STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments Surveyor: NC412 The Adult Care Licensure Section conducted an annual and follow-up survey on April 9, 2015 and April 10, 2015.	D 000		
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Surveyor: 32526 Based on observation and interview, the facility failed to assure residents furniture was clean and in good repair for 1 resident bed not working properly, 1 resident cloth recliner heavily soiled and broken, 22 out of 29 dining chairs with torn seat covers, 1 resident over the bed table was rusted and 1 resident dresser drawer was missing in a 8 drawer dresser. The findings are: A. Observation of Resident #5's cloth recliner on 04/09/2015 at 8:40am on initial tour revealed: -Resident #5 was sleeping in his cloth recliner which was discolored, heavily soiled and smelled of urine. -Resident was easily roused, moved his legs and the left side of his foot rest fell off exposing metal where foot rest was no longer attached. Interview with a Personal Care Aide (PCA) on 04/09/2015 at 2:48pm revealed:	D 076		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 076	Continued From page 1	D 076		

-Resident #5 needed to be checked frequently as he was frequently soiled.
-Resident #5 slept in his chair nightly and does not sleep in his bed per his preference.
-She had called Resident #5's brother about the recliner around the second week of March to inform him the recliner was broke and urine soaked.

Interview with Medication Aide (MA) on 04/10/2015 at 9:40am revealed the facility did have another recliner that could replace the soiled recliner.

Interview with the Administrator on 04/10/2015 at 1:50pm stated the MA had already called Resident #5's brother regarding the recliner but the recliner had been switched out on 04/10/15 with another recliner and the PCA had placed a plastic mattress pad over the chair.

Refer to interview with Medication Aide on 04/10/2015 at 9:40am.

Refer to Interview with facility Maintenance on 04/10/2015 at 11:15pm.

Refer to interview with the Administrator on 04/10/2015 at 1:50pm.

