 0 units and call t					
	•	for novolog insulin SSI three				
		eals and bedtime at 8:00am,				
		n and 8:00pm with a FSBS				
		201-250=2u, 251-300=3u,				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B MING		R	
		HAL011296	B. WING		10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ΓE, ZIP CODE		
WINDWO	OD ASSISTED LIVING		OOD DRIVE			
			R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D 358	Continued From page	24	D 358			
	give 0 units and call the control that MAR there were done in capillary blo book" written on the Market of the control that is a control to capillary blo book" written on the Market of the capillary blook o	vas a handwritten note with od glucose monitoring) MAR. nentation novolog SSI was im, 12:00pm, 4:00pm and 3-09/30/23 and there was a "in CBG (capillary blood written on the MAR.  4's October 2023 FSBS ed: notes of the FSBS reading between 10/01/23 - 10/17/23 blog SSI documented as itly. ses of the FSBS reading in 10/01/23 - 10/17/23 with 1				
	revealed: -He has been at the keseveral times in the pesugar and low bloods -When his blood sugar	ont #4 on 10/20/23 at 9:33am  ocal emergency department ast few weeks for high blood sugar.  ar meter read "HI" the MA  xtra insulin and said she				
	doses of insulin.	he had received any wrong on 10/19/23 at 8:55am				
		the had given the wrong				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NUMBER.	A. BUILDING: _		COMI ELTED	
		HAL011296	B. WING		R 10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
WINDWO	OD ASSISTED LIVING		OOD DRIVE			
		CANDLE	R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
D 358	Continued From page -She had followed the	e 25 e SSI as it was ordered.	D 358			
	facility contracted reg	Coordinator (RCC) and the istered nurse (RN) had				
	trained her on the SS	I. at she was to do when				
	Resident #4's glucom					
	-She had not asked w	hat she was to do when				
	Resident #4's glucom	eter registered "HI". the physician Resident #4				
		orrect dosages of insulin.				
	Telephone interview v	vith the Endocrinologist's ) for Resident #4 on				
	10/19/23 at 12:39pm	revealed:				
	and was aware his bl	eated Resident #4 for years ood sugar fluctuated from				
	very low to very high -Resident #4's last vis	sit was on 07/20/23				
	-Resident #4 had bee	n to the local emergency				
	room multiple times to recent was 09/16/23	or his blood sugars the most for low blood sugar.				
	-Resident #4 was at r	isk of a diabetic coma if his				
	-Resident #4 was alre					
	· ·	kidney function, healing				
	1 3, 31 03	a, a higher risk of infection heal from it, numbness in				
	his hands and feet an	d the loss of digits or limbs,				
	coma and possibly de be notified.	eath and therefore wanted to				
	Telephone interview v	vith the facility contracted				
		er the last time she had				
		aining for facility staff but				
	-She had trained the	<u> </u>				
	discussions with her a diabetic care.	about administering SSI and				
		d a detailed training for the				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		I` '	SURVEY PLETED
		HAL011296 B. WING			10	R 0/ <b>20/2023</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	,	
			OOD DRIVE	•		
WINDWO	OD ASSISTED LIVING	CANDLE	R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	MA since May of 202: -She had encouraged accuracy when admir -The MA had been traphysician had written when there was a me -She had assisted the MARS with the glucor FSBS was accurate or recall the last timeShe had not checked receiving the correct chis SSI.  Interview with the Adr 10:23am revealed: -She was not aware twrong dose of insulin September and Octor-She had spoken with her time when giving -She should have call she had given the wro-The facility's contract checking the medicat cart to ensure accura there was no system had.  2. Review of Resider 04/20/23 revealed: -Diagnoses included Parkinson's disease, and hemiparesisThere was an order of treat pain and stiffnes needed.  Observation of the medical card to the medical card to the medical card to ensure accurate there was no system had.	I her to go slow and ensure histering medications. Ained to follow the orders the and to inform the physician dication error. A facility with checking the meter to ensure Resident #4 on the MAR but could not to see if Resident #4 was dose of insulin according to ministrator on 10/20/23 at the MA had administered the to Resident #4 in August, per 2023. In the MA before about taking medications. Hed the physician if she knew long dose of insulin. Ited RN was supposed to be ions, MARs and medication cy for residents with SSI but in place to ensure the RN	D 358			

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, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		<u> </u>
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING	6 WINDWO			
			NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 27	D 358		
	one tablet twice daily administration.	as needed available for			
	Interview with Reside revealed:	nt #1 on 10/17/23 at 9:30am			
	-He took flexeril for lo strokes and being par -His back pain about	wer back pain from having 2 ralyzed on the left side. a 6 or 7 on a scale of 0-10			
	every dayHe was "out" of his fl long it had been unav	exeril and did not know how ailable.			
	months and told the N	ming" about back pain for  MA he needed his flexeril.			
	that was at least a co	was "out" of his flexeril and uple of months ago.			
	(POA) on 10/17/23 at	nt #1's power of attorney :12:26pm revealed: ned of back pain all the			
	-She thought Resider	nt #1 was being ered flexeril for the back			
		today that he had not months.			
	1:10pm revealed:	ministrator on 10/17/23 at			
	<ul> <li>-She was not aware F flexeril available for a</li> </ul>	Resident #1 did not have dministration.			
	-The medication shou and available for adm	ıld have been in the facility iinistration.			
	(RCC) on 10/17/23 at -Resident #1 had see -Resident #1 had bee pain but did not recall	sident Care Coordinator 1:15pm revealed: In the physician on 10/16/23. In complaining about back I him asking for his flexeril. I last time Resident #1 had			
		dministration but it had been			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
	HAL011296 B. WING		10	R 0/ <b>20/2023</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE	, ,	
WINDWO	OD ASSISTED LIVING		OOD DRIVE R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	28	D 358			
	a long time.					
	revealed: -She was not aware F experiencing back pa asked for his flexerilThe facility had to ca administration medica for his flexerilShe had been emplo October of 2022 and flexeril for Resident # -She said Resident # flexerilShe had to call the lo Resident #1's PRN m -She stated she had o pharmacy multiple tim documentation to sho -The facility did not ha obtain the flexerilIf Resident #1 ran ou	Il the local veterans al center (VAMC) pharmacy byed by the facility since she had never ordered 1.  I had never asked for his local VAMC pharmacy for ledication. It is called the local VAMC low she had called. It is ave a back up pharmacy to let of his medication she "was medication was mailed from				
	01/11/23 revealed: -Diagnoses included	t #3's current FL2 dated diabetes mellitus type 2, t infections (UTIs), and sleep				
	-There was a medical scale insulin (used to levels) before meals i (FSBS) was 151-200: 251-300=3u, 301-350 bedtime if the FSBS v 201-250=1u, 251-300	=2u, 301-350=3u, atonin (used to promote				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		· ,	E SURVEY PLETED
			A. BUILDING:	A. BUILDING:		
		HAL011296	B. WING		10	R 0/ <b>20/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
			VOOD DRIVE	,		
WINDWO	OD ASSISTED LIVING		R, NC 28715			
0.0.1=	CHMMADY CT			DDOV/IDEDIS DI ANI OF	CORRECTION	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 29	D 358			
	dated 09/05/23 reveal units before meals ar (SSI) before meals if (FSBS) was 151-200	9=5u, 351-400=7u and at was 151-200=0 units,				
	administration record -There was an entry fi three times daily at 6: 4:30pmThere was documen administered three tir 11:30am, and 4:30pm -There was an entry fi daily before meals at 5:00pm with a FSBS 201-250=2u, 251-300 351-400=7uThere were 16 instant being 151 or greater with 16 doses of lispr administered incorrect -There was a FSBS r on 08/31/23 at 12:00 administered when 0 givenThere was an entry fi a FSBS reading 151- 251-300=2u, 301-350 -There were 23 instant being 150 or less at 8	for lispro insulin give 3 units 30am, 11:30am, and tation lispro 3u was mes daily at 6:30am, from 08/01/23 - 08/31/23. For lispro SSI three times 8:00am, 12:00pm, and reading 151-200=1u, 0=3u, 301-350=5u, for lispro SSI documented as 5tly. The eading documented as 107 from and 2u of lispro SSI were units should have been for lispro SSI at 8:00pm with 200=0 units, 201-250=1u, 0=3u, 351-400=5u. Inces of the FSBS reading 8:00pm from 08/01/23 -				
	as administered incor	es of lispro SSI documented rectly (21 of the 23 doses in ro SSI was documented as				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL011296	B. WING		R 10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MINDWO	OD 40010TED   11/11/10	6 WINDWO	OD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDLER	NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	: 30	D 358			
	given). -There were 7 instanc					
	revealed: -There was an entry fithree times daily at 9: -There was document administered three tin 2:00pm, and 9:00pmThere was an entry fit daily before meals at 5:00pm with a FSBS (201-250=2u, 251-300) 351-400=7uThere was no docum administered at 8:00a from 09/01/23-09/30/2 handwritten note with room" written on the Northere was an entry fit a FSBS reading 151-2251-300=2u, 301-3500There was no docum administered at 8:00pm	nes daily at 9:00am, or lispro SSI three times 8:00am, 12:00pm, and reading 151-200=1u, =3u, 301-350=5u, entation lispro SSI was am, 12:00pm, and 5:00pm 23 and there was a "see FSBS book in insulin MAR. or lispro SSI at 8:00pm with 200=0 units, 201-250=1u, =3u, 351-400=5u. entation lispro SSI was im from 09/01/23-09/30/23 lwritten note with "see FSBS				
	monitoring log reveale -There was no lispro s the FSBS monitoring -There were 31 instar being 151 or greater a 5:00pm from 09/01/23	SSI scale documented on				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL011296	B. WING		10/20/2023	_
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWO	OD ACCICTED LIVING	6 WINDWO	OD DRIVE			
WINDWOOD ASSISTED LIVING CANDLE		CANDLER,	NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
	being 201 or greater a lispro SSI documente incorrectly.  -There were 4 instant being 200 or less at 8 SSI documented as a should have been no Review of Resident # revealed:  -There was an entry f three times daily at 9:  -There was no docum administered three time 2:00pm, and 9:00pm note with "see FSBS -There was an entry f	ces of the FSBS reading 0:00pm with 4 doses of lispro- ordinistered when there SSI given. 3's 10/01/23-10/17/23 MAR or lispro insulin give 3 units 00am, 2:00pm and 9:00pm. nentation lispro 3u was				
	5:00pm with a FSBS 201-250=2u, 251-300 351-400=7u.  -There was no docum administered at 8:00a from 10/01/23-10/17/2 handwritten note with room" written on the N-There was an entry f a FSBS reading 151-251-300=2u, 301-350-There was no docum administered at 8:00p and there was a hand book in insulin room"  Review of Resident # monitoring log reveals -There was a handwriter was a	reading 151-200=1u, 1=3u, 301-350=5u, Inentation lispro SSI was Im, 12:00pm, and 5:00pm 23 and there was a "see FSBS book in insulin MAR. For lispro SSI at 8:00pm with 200=0 units, 201-250=1u, 1=3u, 351-400=5u. Inentation lispro SSI was Imm from 10/01/23-10/17/23 Idwritten note with "see FSBS Invited with "see FSBS Invi				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE  A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING			
	HAL011296	B. WING		R 10/20/2023	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WINDWOOD ASSISTED LIVING	6 WINDWO	OOD DRIVE			
WINDWOOD ASSISTED LIVING	CANDLER	, NC 28715			
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES JUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 358 Continued From page 3	32	D 358			
dinner (no times documented) a day at breakfast, lunch documented) with a FSE 201-250=2u, 251-300=3 351-400=7u, and lispro documented) with a FSE 201-250=1u, 251-300=2 351-400=5uThere was no documer administered at 9:00am from 10/01/23-10/08/23There were 4 instances being 151 or greater at 9:00pm from 10/01/23-1 10/08/23 with 4 doses of as administered incorree -There was 1 instance of 201 or greater from 10/0 and 1 dose of lispro SSI administered incorrectly -There was documentate admitted to the local hose there were no other FSE lispro SSI documented of log after breakfast on 10 Observation of Resident hand on 10/18/23 at 11: 100units/ml pen was available.  Interview with a pharma facility's contracted phar 3:25pm revealed: -Resident #3's lispro per 10/06/23The pharmacy added the	and lispro SSI three times h, and dinner (no times BS scale 151-200=1u, 3u, 301-350=5u, SSI at bedtime (no time BS scale 151-200=0u, 2u, 301-350=3u, and 301-3				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING:	A. BUILDING:		PLETED
		HAL011296	B. WING		10	R 0/ <b>20/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
			OOD DRIVE			
WINDWO	OD ASSISTED LIVING		R, NC 28715			
()(1) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF C	OPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 33	D 358			
	Interview with a medi	cation aide (MA) on				
	10/17/23 at 3:39pm re					
		administered Resident #3's				
	insulin on 08/31/23.					
	-She administered 2 เ	units of insulin on 08/31/23				
	at 12:00pm.					
	-She could not read h	er handwriting to determine				
		ould have been administered				
	on 08/31/23 at 12:00p					
		ty started documenting in				
		nformation about FSBS on a				
	separate paper (FSB	ot able to clearly document				
	in the small space pro	•				
		ber she guessed the reading				
		2:00pm, 2 units of insulin				
	would have been inco	•				
	-Resident #3's SSI wa	as changed "not long ago",				
		I the incorrect amount of SSI				
	to Resident #3 becau	se she referred to a copy of				
	the old SSI scale that	was posted in the insulin				
	room.					
		ne RCC to use the paper				
		ed on the wall in the insulin				
	room to administer th	did not refer to the SSI scale				
	printed on Resident #					
	•	nsible to update the SSI				
		vall in the insulin room when				
		anged by the provider.				
	Interview with the RC	C/MA on 10/18/23 at				
	10:30am revealed:					
		the facility August 2023 and				
	2 weeks in Septembe	, ,				
		MA working during the time				
	she was out of work.	- <del>-</del>				
	· •	R audit for Resident #3				
		023 including August 2023, I 10/01/23-10/08/23 when				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL011296	B. WING		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING	6 WINDWO			
	T		NC 28715		T
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 34	D 358		
	sure the correct amou administered to Resid -She thought she mis #3's MARs for the inc administered in Augus and 10/01/23-10/08/2 an incorrect SSI scale insulin room. -She was responsible and SSI scale were u a new order was rece -She did not know wh	dent #3 and found no errors. sed the errors on Resident correct amount of insulin st 2023, September 2023, i3 because she referred to e posted on the wall in the e for making sure the MARs pdated and/or correct when			
	4:45pm revealed: -She last saw Reside discussed extensively RCC the importance amount of insulin and administeredReceiving too much #3 to go into a diabeti -She expected the fac #3's insulin as ordere	nt #3 on 06/12/23 and y with Resident #3 and the of receiving the correct the amount of insulin to be insulin could cause Resident ic coma or cause death. cility to administer Resident d and to notify her of any that new orders could be			
	registered nurse (RN) revealed: -She visited the facilit various tasksShe completed an in and RCC/MA in May checking FSBS, how how much insulin to a	with the facility's contracted on 10/19/23 at 3:37pm  by twice monthly to complete  -depth training with the MA 2023 and went over to read the SSI scale with administer, how to give			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 20.12510		R
		HAL011296	B. WING		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING	6 WINDWO	OOD DRIVE		
WINDWO	OD ASSISTED LIVING	CANDLER	R, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	she gave the MAs sor reading and asked the be given and the MAs to answer with the counderstand why they incorrect amount of ir -The MAs found it too document on the MAI FSBS monitoring log -She completed educ regarding checking Fand medication admit documentation every -She completed MAR audits to make sure nand not expired, and orders with the MARs were correct when ne one recently and she completed the audits -She did not remembra MAR audit for Resid Interview with the Adr 10:22am revealed: -She did not know the old SSI scale posted administer insulin to F	MAR. If the training in May 2023, enarios of an example FSBS em how much insulin should as were able "talk it through" rect amount, so she did not were still administering the isulin. If difficult to read and Rs, so she made up the for them to use. In action with the MAS SBS, reading the SSI scale, instration with time she visited the facility. If audits, medication cart in inclications were available checked new medication in to make sure the MARs edded but had not completed rotated which residents she for. If when she last completed dent #3.  In a MAS were referring to an in the insulin room to	D 358		
	insulin administered of 2023 but they had a convalues in the box provemade up a FSBS and document on instead, 2023. -She implemented us	on the MAR in September difficult time writing the FSBS vided on the MAR, so she insulin log for the MAs to beginning September ing the FSBS and insulin log and FSBS documented for			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL011296	B. WING		10	R 9/ <b>20/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE	<u> </u>	
WINDWO	OD ASSISTED LIVING		OOD DRIVE R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	every 2 weeks and comake sure Resident # administered correctly. She and the RCC chat least monthly to made of insulin was being and she thought the cadministered. She expected the M/#3's insulin as ordered b. Review of Resident dated 07/18/23 reveas supplement (used to pinfections) take 1 tables. Review of Resident # 09/05/23 revealed an supplement take 1 tables. Review of Resident # administration record. There was an entry fake 1 tablet daily. There was document administered daily at 08/01/23-08/31/23. Review of Resident # revealed: There was an entry fake 1 tablet daily. There was document administered daily at 09/01/23-09/31/23 (the September 2023).	ted RN visited the facility ompleted a MAR audit to f3's insulin was being /. ecked Resident #3's MARs ake sure the correct amount dministered to Resident #3 correct amount was being As to administer Resident d.  It #3's physician's orders led an order for a cranberry prevent urinary tract et daily.  3's physician's orders dated order for a cranberry plet daily.  3's August 2023 medication (MAR) revealed: or cranberry supplement was 9:00am from  3's September 2023 MAR or cranberry supplement tation a cranberry supplement tation a cranberry tablet was 9:00am from	D 358			

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	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011296	B. WING		R <b>10/20/2023</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING	6 WINDWO			
		CANDLER,	NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 37	D 358		
D 358	-There was an entry fitake 1 tablet dailyThere was document administered daily at 10/01/23-10/08/23There was document not administered daily 10/09/23-10/17/23 duthe local hospital.  Observation of medicat 11:27am revealed to supplement available.  Interview with a medication at 11:27am revealed to supplement was not a when the medication and an endication and the facility's contration of Resident #3's many supplement for Residion requested to be reformed to the facility did not have the facility did not have the facility's contration at 3:25pm revealed: -Resident #3's cranbed dispensed on 05/16/2 tablets and would last writtenThe pharmacy had not not recommend to the contration of the facility and the facility	tation a cranberry tablet was 9:00am from  tation a cranberry tablet was 9:00am from  tation a cranberry tablet was 7 at 9:00am from  e to Resident #3 being in  ations on hand on 10/18/23 there was no cranberry for administration.  cation aide (MA) on revealed:  y Resident #3's cranberry available to administer or ran out.  nedications were dispensed cted pharmacy.  en the cranberry ent #3 was last dispensed filled.  ement must have been ration because she inistered it to Resident #3.  ave a backup pharmacy.  with a pharmacy technician incted pharmacy on 10/18/23  erry supplement was last 3 in the quantity of 30 and 30 days if administered as of received a refill request	D 358		
	at 3:25pm revealed: -Resident #3's cranbed dispensed on 05/16/2 tablets and would last writtenThe pharmacy had n	erry supplement was last 3 in the quantity of 30 30 days if administered as ot received a refill request aberry supplement since it			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		HAL011296	B. WING		R 10/20/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WINDWO	DD ASSISTED LIVING	6 WINDW	OOD DRIVE		
WINDWO	DD ASSISTED EIVING	CANDLER	R, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFUL DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	38	D 358		
D 356	Interview with the me at the facility's contract at 4:49pm revealed: -When a medication who was needed to be che medication should be cycle fillWhen Resident #3's initially filled, the box unchecked so the me with the cycle fillSomeone at the facil the pharmacy when the was not delivered with the CRCC) on 10/18/23 at -She thought Resider or she would not have administered it.	dication cycle fill coordinator cted pharmacy on 10/19/23  was filled for the first time, a cked indicating that the sent out with each monthly cranberry supplement was was accidentally left dication was never included ity should have contacted ney noticed the medication in the monthly cycle fill.	D 396		
	she administered med -Cranberry was a rou				
	care provider (PCP) of revealed: -She ordered the crar Resident #3 due to R urinary tract infections -The cranberry supple future UTIsBy Resident #3 not r supplement it could in #3 developing another	ement would help to prevent eceiving the cranberry acrease the risk of Resident or UTI.			
	9:13am revealed:	n a MA on 10/19/23 at ministering Resident #3's			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
		HAL011296	B. WING		R <b>10/20/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE ZIP CODE	,	
NAME OF T	TOVIDER OR SOLT EIER		OOD DRIVE	II.E, ZII CODE		
WINDWO	DD ASSISTED LIVING		NC 28715			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	39	D 358			
	2023, September 202 -She did not know hor supplement was avail should have run out it supplement was adm -She or the RCC/MA sending medication repharmacy when medicated unuse (RN) revealed: -She completed medicated by rotating the residence requested a cart audicated a cart audicated and available on the cartShe did not know the cart audit completed for the facility was response.	were responsible for efill requests to the cations were low on supply.  with the facility's contracted on 10/19/23 at 3:37pm  cation cart audits randomly ents or when the facility t.  rt audit completed was in the last medication				
	Interview with the Adr 2:55 pm revealed: -She did not know Re cranberry supplement administration. -The MA and RCC/MA requesting refills for nequesting refills were medication refills were manner.	A were responsible for nedications. n in place to make sure e requested in a timely				
	every 2 weeks, and so	ted RN visited the facility he thought the nurse n cart audits every time to dent's medications were				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMIT LETED
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE	
WINDWO	OD ASSISTED LIVING		OOD DRIVE		
	7.00.0125 2.1	CANDLER	R, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 358	availableShe expected the M/refills from the facility when there were a fersupply so that the supply suppl	As to request medication as contracted pharmacy widays left of the medication oply did not run out.  It #3's hospital discharge ted 05/31/23 revealed an atonin (used to promote olets at bedtime.  3's physician's order dated order for melatonin 3mg me.  3's August 2023 medication (MAR) revealed: for melatonin 3mg take 2 tation melatonin was 9:00pm from  3's September 2023 MAR  for melatonin was 9:00pm from lere were 30 days in  3's October 2023 MAR  for melatonin 3mg take 2	D 358		
		tation melatonin was not			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	X3) DATE SURVEY COMPLETED	
7.1.12 1 2.1.1		.52.***********************************	A. BUILDING: _			
		HAL011296	B. WING		R 10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWO	OD ASSISTED LIVING	6 WINDWO	OD DRIVE			
WINDWO	DD ASSISTED LIVING	CANDLER,	NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	41	D 358			
	the local hospital.	9:00pm from e to Resident #3 being in ations on hand on 10/18/23				
	at 11:27am revealed t available for administr	here was no melatonin ration.				
	was not available to a medication ran outAll of Resident #3's n by the facility's contra -She did not know wh Resident #3 was last be refilledResident #3's melato available for administration documented she administration.	revealed: y Resident #3's melatonin dminister or when the nedications were dispensed cted pharmacy. en the melatonin for dispensed or requested to				
	Telephone interview was for the facility's contral at 3:25pm revealed: -Resident #3's melator on 06/01/23 in the qual would last 30 days if a substitution of the transfer of the facility did not far the facility did not f	with a pharmacy technician cted pharmacy on 10/18/23 chin 3mg was last dispensed antity of 30 tablets and administered as ordered. It is a new order to change chin 3mg from 1 tablet at the bedtime. It is derived to administer melatonin bedtime, then the quantity 3 would have only lasted for cot received a refill request atonin since it was last				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_		R	
		HAL011296	B. WING		10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWO	DD ASSISTED LIVING	6 WINDWO				
		CANDLER,	NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	<del>2</del> 42	D 358			
D 358	Interview with the meat the facility's contract at 4:49pm revealed: -When a medication who was needed to be chemedication should be cycle fillWhen Resident #3's the box was accident medication was neveral someone at the facilithe pharmacy when the was not delivered with was not delivered with linterview with the Resider or she would not have administered itShe always signed the she administered mean medication was a rout be delivered monthly linterview with a MA or revealed: -She did not remember Resident #3's melator August 2023, Septem 10/01/23-10/08/23She thought she administered the melator or the RCC/MA sending medication repharmacy when medication was a medication repharmacy when medication was a medication repharmacy when medication or service with a RCC/MA sending medication repharmacy when medication or service with a RCC/MA sending medication repharmacy when medication was a medication repharmacy when medication was a content of the residual service with a RCC/MA sending medication repharmacy when medication was a content of the residual service with a RCC/MA sending medication repharmacy when medication was a round the residual service was a service was	dication cycle fill coordinator cted pharmacy on 10/19/23  was filled for the first time, a cked indicating that the sent out with each monthly melatonin was initially filled, ally left unchecked so the rincluded with the cycle fill. ity should have contacted ney noticed the medication in the monthly cycle fill.  sident Care Coordinator 4:28pm revealed: at #3 had melatonin available to documented that she are MAR at the same time dications. in medication and should with the pharmacy cart fill.  In 10/19/23 at 9:13am  For if she administered fill month of ober 2023, and the documented that she atonin. were responsible for faill requests to the cations were low on supply. sponsible for faxing new	D 358			
	Interview with the RC	C/MA on 10/19/23 at				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	J. CORRECTION	IDENTIFICATION NOMBER:	A. BUILDING: _	A. BUILDING:		.ובט
		HAL011296	B. WING		R 10/20	0/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WINDWO	OD ASSISTED LIVING	6 WINDWO	OOD DRIVE			
WINDWO	DD AGGISTED LIVING	CANDLER	, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	10:22am revealed: -She did not remembe hospital discharge me order to administer Retake 2 tabs at bedtime 05/31/23She did not know who was last requested to pharmacy or when it was leepIt was important for Fordered melatonin to enough sleep to optimate or side of the was important for Fordered melatonin to enough sleep to optimate.  Telephone interview was registered nurse (RN) revealed: -She completed mediby rotating the resided requested a cart auditThe last thorough can may 2023She compared the May available on the cartShe did not know the cart audit completed to administer.  Interview with the Administer.	er if she faxed Resident #3's edication orders with the esident #3's melatonin 3mg e to the pharmacy on the Resident #3's melatonin be refilled from the was last dispensed.  With Resident #3's primary on 10/18/23 at 4:45pm  In #3 melatonin because ing a hard time going to the aide in Resident #3 getting nize health.  With the facility's contracted on 10/19/23 at 3:37pm  Cation cart audits randomly into or when the facility the raudit completed was in the last medication and the last medication are date for the last medication.	D 358			
	melatonin available for					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL011296	B. WING		R 10/20/2023	3
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWO	DD ASSISTED LIVING	6 WINDWO CANDLER,				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X	(5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMP	PLETE
D 358	Continued From page	e 44	D 358			
	-The MA and RCC/Marequesting refills for in- There was no system medication refills were mannerThe facility's contract every 2 weeks, and so completed medication make sure all the residual and the residual and the residual and the supply so that the supply so tha	A were responsible for nedications. In in place to make sure the requested in a timely sted RN visited the facility the thought the nurse in cart audits every time to ident's medications were.  As to request medication is contracted pharmacy we days left of the medication oply did not run out.  With Resident #3 on 10/17/23 a facility was unsuccessful.  In a serious physical harm and in very serious physical harm and inverse in the very serious physical harm and inverse physical harm and in very serious physical harm and inverse physical harm and inverse physical harm and in very serious physical harm and in very serious physical harm and in the very se				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 10/18/23 for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
						R
		HAL011296	B. WING		10	/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WINDWO	OD ASSISTED LIVING		WOOD DRIVE			
0/0.15	SHIMMADV ST	ATEMENT OF DEFICIENCIES	ER, NC 28715	PROVIDER'S PLAN OF COR	PRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 45	D 358			
		DATE FOR THE TYPE A1 IOT EXCEED NOVEMBER				
D 364	10A NCAC 13F .1004 Administration	(g) Medication	D 364			
	(g) The facility shall e administered to reside or one hour after the p	Medication Administration ensure that medications are ents within one hour before prescribed or scheduled by emergency situations.				
	This Rule is not met TYPE A2 VIOLATION					
	facility failed to ensure administered within of prescribed time for 2 of related to insulin (Res	and record reviews, the e medications were ne hour before or after the of 2 sampled residents sident #4) and insulin and ugar (FSBS) (Resident #5).				
	The findings are:					
	09/20/23 revealed: -Diagnosis included of -There was an order of insulin) 15 units subcounter was an order of insulin) inject 6 units of bedtimeThere was an order of FSBS: 151-200 = 1 units of 251-300 = 3 units, 30	for Lantus ( a slow acting utaneous (SQ) twice daily. for novolog ( a fast acting SQ with meals and at for sliding scale as follows;				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAI 04420C	B. WING		R
		HAL011296			10/20/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING		OOD DRIVE		
			, NC 28715	I	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 364	Continued From page	<del>2</del> 46	D 364		
	Review of Resident a medication administra there was an entry fo	#4's September 2023 ation record (MAR) revealed r FSBS at 8:00am, 12:00pm, with a handwritten note to			
	monitoring log reveal	fast, lunch, supper and			
	Review of Resident #4's October 2023 medication administration record (MAR) revealed there was an entry for FSBS at 8:00am, 12:00pm, 4:00pm and 8:00pm with a handwritten note to "see FSBS monitoring log".				
	monitoring log reveal	fast, lunch, supper and			
	-The time was 26 mir was turned on.	4's glucometer revealed: nutes behind when the meter t when the meter was turned			
		n 10/05/23 was 144 m. on 10/05/23 was 352			
	-The 4:00pm FSBS o documented at 6:41p -The 8:00pm FSBS o documented at 9:26p -The 8:00am FSBS o documented at 8:58a -The 12:00pm FSBS	n 10/05/23 was 259 m n 10/05/23 was 144 m n 10/06/23 was 245 m.			