B. Observation of Resident #1 on 04/09/2015 at 12:09pm revealed:
-A Personal Care Aide (PCA) repositioned Resident #1 by placing three pillows under her head and upper body to try to get the resident positioned for feeding assistance.
-The bed could be adjusted by using the hand crank.
-The bed could not be cranked as the roommates' dresser was sitting within 3 inches of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 076	Continued From page 2 the foot of Resident #1's bed. Interview with a PCA 04/09/2015 at 12:30pm revealed: -She revealed Resident #1 was a total care resident. -The hand crank rod that was used to adjust the head of the bed was not attached under the bed as it was being stored beside the roommates' wardrobe. -She stated she used the pillows because she was afraid Resident #1 would choke as she could not sit the resident up to eat. -She was unsure how long the bed had been broken. -She stated they were waiting on Maintenance to fix Resident #1's bed. - She was unaware how long they had been waiting on maintenance to fix the bed. -She had reported it to Administrator to notify maintenance but was unsure when she had notified Administrator. Refer to interview with Medication Aide on 04/10/2015 at 9:40am. Refer to Interview with facility Maintenance on 04/10/2015 at 11:15pm. Refer to interview with the Administrator on 04/10/2015 at 1:50pm. C. Observation of the facility's main dining room on 04/09/2015 at 9:35am revealed: -22 out of 29 dining chairs had tears in the clear plastic covering over the fabric upholstered seats. -The amount of tearing varied among the chairs, some having plastic covering missing from the corners of the chairs to the largest tear of all the chairs measuring approximately 12 inches by 12	D 076		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 076	Continued From page 3 inches in a jagged fashion. Confidential interviews of 5 residents revealed: -1 resident stated the dining room chairs were "torn, not acceptable and uncomfortable". -3 residents stated the dining room chairs were "not a big issue" and "no problems". -1 resident stated the dining room chairs were "torn" but "not uncomfortable". Interview with facility Maintenance on 04/10/2015 at 11:15am revealed the covers on the dining room chairs needed to come off but he had 3 doors that were cracked that he needed to finish first. Refer to Interview with facility Maintenance on 04/10/2015 at 11:15pm. Refer to interview with the Administrator on 04/10/2015 at 1:50pm. Surveyor: NC412 D. Observation of room #2 on 04/09/2015 at 8:45am revealed: -The metal frame of the overbed table was rusty and pockmarked with a copious amount of paint chips. -The 8-drawer dresser was missing one drawer. Refer to interview with Medication Aide on 04/10/2015 at 9:40am. Refer to Interview with facility Maintenance on 04/10/2015 at 11:15pm. Refer to interview with the Administrator on 04/10/2015 at 1:50pm.	D 076		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 076	Continued From page 4 Interview with Medication Aide on 04/10/2015 at 9:40am revealed: -She was not aware of any furniture in need of repairs. -When staff observe something in need of repair they are expected to tell the Administrator and she will call maintenance to come and fix it. Interview with facility Maintenance staff on 04/10/2015 at 11:15 pm revealed: - If the staff saw furniture in need of repair they are to notify the administrator of the needed repairs. -The Administrator is responsible to call and notify Maintenance of needed repairs. -He was unaware of other furniture in need of repairs. -He stated no one routinely checks furniture to ensure furniture is in good repair but he depends on the facility Administrator to notify him on a as needed basis as he lives so far out of town. -"If you don't hear anything, you think everything is ok." Interview with the Administrator on 04/10/2015 at 1:50pm revealed: -She expected staff to report needed furniture repairs to her and she will then notify maintenance. -There was a maintenance list located by the time clock in the living room area staff, residents and visitors could put their repair request and she would share with maintenance. (Observed list by time clock on 04/10/2015 at 2:05pm.) -The facility was dependent on maintenance to come and fix repairs after they were notified. -Some items in need may be obtained from sister facility.	D 076		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 076	Continued From page 5 -She was aware of furniture in need of repair and shared a page full of maintenance request with surveyor.	D 076		
D 078	10A NCAC 13F .0306(a)(5) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Surveyor: NC412 Based on observation and interview the facility failed to maintain the facility in an uncluttered, clean and orderly manner, free of all obstructions and hazards as related to the wax buildup on the hallway and bedroom floors, 5 of 12 resident rooms and 2 of 4 common bathrooms. The findings are: Interview with the Medication Aide (MA) on 04/09/2015 at 8:40am revealed the personal care aides and medication aides complete housekeeping tasks after resident personal care needs are completed. Observation of room #2 on 04/09/2015 at 8:45am revealed: -One balled-up adult disposable incontinence product under a bed.	D 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 078	Continued From page 6 -There were pinkish liquid drops and white food stains on the top of an overbed table. Confidential interview with one resident revealed: -She did not know who did the housekeeping. -"Everybody helps out with the cleaning." Review of N.C. Department of Environment and Natural Resources, Division of Environmental Health building inspection from 11/21/2014 on 04/09/2015 revealed: -A one point deduction for floors not being clean in bedrooms. -"Dust all window blinds in bedrooms." -"Clean dead bugs out of the light shields where needed." Surveyor: NC355 Observation of room #12 on 04/09/2015 at 8:55am revealed: -3 large pieces of food debris lying in the floor next to one resident's bed. -Pieces of black debris scattered around the resident's floor. Observation of the men's common bathroom between rooms #12 and #13 on 04/09/2015 at 8:59am revealed: -Soap scum and hair particles were visible in a ring on the sides of the tub and in the bottom of the tub. -There was a one inch area of gray dirt on the floor in front of the base of the toilet. -The underside of the toilet lid had a roughened discolored area about one and one half inch thick and circumferenced the entire opening of the toilet lid. -The overhead light shields contained a copious amount of debris.	D 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 078	Continued From page 7 Observation of room #8 on 04/09/2015 at 9:10am revealed the trashcan in the room was filled to overflowing. Observation of room #4 on 04/09/2015 at 9:20am revealed the trashcan in the room was filled to overflowing. Observation of the common bathroom between room #17 and #18 on 04/09/2015 at 10:01am revealed there was a pink tinged soap scum and hair particles were visible in a ring on the sides of the tub and in the bottom of the tub. Observations on 04/09/2015 and 04/10/2015 revealed a build up of wax and dirt on the baseboards of the floors in the hallways, and at the thresholds of the doors to the resident rooms. -This build up of wax and dirt was on both the right and left sides of the hallway. -The soiled areas were black compared to the light colored floor tiles. -All double door entrances to resident hallways had a build up of wax and dirt on the floors in the corners of the door facings. Observation of room #3 on 04/10/2015 at 11:25am revealed a black and brown waxy smear on the floor at the bottom of Resident #1's bed that was approximately three feet long and 4 inches wide. Confidential interview with one resident revealed: -The facility did not currently have a housekeeper. -"I handle my room pretty much. They change my bed a couple times a week. If you need anything or whatever they will do it." Confidential interview with a second resident revealed:	D 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 078	Continued From page 8	D 078		