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HAL011296  B. WING		२ 20/2023
TIALUTI250		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
WINDWOOD ASSISTED LIVING 6 WINDWOOD DRIVE		
WINDWOOD ASSISTED LIVING CANDLER, NC 28715		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETE DATE
D 364 Continued From page 47 D 364		
documented at 1:39pm.  -The 4:00pm FSBS on 10/06/23 was 300 documented at 9:19pm.  -The 8:00pm FSBS on 10/07/23 was 321 documented at 9:19pm.  -The 8:00pm FSBS on 10/07/23 was 321 documented at 9:15pm  -The 12:00pm FSBS on 10/07/23 was 346 documented at 1:57pm  -The 4:00pm FSBS on 10/07/23 was 385 documented at 8:59pm.  -The 8:00pm FSBS on 10/07/23 was 360 documented at 10:37pm.  -The 8:00pm FSBS on 10/08/23 was 451 documented at 8:00pm.  -The 12:00pm FSBS on 10/08/23 was 201 documented at 1:33pm.  -The 4:00pm FSBS on 10/08/23 was 214 documented at 10:35pm.  -The 8:00pm FSBS on 10/08/23 was 396 documented at 10:55pm  -The 8:00pm FSBS on 10/08/23 was 392 documented at 8:26am.  -The 12:00pm FSBS on 10/09/23 was 392 documented at 8:20pm.  -The 8:00pm FSBS on 10/09/23 was 392 documented at 8:02pm.  -The 12:00pm FSBS on 10/09/23 was 363 documented at 1:17pm.  -The 8:00pm FSBS on 10/09/23 was 467 at 11:04pm.  -The 8:00am FSBS on 10/10/23 was 372 documented at 8:47am.  -The 12:00pm FSBS on 10/10/23 was 259 documented at 1:12pm.  -The 4:00pm FSBS on 10/10/23 was 259 documented at 1:12pm.  -The 4:00pm FSBS on 10/10/23 was 169 documented at 9:06pm.  -The 8:00pm FSBS on 10/10/23 was 169 documented at 9:06pm.  -The 8:00pm FSBS on 10/10/23 was 383		

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-The 8:00am FSBS on 10/11/23 was 380

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
			B. WING			R
		HAL011296	B. WING		10	)/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
		6 WIND	WOOD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDL	ER, NC 28715			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
D 364	Continued From page	e 48	D 364			
	documented at 9:28a	m				
	-The 12:00pm FSBS	on 10/11/23 was 314				
	documented at 1:36p	m.				
	-The 4:00pm FSBS o	n 10/11/23 was 178				
	documented at 8:33p	m.				
	-The 8:00pm FSBS o	n 10/11/23 was 352				
	documented at 11:25	pm				
	-The 8:00am FSBS o	n 10/12/23 was 364				
	documented at 9:41a	m.				
	-The 12:00pm FSBS	on 10/12/23 was not				
	documented.					
	-The 4:00pm FSBS o					
	documented at 7:57p					
	-The 8:00pm FSBS o					
	documented at 9:45p					
	-The 8:00am FSBS o					
	documented at 9:44a					
	-The 12:00pm FSBS					
	documented at 1:25p -The 4:00pm FSBS o					
	documented at 6:41p					
	-The 8:00pm FSBS o					
	documented at 9:53p					
	-The 8:00am FSBS o					
	documented at 9:28a					
	-The 12:00pm FSBS					
	documented at 2:07p					
	-The 4:00pm FSBS o					
	documented at 8:47p					
	-The 8:00pm FSBS o					
	documented at 11:15					
	-The 8:00am FSBS o	n 10/15/23 was 143				
	documented at 8:41a					
	-The 12:00pm FSBS					
	documented at 1:37p					
	-The 4:00pm FSBS o					
	documented at 8:13p					
	-The 8:00pm FSBS o					
	documented at 11:08					
	-The 8:00am FSBS o	n 10/16/23 was 282				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL011296	B. WING		10	R 0/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
WINDWO	OD ASSISTED LIVING	6 WIND	WOOD DRIVE			
WINDWO	DD ASSISTED LIVING	CANDLE	ER, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 364	a FSBS on 09/16/23 3:48pm, 245 at 5:00p documented when Rehypoglycemia.  Interview with the Enururse (RN) for Reside 12:39pm revealed: -Resident #4 should I doses of insulinResident #4 was at redecreased kidney fur hyperglycemia, a high being able to heal fro and feet and the loss possibly death and the notified.  Telephone interview of the resident #4 on 10 and resident #4 had call feeling well.	m. on 10/16/23 was 227 am. n 10/16/23 was 398 m. n 10/16/23 was 356 pm. n 10/17/23 was 257 m. on 10/17/23 was 156 pm. n 10/17/23 was 156 pm. n 10/17/23 was not n 10/17/23 was HI pm. tation on the glucometer for was 38 at 3:18pm, 84 at m with no other FSBS esident #4 went to the ED for docrinologist's registered ent #4 on 10/19/23 at have 4-5 hours in between risk of vision problems, action, healing poorly, her risk of infection and not m it, numbness in his hands of digits or limbs, coma and	D 364			
	-She arrived at facility local hospital ED.	and transported him to the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
74101 2741	or contraction	IDENTIFICATION NO.	A. BUILDING: _			
		HAL011296	B. WING		R 10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WINDWO	OD ASSISTED LIVING		OOD DRIVE			
			R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 364	Continued From page	e 50	D 364			
D 364	-Resident #4 was treablood sugarResident #4 had fluctory high to very lowIt was important for habout the same time or regulate his blood sugarsShe was not aware of any wrong doses adminsulin late.  Interview with the Resignant (RCC) on 10/18/23 at 10:56am revealed: -She always document same time she admining the same time she admining the same time same time wedicationsThe first she knew of was when she was in weeks ago that her explain administered lature.  Refer to interview with 10:22am.  Refer to interview with 10:22am.	ated and released for low tuating blood sugars from him to receive his insulin each day as it helped gar. of late blood sugar checks, hinistered or receiving his sident Care Coordinator 4:28pm and 10/20/23 at hted on the MAR at the histered medications. cation aide (MA) to sign the e she administered  f late medications or FSBS's formed by a resident a few livening dose of insulin was	D 364			
	10/20/23 at 2:30pm.  Refer to interview with 09/20/23 at 10:23am	h the Administrator on revealed:				
	05/04/23 revealed dia	t #5's current FL2 dated agnoses included major hypertension, diabetes and flux disease (GERD).				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	, ,	SURVEY PLETED
		HAL011296	B. WING		10	R 0/20/2023
	ROVIDER OR SUPPLIER  DD ASSISTED LIVING	6 WINDW	DDRESS, CITY, STAT OOD DRIVE R, NC 28715	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 364	Continued From page	51	D 364			
	on 10/17/23 around 1 response so she telep Coordinator (RCC) be administered her bed her insulin.  -The RCC assured he MA to medications.  -Her medications wer when the MA worked.  -Sometimes the MA w 8:00pm or 9:00pm an evening insulin and b same time, but would bedtime dose of insul the MA would go to be a. Review of Residen revealed a 06/20/23 of twice a day (used to the Was an entry for at 6:30am and 4:30pm "see FSBS monitoring.  Review of Resident # medication administration a	medication aide (MA)'s door 1:00pm and got no choned the Resident Care ecause she had not been time medications including er she would get ahold of the e administer her nightly e administered late "a lot"  yould prepare dinner around d would administer the edtime medications at the not administer the actual in at a later time because ed.  t #5's physician orders order for lantus, 22 units reat diabetes).  5's September 2023 ation record (MAR) revealed r lantus, 22 units twice a day m with a handwritten note to g log".  5's September 2023 FSBS ed: mented as two times daily				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL011296	B. WING		R 10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWO	OD ASSISTED LIVING	6 WINDWO CANDLER,				
	CLIMMA DV CT	<u> </u>		DDOVIDEDIC DI AN OF CODDECTION		—
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 364	Continued From page	÷ 52	D 364			
	Review of Resident # medication administrathere was an entry for at 6:30am and 4:30pm "see FSBS monitoring changed to 9:00am a	5's October 2023 ation record (MAR) revealed r lantus, 22 units twice a day m with a handwritten note to g log" and the times were nd 6:00pm.				
	monitoring log revealed -The lantus was docu with no specific time i -Resident #5's lantus	mented as two times daily ndicated. was documentated as me rather than at 4:30 pm or				
	Refer to interview with 10:22am.	n the RCC on 10/19/23 at				
	Refer to interview with 10/20/23 at 10:23am.	n the Administrator on				
	Refer to interview with 10/20/23 at 2:30pm.	n a medication aide (MA) on				
		nt #5's physician orders order for finger stick blood a day.				
	there was an entry for 6:00pm and 10:00pm	ation record (MAR) revealed r FSBS at 8:00am, 12:00pm, with a handwritten note to g log" and the 8:00am time				
	monitoring log reveale	fast, lunch, supper and				