-The facility did not currently have a housekeeper.
-"[A personal care aide's name] does the best she can" to keep the trashcans emptied.

Confidential interview with a third resident revealed:
-"They clean [my room] about everyday. They make the bed if I don't make it. Take out the trash."
-She stated staff swept and mopped her room every other day.
-Bathrooms are cleaned everyday.
-"They usually sweep and mop the hallway floors at night."

Confidential interview with a fourth resident revealed:
-Her room was cleaned by staff everyday.
-Staff took out her trash everyday. "Sometimes if I'm in a good mood I'll take it out myself."
-Bathrooms were cleaned "all the time" and "when they are dirty."
-"[A personal care aide's name] is our housekeeper."

Confidential interview with a fifth resident revealed:
-"They don't clean my room. I keep my side [of the room] clean and my roommate keeps her side clean and we [clean it] everyday."
-The resident stated that she saw the first shift personal care aide "make beds and straighten things up."
-The bathrooms were cleaned everyday.

Confidential interview with one staff revealed:
-She did "not often" perform housekeeping duties in the facility, but worked mainly in the kitchen.
-There was not a dedicated staff member assigned to perform housekeeping or laundry

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 078	Continued From page 9	D 078		

services for the facility.
-"Whoever is on the floor is supposed to do patient care and cleaning..."
-Direct care staff were assigned to do laundry, but only after 9pm.
-All three shifts were covered with at least one medication aide and one personal care aide.
-"They pull me sometimes from the kitchen to help on the floor."
-Housekeeping duties she performed were cleaning the bathrooms, sweeping and mopping the resident room floors, emptying the trash in the residents rooms and in the bathrooms.

Confidential interview with a second staff revealed:
-"We are down on our census, so we all have to pitch in."
-Her first priority was to perform personal care tasks for the residents.
-"After we do our personal care, we have to pitch in and do laundry."
-Residents were not going without care.
-Currently, there were only 4 residents in the facility that required toileting assistance or incontinent care.

Confidential interview with a third staff revealed:
-The direct care staff performed the housekeeping tasks in the facility around their other duties.
-Residents personal care needs were being taken care of with the current staffing level.
-Third shift staff were mainly responsible for cleaning on their shift.
-A medication aide and a personal care aide worked on third shift.
-Third shift staff would clean and mop the residents' rooms.
-The first shift personal care aide assisted with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 078	Continued From page 10 housekeeping task "in between resident care." Interview with the Administrator-In-Charge on 04/10/2015 at 2:25pm revealed: -The facility had a housekeeper, but she had recently quit. -She was currently scheduling "off shift staff" to come in 3 days a week to do housekeeping. -"We are trying to hire a replacement housekeeper." -"Aides are expected to do aide work. They don't do housekeeping unless they are scheduled to do housekeeping."	D 078		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: Surveyor: NC412 Based on observation, interview and record review, the facility failed to assure hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F for 1 of 2 fixtures (a sink) located in shared resident bathrooms, 3 of 7 fixtures (2 sinks, 1 tub) located in the community bathrooms.	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 11 The findings are: Observation at entry to the facility on 04/09/2015 at 8:30am revealed the city water department and a local plumbing company on facility grounds. Interview with the Administrator-In-Charge (AIC) on 04/09/2015 at 8:35am revealed the facility had a broken or leaking water pipe that was being repaired by the city water department and a local plumbing company. Observations on 04/09/2015 revealed the following water temperatures: -At 9:44am, the common half bathroom sink across from room #5 was 118 degrees F (steam visible). -At 9:46am, the men's restroom between rooms #12 and #13 sink temperature was 119 degrees F. -At 9:48am, the men's restroom between rooms #12 and #13 tub temperature was 124 degrees F (steam visible). Observation of two mercury thermometers used by two surveyors on 04/09/2015 at 10:05am revealed: -The thermometers were calibrated in ice water to check for accuracy. -Both thermometers read 32 degrees F. Review of the facility's water temperature monitoring logs for January and February 2015 revealed there were no hot water temperatures greater than 116 degrees F. Review of facility's water temperature monitoring log for March 2015 revealed: -The 4th hall bath had a water temperature of 125.1 degrees F on 03/03, 03/10, 03/17, 03/24	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 12	D 113		