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	PLETED
						R
		HAL011296	B. WING		10	/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
MINDWO	OD 40010TED   11/11/10	6 WINDW	OOD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDLE	R, NC 28715			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 364	Continued From page	e 53	D 364			
	Review of Resident #	Fla October 2022				
		ation record (MAR) revealed				
		r FSBS at 8:00am, 12:00pm,				
		with a handwritten note to				
		g log" and the 8:00am time				
	was changed to 9:00a					
	l mas smallgea to stool					
	Review of Resident #	5's October 2023 FSBS				
	monitoring log reveal					
		fast, lunch, supper and				
	bedtime, with no spec	cific time indicated.				
		5's glucometer revealed:				
		ere correct when the meter				
	was turned on.					
	_	umented a 10-day history,				
	back to 10/08/23 at 1					
	-The 12:00pm FSBS					
	documented at 2:40p	n 10/09/23 was documented				
	at 8:31pm.	11 10/09/23 was documented				
	-The 10:00pm FSBS	on 10/09/23 was				
	documented at 11:38					
	-The 12:00pm FSBS					
	documented at 1:39p					
	-	n 10/10/23 was documented				
	at 9:31pm					
	-The 10:00pm FSBS	on 10/10/23 was				
	documented at 11:21	pm.				
	-The 12:00pm FSBS					
	documented at 2:03p					
	•	n 10/11/23 was documented				
	at 9:03pm.	10111100				
	-The 10:00pm FSBS					
	documented at 11:56	•				
	-The 9:00am FSBS of					
	documented at 10:13					
	-The 12:00pm FSBS					
	documented at1:53pr					
	-The 6:00pm FSBS of	ルログ 12/23 WaS	1	1		1

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STATEMENT OF DEFICIENCE AND PLAN OF CORRECTIO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
2. 22			A. BUILDING: _			
		HAL011296	B. WING		10/2	0/2023
NAME OF PROVIDER OR S	UPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		6 WINDW	OOD DRIVE			
WINDWOOD ASSISTE	D LIVING	CANDLE	R, NC 28715			
PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 364 Continued	From page	e 54	D 364			
documente -The 12:00 documente -The 6:00p at 7:12pmThe 12:00 documente -The 6:00p at 9:11pmThe 10:00 documente -There was on 10/15/2 -The 12:00 documente -The 6:00p at 8:43pmThe 10:00 documente -The 6:00p at 8:50pmThe 10:00 documente -There was 6:00pm FS -The 10:00 documente -The 6:00p at 8:46pmThe 10:00 documente -The 6:00p at 8:46pmThe 10:00 documente -The 10:00 documente -The 6:00p at 8:46pmThe 10:00 documente -The 10:00 documente -The 6:00p at 8:46pmThe 10:00 documente	ed at 8:29p ppm FSBS ed at 1:56p pm FSBS o ppm FSBS ed at 2:41p pm FSBS o ppm FSBS ed at 11:46p s no docum 3. ppm FSBS o ppm FSBS ed at 2:09p pm FSBS ed at 11:39 pm FSBS o pm FSBS o pm FSBS ed at 11:25 s no docum 6BS on 10/ pm FSBS ed at 11:25 s no docum 6BS on 10/ pm FSBS ed at 11:23 pm FSBS ed at 12:09	m. on 10/13/23 was m. n 10/13/23 was documented on 10/14/23 was m. n 10/14/23 was documented on 10/14/23 was documented on 10/14/23 was om. nentation of a 9:00am FSBS on 10/15/23 was m. n 10/15/23 was documented on 10/15/23 was pm. n 10/16/23 was documented on 10/16/23 was ppm. nentation of a 12:00pm or 17/23. on 10/17/23 was pm. n 10/18/23 was documented on 10/18/23 was am on 10/19/23.	D 364			

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medications.

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL011296	B. WING		10	R 0/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WINDWO	OD ASSISTED LIVING	6 WINDV	WOOD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDLE	ER, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 55	D 364			
	was when she was in weeks ago that her e being administered la Refer to interview wit	f late medications or FSBSs formed by a resident a few vening dose of insulin was ite in the evening. h the RCC on 10/19/23 at				
	10:22am.  Refer to interview wit 10/20/23 at 2:30pm.	h a medication aide (MA) on				
	Refer to interview wit 09/20/23 at 10:23am.	h the Administrator on				
	revealed: -Resident #5 called a 10:00pm-10:30pm ar administered her night-Resident #5 said she and the MA would no -She telephoned the was about to administ did not say why she had the residents yet.	atly medications or insulin.  The knocked on the MA's door  It answer.  MA and the MA reported she ter the night medications but had not administered them to				
	8:30am-9:00am, 12:3 5:30pm-6:00pm. -The bedtime dosage administered betwee -She knew the bedtin at either 8:00pm or 9	evealed: sulin to the residents eal times which was around copm-1:00pm, and es of insulin were in 10:00pm-10:30pm. he dosages were scheduled				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL011296	B. WING		10	R 0/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
WINDWO	OD ASSISTED LIVING		WOOD DRIVE ER, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	nights ago because so she always administ scheduled or sliding so same time when she blood sugars (FSBS) - She did not know at glucometer when the - She did not know who were recorded in the meals and bedtime.  Interview with the Administer of the second of the meals and bedtime.  Interview with the Administer of the second of the secon	the was sick.  the was sick.  the red the residents  scale insulin (SSI) at the checked the fingerstick  the was recorded in the FSBS was checked.  The properties of the properties of the resident was not getting and within the required  The resident #5 was not getting and within the required  The residents received their and it was unacceptable.  The given within one hour and it was unacceptable.  The given within one hour and it was unacceptable.  The given within one hour and it was unacceptable.  The given within one hour and it was unacceptable.  The given within one hour and it was unacceptable.  The given within one hour and it was unacceptable.  The given within one hour and the given within one hour and the causing treatment to all ED for low blood sugar and the given within within the resident within the resident within the region within one hour and the properties of the given within one hour before at time causing treatment to all ED for low blood sugar and the properties of the residents are resident within and the properties of the residents are resident within and the properties of the residents are resident within and the properties of the properti	D 364			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		HAL011296	B. WING		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	ΓE, ZIP CODE	
WINDWO	OD ASSISTED LIVING	6 WINDV	VOOD DRIVE		
	A A COLOTED EIVING	CANDLE	R, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
D 364	Continued From page	÷ 57	D 364		
	VIOLATION SHALL N 19, 2023.	IOT EXCEED NOVEMBER			
D 367	10A NCAC 13F .1004 Administration	(j) Medication	D 367		
	(j) The resident's mer record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for admort reatment; (5) reason or justificat medications or treatmedocumenting the resure (6) date and time of a (7) documentation of medications or treatmedomission, including reference (8) name or initials of the medication or treatsignature equivalent to	any omission of sents and the reason for the sufusals; and, the person administering atment. If initials are used, a so those initials is to be sufusals.			
	This Rule is not met a Type B Violation	as evidenced by:			
	interviews, the facility accuracy of the medic	ns, record reviews, and failed to ensure the cation administration records sidents (Resident #1, #2, #3,			
	The findings are:				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIDI E	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	' '		COMPLETED
			A. BUILDING: _		
			5 14/110		R
		HAL011296	B. WING		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		6 WINDW	OOD DRIVE		
WINDWO	OD ASSISTED LIVING	CANDLE	R, NC 28715		
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				DEFICIENCY)	
D 367	Continued From page	e 58	D 367		
	1 Poviou of Posidon	t #4's current FL2 dated			
		agnoses included diabetes,			
		r dysfunction, gastroparesis			
	••	cles from emptying), gastric			
	reflux and bipolar disc	order.			
	a Review of Residen	t #4's physician's orders			
	dated 08/31/23 revea				
		tion order for amlodipine			
		nsion) 10mg take 1 tablet			
	daily.	moion, ronig take i tablet			
		tion order for lisinopril (used			
		40mg take 1 tablet daily.			
		tion order for magnesium			
		ignesium levels) 400mg take			
	1 tablet daily.	, ,			
	-There was a medicat	tion order for metoprolol ER,			
	[Extended Release; u	ised to treat hypertension]			
	50mg take 1 tablet da	aily.			
	-There was a medicat	tion order for myrbetriq			
	(treats overactive blace	dder) 50mg tablet daily.			
	-There was a medicat	tion order for Vitamin D3			
	1000 units (suppleme	ent) 2 tablets daily.			
	-There was a medicat	tion order for bupropion			
	100mg (used to treat	depression) 1 tablet twice			
	daily.				
		tion order for Eliquis 2.5mg			
	(used to prevent bloo	d clots) 1 tablet twice daily.			
		tion order for advair 250-50			
	inhale 1 puff twice da				
		tion order for Omeprazole			
		tomach acid) 1 capsule			
	twice daily.				
	-There was a medical				
		constipation) mix 1 capful in			
	80Z				
	of beverage of choice				
		tion order for Preservision			
	age-related eye disea	ise study (AKEDS) (a			

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA     IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _			
	HAL011296	B. WING		R 10/20/2023	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWOOD ASSISTED LIVING	6 WINDWO				
	CANDLER,	NC 28715			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES JST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 367 Continued From page 59	)	D 367			
supplement) 1 capsule tw -There was a medication (constipation) 2 tablets tw -There was a medication (used to treat seizures) 1 times dailyThere was a medication [extended release, used 450mg 1 tablet dailyThere was a medication to treat cholesterol) 20mg -There was a medication 1GM (used to treat stomatime daily before meals and an embigation of the treat urinary incomposed to the search eye five times daily -There was a medication units subcutaneous (SQ) before meals and bedtimentation of the part of	wice daily. order for Senokot wice daily. order for gabapentin 100mg 1 capsule three  order for lithium ER to treat mood stability]  order for Crestor (used g 1/2 tablet at bedtime. order for sucralfate ach acid) 1 tablet four and at bedtime. order for Flomax 0.4mg ontinence) 1 capsule at  order for refresh at dry eyes) 1 drop in while awake. order for Novolog 6 of to treat blood sugar) i.e. siliding scale as follows; FSBS) of 151-200 = 1 251-300 = 3 units, 00 = 5 units, over 400 ohysician for instructions. order for Lantus 15 sugar) twice daily. order for remedy clear ateral foot twice daily. September 2023 or amlodipine 10mg take ion of administration on	D 367			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		
		HAL011296	B. WING		R <b>10/20/2023</b>
NAME OF B	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIR CODE	
NAIVIE OF F	ROVIDER OR SUFFLIER	6 WINDWO		ie, zir cobe	
WINDWOOD ASSISTED LIVING			NC 28715		
0/0.15	SLIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 367	Continued From page	60	D 367		
D 367	tablet daily with docur on 09/31/23 at 9:00ar -There was an entry fitake 1 tablet daily with administration on 09/3 -There was an entry fitage of tablet daily with docur on 09/31/23 at 9:00ar -There was an entry fitablet daily with docur on 09/31/23 at 9:00ar -There was an entry fitablet daily with docur on 09/31/23 at 9:00ar -There was an entry fitablet daily with docur on 09/31/23 at 9:00ar -There was an order fitat bedtime with docur on 09/31/23 at 9:00ar -There was an entry fitablets daily with docur on 09/31/23 at 9:00ar -There was an entry fitwice daily with docur on 09/31/23 at 9:00ar -There was an entry fitwice daily with docur on 09/31/23 at 9:00ar -There was an entry fitwice daily with docur on 09/31/23 at 9:00ar -There was an entry fitwice daily with docur on 09/31/23 at 9:00ar -There was an entry fitwice daily with docur on 09/31/23 at 9:00ar -There was an entry fitwice daily with docur on 09/31/23 at 9:00ar -There was an entry fitwice daily with docur on 09/31/23 at 9:00ar	mentation of administration in daily.  or magnesium oxide 400mg in documentation of 31/23 at 9:00am.  or methanamine hippurate with documentation of 31/23 at 9:00am.  or methimazde 5mg one mentation of administration in.  or metoprolol Extended ake 1 tablet daily with ministration on 09/31/23 at incomplete mentation of administration in.  or myrbetriq 50mg tablets mentation of administration in.  or melatonin 3mg one tablet mentation of administration in.  or Vitamin D3 1000 units 2 immentation of administration in.  or bupropion 100mg 1 tablet mentation of administration in.  or Eliquis 2.5mg 1 tablet mentation of administration in and 9:00pm.  or advair 250-50 inhale 1 occumentation of 31/23 at 9:00am.  or omeprazole 20mg 1	D 367		
	capful in 8oz. of beve	for Miralax powder mix 1 rage of choice twice daily f administration on 09/31/23			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		HAL011296	B. WING		10/20/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWO	OD ASSISTED LIVING	6 WINDWO	OD DRIVE			
WINDWOO	DD ASSISTED LIVING	CANDLER,	NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLE	TE
D 367	Continued From page	e 61	D 367			
D 367	daily with documentation of 31/23 at 9:00am and an anthere was an entry of tablet at bedtime with administration on 09/31/23 at 9:00pm.  There was an entry of daily with documentation on 09/31/23 at 9:00pm.  There was an entry of daily with documentation on 09/31/23 at 9:00pm.  There was an entry of daily with documentation on 09/31/23 at 9:00pm.  There was an entry of daily with documentation of administration of administ	for multivitamin 1 capsule tion of administration on and 9:00pm.  for ropinirole HCL 3mg one adocumentation of 31/23 at 9:00pm.  for Senokot 2 tablets twice tion of administration on for gabapentin 100mg 1 laily with documentation of 31/23 at 9:00am, 12:00pm  for lithium ER 450mg 1 tablet tion of administration on for sucralfate 1GM 1 tablet mentation of administration on on sor Senokot 2 tablet mentation of administration on on the for crestor 20mg 1/2 tablet mentation of administration on on on the for sucralfate 1GM 1 tablet meals and at bedtime with ministration on 09/31/23 at 00pm and 8:00pm.  for Flomax 0.4mg 1 capsule mentation of administration on on on on one times daily while awake with ministration on 09/31/23 at 00pm, 9:00pm and 12:00pm.  for Novolog 6 units sefore meals and bedtime of administration on 09/31/23  for Lantus 15 units SQ twice tion of administration on one for Lidocaine 5% patch apply	D 367			
	09/31/23 at 9:00amThere was an entry f every 12 hours then r					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011296	1 5 147110		R 0/20/2023	
	ROVIDER OR SUPPLIER	6 WIND\	ADDRESS, CITY, STATE  WOOD DRIVE  ER, NC 28715	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	20meq one tablet dai administration on 09/ -There was an entry it tablet daily with docu on 09/31/23 at 9:00ar Refer to the interview (MA) on 10/19/23 at 2 Refer to the interview Coordinator (RCC) or Refer to the interview 10/20/23 at 2:55pm.  Attempted telephone veterans administration hospital pharmacy on 10/19/23 at 11:10am unsuccessful.  b. Review of Resident dated 08/31/23 reveal (used to treat stomace time daily before mean to treat seizures) 100r daily.  Review of Resident # administration record -There was an entry if four time daily before -There was document.	for potassium chloride ly with documentation of 31/23 at 9:00am. for furosemide 20mg one mentation of administration m.  with the medication aide 4:20pm.  with the Resident Care in 10/20/23 at 10:55am.  with the Administrator on  interview with the local on medical center (VAMC) in 10/17/23 at 12:14pm, and 12:30pm was  it #4's physician's orders led an order for sucralfate in acid) 1GM one tablet four als and at bedtime.  it's physician's orders dated order for gabapentin (used ing one capsule three times	D 367			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVE	
74121 2741	or dorate of the transfer of t	IDEITH IOMION NOMBER.	A. BUILDING: _			
		HAL011296	B. WING		R 10/20/20	023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ITE, ZIP CODE		
WINDWO	OD ASSISTED LIVING		OOD DRIVE			
	QUILLEN/ QT		, NC 28715	200//250/250/250/250/250/250/250/250/250		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE C	(X5) OMPLETE DATE
D 367	Continued From page	e 63	D 367			
	and 8:00pm from 08/0 -There was an entry f capsule three times d -There was document	01/23-08/31/23. for gabapentin 100mg 1 aily. tation gabapentin 100mg ly at 9:00am, 12:00pm and				
	revealed: -There was an entry ffour times daily before -There was document administered daily at and 8:00pm from 09/0 -There was an entry ff capsule three times displayed.	or gabapentin 100mg one aily. tation gabapentin 100mg ly at 9:00am, 12:00pm and				
	revealed: -There was an entry f four times daily before-There was document administered daily at and 8:00pm from 10/0-There was an entry f capsule three times de-There was document.	or gabapentin 100mg one aily. tation gabapentin 100mg ly at 9:00am, 12:00pm and				
	not available for admi	ration on 10/18/23 at bapentin and carafate were				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.2 . 2.1.1		.52.00.00.00.00.00.00.00.00.00.00.00.00.00	A. BUILDING: _		
		HAL011296	B. WING		R 10/20/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING		OOD DRIVE		
			, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 367	Continued From page	e 64	D 367		
	-Resident #4 ran out of two or three days ago -When she needed to she did not administe initials and then put a note on the back of the medication was not as	of gabapentin and carafate of the comment on the MAR that is a medication she wrote her line through it and wrote a medication why the diministered.			
	registered nurse (RN) revealed the facility w sure all medications of available to administer to accurately docume	with the facility's contracted on 10/19/23 at 3:37pm ras responsible for making ordered for residents were rand the MAs were taught on the MAR when she and MA/RCC in May 2023.			
	Refer to the interview (MA) on 10/19/23 at 4	with the medication aide :20pm.			
		with the Resident Care n 10/20/23 at 10:55am.			
	Refer to the interview 10/20/23 at 2:55pm.	with the Administrator on			
	VAMC hospital pharm	interview with the local nacy on 10/17/23 at 11:10am and 12:30pm at			
	04/20/23 revealed: -Diagnoses that include	t #1's current FL2 dated ded neuroleptic induced dysphagia, bipolar disorder			
	04/01/23 revealed:	1's physician's orders dated tion order for aspirin 81mg one tablet daily.			

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DIVISION	of Health Service Regu	ialion			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			-		_
					R
		HAL011296	B. WING		10/20/2023
NAME OF D	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIR CODE	
NAME OF T	NOVIDEN ON SOLT LIEN		, ,	TE, ZII GODE	
WINDWO	OD ASSISTED LIVING		OOD DRIVE		
		CANDLE	R, NC 28715		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE DAIE
				52.18.2.16.17	
D 367	Continued From page	e 65	D 367		
		tion order for folic acid 1 mg			
	(a supplement) one ta				
		tion order for magnesium			
	oxide 400mg (a suppl	lement) one tablet daily.			
	-There was a medicat	tion order for meloxicam			
	15mg (used to treat a	rthritis) one tablet daily.			
	-There was a medical	tion order for omeprazole			
	40mg (used to trea st	omach acid) one capsule			
	daily.	, .			
		tion order for pepcid 20mg			
		one tablet twice daily.			
	,	tion order for metoprolol			
		lood pressure) 1/2 tablet			
	twice daily.	ioda procedio) i/2 tablet			
	_	tion order for clozapine			
		severe schizophrenia) one			
	tablet at bedtime.	severe semzoprirema, one			
		tion order for pravastatin			
		igh cholesterol) 1/2 tablet at			
	bedtime.	ight choicsteron) 1/2 tablet at			
		tion order for flomax 0.4mg			
		d prostate) one capsule at			
	bedtime.	d prostate) one capsule at			
		tion and an fan atmania a 40/			
	(used to decrease sal	tion order for atropine 1%			
	`	/ 1			
	tongue on each side				
		tion order for trazodone			
		p) two tablets at bedtime.			
		tion order for flexeril 10mg			
	,	) one tablet twice daily as			
	needed.				
		4. 0			
	Review of Resident #				
	medication administra				
	-There were 30 days				
		or aspirin 81mg one tablet			
	_	tion of administration on			
	09/31/23 at 9:00am.				
		or folic acid 1mg one tablet			
	daily with documenta	tion of administration on			