and 03/31.
-The shared bathroom between rooms #9 and #10 had a water temperature of 126.5 degrees F on 03/03, 03/10, 03/17, 03/24 and 03/31.

Review of the 04/10/2015 plumbing company invoice revealed:
-"Adjust water temp lower on mixing valve."
-"Check water temps on fixtures between 105-110" degrees F.

Interview with the AIC on 04/09/2015 at 10:00am revealed:
-She was not aware of the high hot water temperatures.
-She would immediately post a hot water warning sign on each bathroom door.
-She would contact facility maintenance to report the issue.
-She would ask the local plumbing company that was already on-site to look into the hot water issue.

Interview with first shift personal care aide on 04/09/2015 at 3:15pm revealed:
-She checked and recorded the hot water temperatures in all the facility's bathrooms on a weekly basis.
-She said she incorrectly documented the high hot water temperatures on the March 2015 monitoring log in the 4th hall bathroom and shared bathroom between rooms #9 and #10.
-The water temperatures for those 2 bathrooms ranged between 100 to 101 degrees F.

Observations on 04/10/2015 between 8:15am to 9:15am revealed:
-The hot water warning signs were posted on every bathroom door.
-The hot water temperatures ranged from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 13 102-110 degrees F for 4 of 5 bathroom fixtures. -At 9:09am, the men's restroom between rooms #12 and #13 tub temperature was 122 degrees F. Recheck of the hot water temperature in the common half bathroom sink across from room #5 on 04/10/2015 at 2:05pm was 108 degrees F. Recheck of the men's restroom between rooms #12 and #13 sink temperature on 04/10/2015 at 2:09pm was 112 degrees F. Recheck of the men's restroom between rooms #12 and #13 tub temperature on 04/10/2015 at 2:11pm was 110 degrees F. Random interviews with 12 of 19 residents (2 residents were out of the facility) on 04/09/2015 and 04/10/2015 revealed no complaints of elevated water temperatures. Interview with the AIC on 04/10/2015 at 2:15pm revealed: -The shift supervisor was responsible for looking over the water temperature logs and reporting temperatures outside 100 to 116 degrees F to her. -No one had reported the elevated water temperatures recorded on the March 2015 log for the 4th hall bath and the shared bathroom between rooms #9 and #10. Interview with the AIC on 04/10/2015 at 9:00am revealed: -One of the first shift personal care aides was assigned to check the water temperatures weekly and record them on a log. -The owner of the facility had stated the plumber had just put on a new temperature regulator on the boiler right before winter started.	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 113	Continued From page 14 -She stated facility maintenance would be there that morning to check on the hot water problem and figure out why the temperatures were elevated. -"Most of our residents get assistance [from staff] with their showers. We cut the water on and adjust it for most all of them." Interview with Maintenance on 04/10/2015 at 10:15am revealed: -He was routinely onsite at the facility once per week. -He relied upon staff to inform him of problems with the water temperatures. -"I was here Monday [of this week] and they said the water temperatures had been where they should be." -The AIC was responsible for reviewing the water temperature logs and reporting problems they found with the water to him for repair. -The regulator had been changed "last summer." -A plumber had been contracted and was on his way to the facility to get the water temperatures regulated.	D 113		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Surveyor: 32526 Based on observations and interviews, the facility failed to protect from contamination 1 of 1 ice	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 15 chest on the resident snack cart. The findings include: Observation of the resident snack cart on 04/09/2015 at 9:25am revealed: -A red 30 quart plastic cooler with the lid closed. -Opening the lid revealed the cooler was full of ice. -There was a white ice scoop with a blue handle in direct contact with the ice. -No hand sanitizer or disposable gloves were found on the snack cart. -No ice scoop holder was found on the snack cart. Observation of Resident #2 on 04/09/2015 at 10:45am revealed: -Resident #2 helped herself to cookies on the cart. -A clear plastic cup containing an amber colored liquid and ice was sitting next to the cooler which she had poured for herself. - Resident #2 used the ice scoop in the cooler to fill her cup of ice and then returned the ice scoop to the cooler. Interview with Resident #2 on 04/09/2015 at 10:45am revealed: -Resident #2 stated the cup contained apple juice and ice which she had poured herself. -Resident #2 stated she had gotten the ice herself, opened the lid to the cooler, and pointed to the ice scoop lying on top of the ice. -Resident #2 stated she had used the ice scoop to get her ice and the scoop was kept in the cooler. Observation of the resident snack cart on 04/09/2015 at 11:45am revealed:	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 16 -A red 30 quart plastic cooler with the lid closed. -Opening the lid revealed the cooler as full of ice. -There was a white ice scoop with a blue handle in direct contact with the ice. -No hand sanitizer or disposable gloves were found on the snack cart. -No ice scoop holder was found on the snack cart. Observation of Resident #6 on 04/09/15 at 3:25pm revealed: -Resident #6 opened lid of red 30 quart plastic cooler. -Resident #6 reached in the cooler and grabbed the ice scoop which was on the ice and proceeded to fill her cup with ice. -Resident #6 laid the scoop back in the cooler closed the lid and returned to her room. -A white ice scoop with a blue handle in direct contact with the ice. Observation of the resident snack cart on 04/10/2015 at 7:40am revealed: -A red 30 quart plastic cooler with the lid closed. -Opening the lid revealed the cooler as full of ice. -Lying on top of the ice was a white ice scoop with a blue handle in direct contact with the ice. -No hand sanitizer or disposable gloves were found on the snack cart. -No ice scoop holder was found on the snack cart. Interview with Resident #6 on 04/10/15 at 9:35am revealed: -She gets her ice daily from the cooler on the snack cart. -She always places the ice scoop back on the ice in the cooler for other residents to use. Interview with Dietary Manager on 04/09/15 at	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036004	A. BUILDING: _____ B. WING _____	R 04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	721 NORTH MARIETTA STREET GASTONIA, NC 28052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 282	Continued From page 17 3:30pm revealed: -The red 30 quart plastic cooler is cleaned each morning and fresh ice placed in the cooler. -She stated the cooler is placed on the snack cart with daily snacks and the snack cart is placed in the dietary hallway for residents to get as they wish. -She stated the snack cart was brought back into the kitchen after 6:00pm and cleaned, restocked with fresh ice and snacks for the evening med pass and bedtime snack. -She stated during the day the residents "make a mess of the cooler and the cart" and the staff can not use it like that with med pass. The cart is not cleaned again until after 6:00pm. Interview with Administrator-In-Charge 04/10/2015 at 10:45am revealed: -No residents in the facility had Hepatitis A or other communicable illnesses. -No residents at the time had current gastrointestinal illnesses -Residents did "help themselves" to ice in the ice chest on the snack cart. -The ice scoop was placed in the ice chest on top of the ice. -It was important for residents not to touch the ice with their bare hands and for the handle of the ice scoop not to touch the ice.	D 282		