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MAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6 WINDWOOD DRIVE CANDLER, NC 28715  SUMMARY STATEMENT OF DEFICIENCIES PRIEFIX TAG  PRI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
WINDWOOD ASSISTED LIVING  (XA) ID PREFIX TAG  (XA) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  CONSTRUCTE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 367  O9/31/23 at 9:00am.  - There was an entry for magoxide 400mg one tablet daily with documentation of administration on 09/31/23 at 9:00am.  - There was an entry for meloxicam 15mg one tablet daily with documentation of administration on 09/31/23 at 9:00am.  - There was an entry for meprazole 40mg one capsule daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  - There was an entry for previous daministration on 09/31/23 at 9:00am and 9:00pm.  - There was an entry for method of administration of administration on 09/31/23 at 9:00am and 9:00pm.  - There was an entry for clozapine 100mg one tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for method of administration on 09/31/23 at 9:00pm.  - There was an entry for pravastatin 80mg 1/2 tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.4mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.4mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.1mg one tablet twice daily as needed with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.1mg one tablet twice daily as needed with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.1mg one tablet twice daily as needed with documentation of administration on 09/31/23 at 9:00pm.			HAL011296	B. WING	B. WING		
WINDWOOD ASSISTED LIVING  (XA) ID PREFIX TAG  (XA) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  CONSTRUCTE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 367  O9/31/23 at 9:00am.  - There was an entry for magoxide 400mg one tablet daily with documentation of administration on 09/31/23 at 9:00am.  - There was an entry for meloxicam 15mg one tablet daily with documentation of administration on 09/31/23 at 9:00am.  - There was an entry for meprazole 40mg one capsule daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  - There was an entry for previous daministration on 09/31/23 at 9:00am and 9:00pm.  - There was an entry for method of administration of administration on 09/31/23 at 9:00am and 9:00pm.  - There was an entry for clozapine 100mg one tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for method of administration on 09/31/23 at 9:00pm.  - There was an entry for pravastatin 80mg 1/2 tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.4mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.4mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.1mg one tablet twice daily as needed with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.1mg one tablet twice daily as needed with documentation of administration on 09/31/23 at 9:00pm.  - There was an entry for florax 0.1mg one tablet twice daily as needed with documentation of administration on 09/31/23 at 9:00pm.	NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	•	
CANDLER, NC 28715    CANDLER   CANDL	WINDWO	D ACCICTED LIVING	6 WINDWO	OOD DRIVE			
D 367  Continued From page 66  09/31/23 at 9:00am.  -There was an entry for meloxicam 15mg one tablet daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  -There was an entry for metoprolol 25mg 1/2 tablet twice daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  -There was an entry for prepict 20mg one tablet twice daily with documentation of administration on 09/31/23 at 9:00am.  -There was an entry for prepict 20mg one tablet twice daily with documentation of administration on 09/31/23 at 9:00am.  -There was an entry for prepict 20mg one tablet twice daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  -There was an entry for prepict 20mg one tablet twice daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  -There was an entry for pravastatin 80mg 1/2 tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for flomax 0.4mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for flomax 0.4mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for flomax 0.4mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for flomax 0.4mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for floware flow of tablets at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for floware flow of the flow of tablets at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for floware flow of the flow of t	WINDWOO	DD ASSISTED LIVING	CANDLER	, NC 28715		1	
09/31/23 at 9:00am.  -There was an entry for magoxide 400mg one tablet daily with documentation of administration on 09/31/23 at 9:00am.  -There was an entry for meloxicam 15mg one tablet daily with documentation of administration on 09/31/23 at 9:00am.  -There was an entry for omeprazole 40mg one capsule daily with documentation of administration of administration on 09/31/23 at 9:00am.  -There was an entry for pepcid 20mg one tablet twice daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  -There was an entry for metoprolol 25mg 1/2 tablet twice daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  -There was an entry for clozapine 100mg one tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for provisatin 80mg 1/2 tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for forexatatin 80mg 1/2 tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for forexatatin of administration on 09/31/23 at 9:00pm.  -There was an entry for forexatatin 60mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for flexeril 10mg one tablet wice daily as needed with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for flexeril 10mg one tablet twice daily as needed with documentation of administration on 09/31/23 at 9:00pm.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
-There was an entry for magoxide 400mg one tablet daily with documentation of administration on 09/31/23 at 9:00am.  -There was an entry for meloxicam 15mg one tablet daily with documentation of administration on 09/31/23 at 9:00am.  -There was an entry for omeprazole 40mg one capsule daily with documentation of administration on 09/31/23 at 9:00am.  -There was an entry for pepcid 20mg one tablet twice daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  -There was an entry for metoprotol 25mg 1/2 tablet twice daily with documentation of administration on 09/31/23 at 9:00am and 9:00pm.  -There was an entry for metoprotol 25mg 1/2 tablet twice daily with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for clozapine 100mg one tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for pravastatin 80mg 1/2 tablet at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for flomax 0.4mg one capsule at bedtime with documentation of administration on 09/31/23 at 9:00pm.  -There was an entry for trazodone 100mg two tablets at bedtime with documentation of administration on 09/31/23 at 8:00pm.  -There was an entry for floxeril 10mg one tablet twice daily as needed with documentation of administration on 09/31/23 at 8:00pm.  -There was an entry for floxeril 10mg one tablet twice daily as needed with documentation of administration on 09/31/23 at 8:00pm.	D 367	Continued From page	e 66	D 367			
Refer to the interview with the medication aide (MA) on 10/19/23 at 4:20pm.  Refer to the interview with the Resident Care Coordinator (RCC) on 10/20/23 at 10:55am.		09/31/23 at 9:00amThere was an entry fitablet daily with docur on 09/31/23 at 9:00arThere was an entry fitablet daily with docur on 09/31/23 at 9:00arThere was an entry fitablet daily with docur on 09/31/23 at 9:00arThere was an entry fitwice daily with docur on 09/31/23 at 9:00arThere was an entry fitablet twice daily with administration on 09/39:00pmThere was an entry fitablet at bedtime with administration on 09/31/23 at 9:00arThere was an entry fitablet at bedtime with administration on 09/31/23 at 9:00arThere was an entry fitablet at bedtime with administration on 09/31/23 at 9:00arThere was an entry fitablet at bedtime with administration on 09/31/23 at 9/31/23 a	for magoxide 400mg one mentation of administration m. for meloxicam 15mg one mentation of administration m. for omeprazole 40mg one cumentation of 31/23 at 9:00am. for pepcid 20mg one tablet mentation of administration m and 9:00pm. for metoprolol 25mg 1/2 documentation of 31/23 at 9:00am and for clozapine 100mg one documentation of 31/23 at 9:00pm. for pravastatin 80mg 1/2 documentation of 31/23 at 9:00pm. for flomax 0.4mg one fith documentation of 31/23 at 9:00pm. for trazodone 100mg two h documentation of 31/23 at 8:00pm. for flexeril 10mg one tablet with documentation of 31/23 at 9:00am. for flexeril 10mg one tablet with documentation of 31/23 at 9:00am.				

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Refer to the interview with the Administrator on

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
			A. BUILDING:			
			B. WING			R
		HAL011296	B. WING		10	/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
MINDMO	OD ACCIOTED I NUNC	6 WIND\	WOOD DRIVE			
WINDWO	OD ASSISTED LIVING	CANDLE	ER, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	e 67	D 367			
	10/20/23 at 2:55pm.					
	10/20/20 at 2.00pm.					
	01/11/23 revealed dia mellitus type 2, histor (UTIs), seizure disord seasonal allergies, hy disease, hyperlipidem schizoaffective disord delirium, borderline in dementia, osteoarthri and gastroesophagea	t #3's current FL2 dated agnoses included diabetes y of urinary tract infections ler, sleep disorder, asthma, prertension, coronary artery nia, depression, ler bipolar type, acute atellectual functioning, early tis, obstructive sleep apnea, al reflux disease (GERD).				
		· ·				
	dated 01/11/23 revealed: -There was a medication order for amlodipine (used to treat hypertension) 10mg take 1 tablet dailyThere was a medication order for aspirin (used					
	,	Img take 1 tablet daily. tion order for lisinopril (used				
	to treat hypertension) -There was a medical	40mg take 1 tablet daily. tion order for magnesium ow magnesium levels)				
	-There was a medical	tion order for metoprolol ER sed to treat hypertension)]				
		tion order for sertraline				
	' '	sion) 25mg take 1 tablet				
	[extended release; ](u 75mg take 1 capsule -There was a medical (used to treat low vital capsule daily.	tion order for venlafaxine ER used to treat depression)] daily. tion order for vitamin D3 umin D levels) 1000u take 1				
		ation) 100mg take 1 capsule				

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STATEMENT OF DEFICIENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
AND PLAN OF CORRECTION	ЛN	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPL	ETED
		HAL011296	B. WING		10/2	₹ 20/2023
NAME OF PROVIDER OR S	UPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
WINDWOOD ASSISTE	D LIVING	6 WINDW	OOD DRIVE			
WINDWOOD ASSISTE	DLIVING	CANDLER	R, NC 28715			
PREFIX (EAC	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
twice daily -There wa (used to tr spray into -There wa [used to tr gastroeso take 1 cap -There wa to treat se -There wa (used to tr twice daily -There wa [extended 500mg tak -There wa (used to tr 1mg take -There wa spray (use passages 0.65% pla -There wa fast-acting units three -There wa to treat se bedtimeThere wa (used to tr 10mg take -There wa (used to tr 10mg take	eat season each nostres a medical eat high acompageal refusives a medical eat osteoal eat osteoal eat osteoal eat schizop 1 tablet twice a medical eat schizop 1 tablet eat schi	tion order for fluticasone al allergies) 50mcg place 1 il twice daily. tion order for lansoprazole id levels associated with flux disease (GERD)] 30mg daily. tion order for Keppra (used mg take 1 tablet twice daily. tion order for meloxicam thritis) 7.5mg take 1 tablet tion order for metformin ER sed to treat diabetes)] wice daily. tion order for risperidone ohrenia and bipolar disorder) ce daily. tion order for saline nasal but congested nasal with seasonal allergies) in each nostril twice daily. tion order for Humalog (a ed to treat diabetes) inject 3 y. tion order for cetirizine (used rgies) 10mg take 1 tablet at tion order for olanzapine ohrenia and bipolar disorder)	D 367			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY PLETED
7410 1 2741	or contraction	BERTH 10/MONTHSMBERT	A. BUILDING: _	<del></del>		
						R
		HAL011296	B. WING		10	/20/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MINDWO	OD ACCIOTED I WING	6 WINDW	OOD DRIVE			
WINDWOO	OD ASSISTED LIVING	CANDLEI	R, NC 28715			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	APPROPRIATE	DATE
				,		
D 367	Continued From page	e 69	D 367			
	medication administra	ation record revealed:				
	-There were 30 days					
		or amlodipine 10mg take 1				
		mentation of administration				
	on 09/31/23 at 9:00ar					
	-There was an entry f	or aspirin 81mg take 1 tablet				
	_	tion of administration on				
	09/31/23 at 9:00am.					
	-There was an entry f	or lisinopril 40mg take 1				
	tablet daily with documentation of administration					
	on 09/31/23 at 9:00ar					
	•	or magnesium oxide 400mg				
	take 1 tablet daily with					
	administration on 09/3					
		or metoprolol ER 50mg take				
	_	umentation of administration				
	on 09/31/23 at 9:00ar					
		or sertraline 25mg take 1 mentation of administration				
	on 09/31/23 at 9:00ar					
		or venlafaxine ER 75mg				
	take 1 tablet daily with					
	administration on 09/3					
		or vitamin D3 1000u take 1				
	capsule daily with doo					
	administration on 09/3					
		or docusate 100mg take 1				
	capsule twice daily wi	th documentation of				
	administration on 09/3	31/23 at 9:00am and				
	9:00pm.					
		or fluticasone 50mcg nasal				
		nto each nostril twice daily				
		f administration on 09/31/23				
	at 9:00am and 9:00pr					
		or lansoprazole 30mg take 1				
	capsule twice daily wi					
	administration on 09/3	3 I/23 at 9:00am and				
	9:00pm.	or Konnra 750mg taka 1				
	tablet twice daily with	or Keppra 750mg take 1				

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AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		7 BOILBING.		R
	HAL011296	B. WING		10/20/2023
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
WINDWOOD ASSISTED LIVING	6 WINDWO	OOD DRIVE		
WINDWOOD ASSISTED LIVING	CANDLER	, NC 28715		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 367 Continued From page 7	0	D 367		
administration on 09/31/9:00pm.  -There was an entry for tablet twice daily with do administration on 09/31/9:00pm.  -There was an entry for take 1 tablet twice daily administration on 09/31/9:00pm.  -There was an entry for tablet twice daily with do administration on 09/31/9:00pm.  -There was an entry for use 1 spray in each nos documentation of admin 9:00am and 9:00pm.  -There was an entry for units three times daily wadministration on 09/31/and 9:00pm.  -There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was an entry for tablet at bedtime with do administration on 09/31/1-There was	meloxicam 7.5mg take 1 ocumentation of /23 at 9:00am and metformin ER 500mg with documentation of /23 at 9:00am and risperidone 1mg take 1 ocumentation of /23 at 9:00am and saline nasal spray 0.65% stril twice daily with nistration on 09/31/23 at Humalog 100u/ml inject 3 with documentation of /23 at 9:00am, 2:00pm, cetirizine 10mg take 1 ocumentation of /23 at 8:00pm. olanzapine 10mg take 1 ocumentation of /23 at 8:00pm. simvastatin 10mg take 1 ocumentation of /23 at 8:00pm. Trulicity 3mg/0.5ml inject y with documentation of /23 at 8:00am. Trulicity 3mg/0.5ml inject y with documentation of /23 at 8:00am.	D 367		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING		OOD DRIVE		
	Т		, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE
D 367	Continued From page	<del>-</del> 71	D 367		
	Refer to the interview 10/20/23 at 2:55pm.	with the Administrator on			
		· ·			
	Review of Resident # 09/05/23 revealed an supplement take 1 ta	•			
	Review of Resident #3's August 2023 medication administration record (MAR) revealed: -There was an entry for cranberry supplement take 1 tablet dailyThere was documentation a cranberry tablet was administered daily at 9:00am from 08/01/23-08/31/23.				
	revealed: -There was an entry take 1 tablet daily.				
	revealed: -There was an entry take 1 tablet dailyThere was documen administered daily at 10/01/23-10/08/23. Observation of medic	3's October 2023 MAR for cranberry supplement tation a cranberry tablet was 9:00am from eations on hand on 10/18/23 there was no cranberry			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	: IED
			D 14/11-2		R	
		HAL011296	B. WING		10/2	0/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWOOD ASSISTED LIVING 6 WINDWOOD DRIVE						
WINDIVO	OD AGGIOTED EIVING	CANDLER,	NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	Continued From page	e 72	D 367			
	supplement available	for administration				
		Tor durinistration.				
	why Resident #3's cra	cation aide (MA) on revealed she did not know anberry supplement was not er or when the medication				
	for the facility's contra at 3:25pm revealed: -Resident #3's cranbe dispensed on 05/16/2 tablets and would las written. -The pharmacy had n	with a pharmacy technician acted pharmacy on 10/18/23 erry supplement was last 23 in the quantity of 30 t 30 days if administered as not received a refill request aberry supplement since it				
	was last dispensed of Interview with the Res	n 05/16/23. sident Care Coordinator				
	or she would not have administered it.	nt #3 had cranberry available e documented that she				
	-She always signed the she administered med	ne MAR at the same time dications.				
	9:13am revealed: -She remembered ad cranberry tablet daily 2023, September 202-She did not know ho supplement was avai should have run out it supplement was adm -She knew she was s	upposed to document a AR as not administered if the				
	-She signed her initia	ls on the MAR and would				ļ

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			71. BOILBING.		R
		HAL011296	B. WING		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWO	DD ASSISTED LIVING	6 WINDWO			
		CANDLER,	NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 367	Continued From page	÷ 73	D 367		
	was not administered				
	registered nurse (RN) revealed:	vith the facility's contracted on 10/19/23 at 3:37pm			
	the residents or when cart/MAR audit.	audits randomly by rotating the facility requested a			
	May 2023.	AR audits were completed in IARs to the medications			
	available on the cartShe did not know the	e date for the last MAR audit			
	completed for Reside -The MAs were taugh the MAR when she re MA/RCC in May 2023	t to accurately document on reducated the MA and			
	Interview with the Adr 2:55 pm revealed:	ninistrator on 10/20/23 at			
	the MAR administerin supplement from 08/0 cranberry was unavai				
	every 2 weeks, and s	s every time to make sure			
	•	As to accurately document lication was administered or emedication was not			
	medication orders dat	t #3's hospital discharge ted 05/31/23 revealed an atonin (used to promote ollets at bedtime.			
	Review of Resident #	3's physician's order dated			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			D WING		R
		HAL011296	B. WING		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING		OD DRIVE , NC 28715		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 367	Continued From page	<del>2</del> 74	D 367		
	09/05/23 revealed an take 2 tablets at bedti	order for melatonin 3mg me.			
	Review of Resident # administration record	3's August 2023 medication (MAR) revealed:			
	-There was an entry f tablets at bedtime.	or melatonin 3mg take 2			
	-There was document administered daily at 08/01/23-08/31/23.				
	revealed:	3's September 2023 MAR			
	tablets at bedtime.	or melatonin 3mg take 2			
	-There was document administered daily at 09/01/23-09/31/23 (th September 2023).	9:00pm from			
	Review of Resident # revealed:	3's October 2023 MAR			
	tablets at bedtime.	or melatonin 3mg take 2			
	-There was document administered daily at 10/01/23-10/07/23.				
		ations on hand on 10/18/23 there was no melatonin ration.			
	(RCC)/MA on 10/18/2 -She always signed the she administered med	sident Care Coordinator 3 at 4:28pm revealed: ne MAR at the same time dications. y the MA documented the			
	melatonin as adminis there were 30 days in	tered on 09/31/23 when September 2023.			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		HAL011296	B. WING		10/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WINDWO	OD ASSISTED LIVING	6 WINDWO	OD DRIVE			
	OD AGGIOTED EIVING	CANDLER,	NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	E
D 367	Continued From page	<del>2</del> 75	D 367			
	Interview with a MA orevealed: -She did not remember Resident #3's melator August 2023, Septem 10/01/23-10/07/23She thought she adnote because some administered the melasis medications includes a medication on the MAR and the medication was not at the signed her initial.	er if she administered nin during the month of aber 2023, and ninistered melatonin nightly he documented that she atonin. e administration of Resident uding the melatonin on by accident. upposed to document a AR as not administered if the vailable. Is on the MAR and would er initials if the medication				
	RN on 10/19/23 at 3:3 -She completed MAR the residents or when MAR auditThe last thorough MA May 2023She compared the M available on the cartShe did not know the completed for Reside -The MAS were taugh the MAR when she re MA/RCC in May 2023  Interview with the Adr 2:55 pm revealed: -The facility's contract every 2 weeks, and si	audits randomly by rotating the facility requested a AR audit was completed in IARs to the medications added for the last MAR audit int #3. It to accurately document on beducated the MA and 3. In ininistrator on 10/20/23 at ited RN visited the facility				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011296	B. WING		R 10/20/2023
NAME OF PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	ΓE, ZIP CODE	
WINDWOOD ASSISTED LIVING	6 WINDWO			
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
on the MARs if a medica not administered if the nunavailable.  4. Review of Resident # 05/04/23 revealed diagrate depressive disorder, diagastro-esophageal reflution a. Review of Resident # revealed an order dated 3mg/0.5ml inject 0.5ml valiabetes).  Review of Resident #5's medication administration revealed:  -There was an entry for 0.5ml weekly.  -There was documentatingect 0.5ml weekly was 09/05/23, Tuesday 09/1 Tuesday 09/26/23 and 0 exist).  Review of the Septembers ugar (FSBS)/insulin addo Resident #5's Septementation of Trulicity 3mg/0.5ml in Thursdays.  -There was documentatingect 0.5ml weekly was Thursday 09/07/23, Thursday 09/07/23, Thursday 09/21/23.  -There was no documentation of the septembers of the septembe	to accurately document ation was administered or medication was  #5's current FL2 dated moses included major abetes, hypertension and ax disease (GERD).  #5's phycician orders document of the log moses included major abetes, hypertension and ax disease (GERD).  #5's phycician orders document of the log moses included major abetes, hypertension and ax disease (GERD).  #5's phycician orders document of the log moses of the log mo	D 367		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWO	DD ASSISTED LIVING	6 WINDWO	OD DRIVE		
WINDWO	DD AGGISTED EIVING	CANDLER	NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 367	Continued From page	e 77	D 367		
	0.5ml weeklyThere was documen	for Trulicity 3mg/0.5ml inject tation Trulicity 3mg/0.5ml as administered on Tuesday			
	sugar (FSBS)/insulin to the October 2023 M -There was documen for Trulicity 3mg/0.5m Thursdays. -There was documen inject 0.5ml weekly w	tation at the top of the log al inject 0.5ml weekly on tation Trulicity 3mg/0.5ml			
	medication pass as si Resident Care Coord documenting after sho medications to each r -She did not know if the medication administration	evealed: the medications e completed the entire he was taught by the inator (RCC) instead of e administered the resident. he facility had a policy on ation and documenting the lications on the medication			
	revealed: -She always signed the she administered mediane.	the MAR and started using			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COWII ELTED
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ACCIOTED LIVING	6 WINDWO	OD DRIVE		
WINDWO	DD ASSISTED LIVING	CANDLER,	NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 367	Continued From page	e 78	D 367		
D 367	Telephone interview of RN on 10/19/23 at 3:3 -She completed MAR the residents or when MAR auditThe last thorough May 2023She taught how to ac MAR when she reedu in May 2023.  Interview with the Adr 10:22am and 10/20/2 -The MAs documente insulin administered covalues in the box provimade up a FSBS and document on instead -She implemented us to keep all the insulin a resident on one pieder in the facility's contractive of the facility's med as orderedShe expected the Marks.  b. Review of Resident revealed:	with the facility's contracted 37pm revealed: a audits randomly by rotating in the facility requested a AR audit was completed in accurately document on the acated the MA and MA/RCC ministrator on 10/17/23 at 3 at 2:55pm revealed: ad FSBS and the amount of on the MAR in September difficult time writing the FSBS wided on the MAR, so she I insulin log for the MAs to beginning September 2023, ing the FSBS and insulin log and FSBS documented for one of paper. ted RN visited the facility ompleted a MAR audit to #5's insulin was being your ted RN visited the facility he thought the nurse its every time to make sure ications were administered. As to accurately document	D 367		
	10mg daily (used to to	dated 05/04/23 for cetirizine reat allergies). dated 05/04/23 for folic acid			
		itamin supplementation).			

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL011296	B. WING		R 10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WINDWO	OD ASSISTED LIVING	6 WINDW	OOD DRIVE		
WINDWO	DD ASSISTED LIVING	CANDLER	R, NC 28715		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE COMPLETE
D 367	Continued From page	e 79	D 367		
D 367	- There was an order 400mg daily (used to deficiency) There was an order 100mg daily (used to 100mg daily (used to 100mg daily (used to 100mg daily (a vitam) There was an order diclofenac 1% gel, ap daily (used to treat pa 100mg at nerve pain) There was an order gabapentin 600mg at nerve pain) There was an order levothyroxine 137mcg hypothyroisidm) - There was an order 20mg at bedtime (use 10mg at bedtime (use 10mg at bedtime 15mg at depression) There was an order pantroprazole 40mg at reflux) There was an order pramipexole 1.5mg at depression) There was an order pravastatin 40mg at be cholesterol) There was an order pressure readings da 10mg at 20mg at	dated 05/04/23 for mag ox treat magnesium  dated 08/14/23 for sertraline treat depression). dated 05/04/23 for therems in supplement). dated 06/20/23 for ply 2gm to leg four times ain). dated 05/04/23 for bedtime (used to treat  dated 05/04/23 for g at bedtime (used to treat  dated 06/06/23 for lisinopril ed to treat blood pressure). dated 05/04/23 for bedtime (used to treat  dated 05/04/23 for at bedtime (used to treat	D 367		
		in September 2023.  For cetirizine 10mg daily with administered on 09/31/23.			

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					_
			B. WING		R
		HAL011296	B: Wii(0		10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		6 WINDW	OOD DRIVE		
WINDWO	OD ASSISTED LIVING		R, NC 28715		
			, NC 20715		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
IAO		,	IAG	DEFICIENCY)	
			1		
D 367	Continued From page	e 80	D 367		
	There was an entry f	or folic acid 1mg daily with			
		administered on 09/31/23.			
	-	for mag-ox 400mg daily with			
		administered on 09/31/23.			
	_	for 08/14/23 for sertraline			
	100mg daily with doc				
	administered on 09/3				
	-	or therems 1 tablet daily			
	with documentation it	was administered on			
	09/31/23.				
		for diclofenac 1% gel, apply			
	_	daily with documentation it			
	was administered fou				
	-There was an entry f	or gabapentin 600mg at			
	bedtime with docume	ntation it was administered			
	on 09/31/23.				
	-There was an entry f	for levothyroxine 137mcg at			
	bedtime with docume	ntation it was administered			
	on 09/31/23.				
	-There was an entry f	or lisinopril 20mg at bedtime			
	with documentation it	was administered on			
	09/31/23.				
	-There was an entry f	or mirtazapine 15mg at			
		ntation it was administered			
	on 09/31/23.				
	-There was an entry f	or pantroprazole 40mg at			
		ntation it was administered			
	on 09/31/23.				
		or pramipexole 1.5mg at			
		entation it was administered			
	on 09/31/23.				
		or pravastatin 40mg at			
		entation it was administered			
	on 09/31/23.				
		or a blood pressure reading			
		tion it was administered on			
	09/31/23.	uon it was administered on			
		or lantus, inject 22 units			
	twice daily with docur				
	administered twice or	1 0岁/3 1/23.	1		

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IDENTIFICATION NUMBER:	A. BUILDING:		COMF	SURVEY PLETED
				R
HAL011296	B. WING		10	/20/2023
STREET AD	DDRESS, CITY, STATE	E, ZIP CODE		
6 WINDW	OOD DRIVE			
CANDLE	R, NC 28715			
ENT OF DEFICIENCIES ST BE PRECEDED BY FULL SENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	D 367			
the medication aide om.				
the Resident Care 20/23 at 10:55am.				
the Administrator on				
s current FL2 dated ses included dementia, d chronic kidnes				
chysician's orders d 06/09/23 for ed to treat mood d 06/09/23 for sed to treat heart d 06/09/23 for d to treat urinary d 08/08/23 for lisinopril blood pressure and d 06/09/23 for e a day (used for eye d 06/09/23 for sed to treat elevated d 06/09/23 for me (used to treat				
	STREET AE  6 WINDW CANDLE  ENT OF DEFICIENCIES EST BE PRECEDED BY FULL ENTIFYING INFORMATION)  The medication aide om.  the Resident Care 20/23 at 10:55am.  the Administrator on  s current FL2 dated ses included dementia, d chronic kidnes  hysician's orders d 06/09/23 for ed to treat mood d 06/09/23 for sed to treat heart d 06/09/23 for d to treat urinary d 08/08/23 for lisinopril blood pressure and d 06/09/23 for e a day (used for eye d 06/09/23 for sed to treat elevated d 06/09/23 for sed to treat elevated d 06/09/23 for me (used to treat	STREET ADDRESS, CITY, STATE 6 WINDWOOD DRIVE CANDLER, NC 28715  ENT OF DEFICIENCIES EST BE PRECEDED BY FULL ENTIFYING INFORMATION)  The medication aide om.  The Resident Care 20/23 at 10:55am.  The Administrator on  Socurrent FL2 dated ses included dementia, dichronic kidnes  The different mood  106/09/23 for sed to treat mood 106/09/23 for sed to treat urinary 108/08/23 for lisinopril blood pressure and 106/09/23 for 108/08/23 for 109/08/23 for 109/08/08/23 for 109/08/23 f	STREET ADDRESS, CITY, STATE, ZIP CODE  6 WINDWOOD DRIVE CANDLER, NC 28715  ENT OF DEFICIENCIES ET BE PRECEDED BY FULL TAG  D PREFIX TAG  CROSS-REFERENCED TO DEFICIENCE TAG  D 367  The medication aide om.  the Resident Care 20/23 at 10:55am.  the Administrator on  s current FL2 dated ses included dementia, d chronic kidnes  hysician's orders d 06/09/23 for ed to treat mood d 06/09/23 for d to treat urinary d 08/08/23 for lisinopril blood pressure and d 06/09/23 for e a day (used for eye d 06/09/23 for sed to treat elevated d 06/09/23 for me (used to treat d 06/09/23 for me (used to treat d 07/03/23 for	STREET ADDRESS, CITY, STATE, ZIP CODE 6 WINDWOOD DRIVE CANDLER, NC 28715  ENT OF DEFICIENCIES 11 D PROVIDER'S PLAN OF CORRECTION 12 D PREFIX 13 TAG 10 PREFIX 14 D PREFIX 15 D PROVIDER'S PLAN OF CORRECTION SHOULD BE 16 EVENTEYING INFORMATION) 10 J 367  10 J 367  10 J 367  10 J 367  11 D PROVIDER'S PLAN OF CORRECTION SHOULD BE 16 EVENTEYING INFORMATION J DEFICIENCY) 10 J 367  11 D PROVIDER'S PLAN OF CORRECTION SHOULD BE 16 CROSS-REFERNCED TO THE APPROPRIATE 16 DEFICIENCY) 10 J 367  11 D PROVIDER'S PLAN OF CORRECTION SHOULD BE 16 CROSS-REFERNCED TO THE APPROPRIATE 16 DEFICIENCY) 10 J 367  11 D PROVIDER'S PLAN OF CORRECTION SHOULD BE 16 CROSS-REFERNCED TO THE APPROPRIATE 16 DEFICIENCY) 10 J 367  11 D PROVIDER'S PLAN OF CORRECTION SHOULD BE 16 CROSS-REFERNCED TO THE APPROPRIATE 16 DEFICIENCY) 10 J 367  10 J 36

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING			
		HAL011296	B. WING		II	R <b>/20/2023</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
WINDWO	OD ASSISTED LIVING	6 WINDW	OOD DRIVE			
WINDWO	DD ASSISTED LIVING	CANDLE	R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 367	Continued From page	e 82	D 367			
	treat sleep disorder)There was an order of miconazole powder to treat rashes)There was an order of cream to buttocks twi protection)There was an order of 1mg daily (a vitamin self-there was an order of D3 25mg daily (a vitalent there was an order of doxycycline hyclate 1 (used to treat infection)	dated 07/13/23 for o groin twice daily (used to dated 07/13/23 for zinc ce daily (used for skin dated 07/06/23 for folic acid supplement). dated 05/09/23 for Vitamin min supplement). dated 09/25/23 for 00mg twice daily for 5 days n).				
	revealed: -There were 30 days -There was an entry f -There was documen administered on 09/3 -There was an entry f -There was documen administered on 09/3 -There was an entry f -There was documen administered on 09/3 -There was an entry f -There was documen administered on 09/3 -There was an entry f -There was an entry f twice a dayThere was documen was administered twice -There was an entry f -There was documen was administered twice -There was documen administered on 09/3	for citalopram 20mg daily. Itation citalopram was 1/23. Ior clopidogrel 75mg daily. Itation clopidogrel was 1/23. Ior finasteride 5mg daily. Itation finasteride was 1/23. Ior lisinopril 2.5mg daily. Itation lisinopril was 1/23. Ior Preservision AREDS Itation preservision areds Ice on 09/31/23. Ior simvastatin 40mg daily. Itation simvastatin was				

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Division	of Health Service Regu	lation			_
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		HAL011296	B. WING		R 40/20/2022
		HALUTI296			10/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
VAULTEN AND A	D 40010TED : """	6 WIND	VOOD DRIVE		
WINDWO	OD ASSISTED LIVING	CANDLE	R, NC 28715		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	()
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE DATE
				DEFICIENCY)	
D 367	Continued From page	e 83	D 367		
	administered on 09/3	1/23			
		for trazodone 50mg, 1/2			
	tablet at bedtime.	or adzodono domg, 1/2			
	-There was documen	tation trazodone was			
	administered on 09/3				
		or miconazole powder to			
	groin twice daily.	of filleonazoic powder to			
	•	tation miconazole powder			
	was administered twi	•			
		or zinc cream to buttocks			
	twice daily.	of zinc cream to buttocks			
	•	tation zinc cream was			
	administered twice or				
		or folic acid 1mg daily.			
	-There was documen				
	administered on 09/3				
		or Vitamin D3 25mg daily.			
		tation Vitamin D3 was			
	administered on 09/3				
		or doxycycline hyclate			
	•				
	100mg twice daily for	tation doxycycline hyclate			
	was administered twi				
	was auministered twi	ce on 09/31/23.			
	Refer to the interview	with the medication aide			
	(MA) on 10/19/23 at 4				
	(IVIA) OII 10/18/23 at 2	τ.20μπ.			
	Refer to the intervious	with the Resident Care			
		n 10/20/23 at 10:55am.			
	Coordinator (NCC) Of	1 10/20/20 at 10.00am.			
	Refer to the interview	with the Administrator on			
	10/20/23 at 2:55pm.	WIGH THE AGITHINSTIATOR OFF			
	10/20/20 at 2.00pm.				
	Interview with the me	_ dication aide (M∆) on			
	10/19/23 at 4:20pm re	, ,			
	-	ny she documented she			
		esident's medications on			
	09/31/23 when there	were only so days in			
	September 2023.	the medications			
	-She documented all	the medications	1		

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R	
		HAL011296	B. WING		10	/20/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
		6 WIND	WOOD DRIVE				
WINDWO	OD ASSISTED LIVING	CANDL	ER, NC 28715				
(X4) ID PREFIX TAG			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROVIDENCY)		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 367	Continued From page		D 367				
	medication pass as s Resident Care Coord documenting after sh medications to each -She did not know if t medication administr	linator (RCC) instead of lie administered the resident. the facility had a policy on ation and documenting the dications on the medication					
	Interview with the RC revealed: -She knew medicatio documented when the each resident, but she document all the medication pass wheelight the MARsShe did not know the document the adminitient resident before medications to anothelight the MA should not the medications were adminited.	ns were supposed to be ey were administered to e would sometimes dications administered to all le had completed the entire en she was in a "hurry". How to document on the at she was supposed to stration of medications after she administered er resident. Have documented ministered to all the 3 since there were only 30					
	2:55pm revealed: -She did not know the resident's medication MAR on 09/31/23She did not know wh documented all the readministered on 09/3 30 days in September	As to document each					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I LAN OF GOTTALOTION		IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL011296	B. WING		R 10/20/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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(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 (X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
D 367	Continued From page 85		D 367			
	administered before administering another resident's medications.  -The facility's contracted RN completed MAR audits when she visited the facility every 2 weeks to check for MAR accuracy and did not find the error for the medications documented as administered on 09/31/23.  The facility failed to ensure documentation on the MAR of a rapid-acting sliding scale insulin for Resident #4 which placed the resident at increased risk for receiving too much insulin or not enough insulin that could lead to vision problems, decreased kidney function, infection with poor healing and numbness of the hands and feet. This failure was detrimental to the health and welfare of Resident #4 and constitutes a Type B Violation.  The facility failed to provide a plan of protection in accordance with G.S. 131D-34 by 10/19/23 for this violation.					
THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 04, 2023.						
D 406	10A NCAC 13F .1009	0(b) Pharmaceutical Care	D 406			
	(b) The facility shall a needed in response to					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL011296		. ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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D 406	Continued From page	e 87	D 406					
	caused by medications, usually combining medications that contain serotonin, that build up high levels of serotonin in the body causing signs and symptoms ranging from agitation, restlessness, confusion, rapid heart rate, high blood pressure, diarrhea, headache, fever, seizures, and/or death).  Review of Resident #3's chart notes revealed: -There was no documentation that the primary care physician (PCP) was notified of the pharmacist recommendations dated 09/27/23There was no additional documentation of attempts to notify Resident #3's PCP.  Review of Resident #3's local hospital discharge summary dated 10/12/23 at 6:51pm revealed: -Resident #3 was admitted on 10/08/23 at 1:11pm and was awaiting discharge to be admitted to an inpatient psychiatry unit when a bed was availableVenlafaxine 75mg was discontinued and sertraline 25mg take 1 tablet daily was continuedResident #3 had thoughts of suicidal ideation and homicidal ideation towards a staff member at the facility upon admissionResident #3 discharge diagnoses included encephalopathy, urinary retention, bladder incontinence, diarrhea, and polypharmacy (the simultaneous use of multiple medications to treat conditions that increased the risk of an adverse event).  Interview with the Resident Care Coordinator (RCC)/MA on 10/18/23 at 10:30am revealed: -She was responsible for faxing recommendations from the pharmacist to Resident #3's primary care provider (PCP)She did not know if she faxed Resident #3's pharmacist recommendation dated 09/27/23 to							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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D 406	DWOOD ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 88 discontinue either sertraline or venlafaxine.  If she faxed Resident #3's pharmacist recommendation to the PCP, she did not get a response from the provider, so she figured "it's a no go" and the PCP did not want to change Resident #3's medication orders.  The fax machine did not provide a confirmation sheet when a document was faxed.  She did not call to verify the fax was received or document that she faxed the recommendation.  She had no system in place to make sure Resident #3's pharmacist recommendation was faxed or received by the PCP.  Telephone interview with Resident #3's PCP on 10/18/23 at 4:45pm revealed:  The facility did not fax a pharmacy recommendation dated 09/27/23 for Resident #3 to discontinue either sertraline or venlafaxine.  All faxes received at the office were scanned into a computer system and all telephone calls were documented.  There was no documentation of any telephone calls made by the facility to the office regarding notifying her of the pharmacist recommendation for Resident #3 or that a fax was sent.  It was important for the facility to follow up and notify her of any pharmacist recommendations so that she could make medication changes if needed.  She could see in her computer system that Resident #3 was admitted to the local hospital but had limited access to the records.  It was possible Resident #3 was experiencing serotonin syndrome due to being administered both venlafaxine and sertraline requiring hospitalization, but she could not say for sure due to the limited access to Resident #3's hospital		D 406			
to the limited access to Resident #3's hospital record.						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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