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 ______	C 08/06/2015

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 The Adult Care Licensure Section and the Gaston County Department of Social Services conducted a complaint investigation on August 4, 2015, August 5, 2015, and August 6, 2015. The county initiated the complaint investigation on August 3, 2015.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure referral and follow-up with residents' primary care physician or mental health provider for 2 of 3 sampled residents (#1 and #2) related to residents' illicit drug use. The findings are: A. Review of Resident #1's current FL2 dated 07/14/15 revealed: - An admission date of 07/14/15. - Diagnoses included Multiple Sclerosis. - Resident #1 required assistance with bathing and dressing. - Resident #1 was incontinent at times with bowel and bladder. - Resident #1 was semi-ambulatory using a walker & wheelchair. - Resident #1 had a pain pump containing	D 273		

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 ______	C 08/06/2015

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 273	Continued From page 1	D 273		

Baclofen, a muscle relaxant.

Continued review of Resident #1's record revealed:
- On 8/1/15, Resident #1 was found by staff members in the bathroom at 8:00pm unresponsive and sweating.
- Paramedics were called to the facility to evaluate Resident #1.
- Resident #1 told paramedics she smoked "weed" prior to passing out.
- Resident #1 was transported via ambulance to the hospital.
- No documentation of Resident #1's primary care provider was contacted concerning her use of illicit drugs while at the facility.

Review of Resident #1's hospital record dated 8/1/15 at revealed:
- Resident #1 was admitted to the local hospital at 8:52pm on 8/1/15.
- Resident #1 was well developed, no apparent distress, well nourished and smelled of marijuana.
- Resident #1 reported she had smoked several joints of marijuana and believed that was why she was so sleepy.
- Resident #1 tested positive for marijuana per review of the hospital records.
- Resident #1 had an initial blood pressure of 80/50, a heart rate 132, respirations of 20, and an oxygen saturation of 98%.

Interview on 8/3/15 at 12:20pm and 8/5/15 at 11:35am with Resident #1 revealed:
- On 8/1/15, she and three other residents smoked marijuana at the facility.
- Resident #1 received the marijuana from one of the three residents (Resident #6).
- She went in the facility and started shaking and

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 ________	C 08/06/2015

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 273	Continued From page 2	D 273		

passed out.
- She was transported to the hospital and was treated in the emergency department until the morning of 8/2/15.
- On arrival to the emergency room, her blood pressure was 80/89.
- She smoked marijuana at the facility about two weeks prior and had no negative outcome.
- The marijuana smoked on 8/1/15 came from a different source than the first time she used marijuana at the facility.
- She believed the marijuana may have had something (another drug) mixed with it.
- Some residents at the facility smoked marijuana daily.
- A Medication Aide (MA) observed her and three residents smoking marijuana and said nothing to them.

Interview on 8/5/15 at 5:25pm with a Personal Care Aide (PCA) revealed:
- She frequently observed residents, including Resident #1, "high" at the facility.
- The PCA believed the residents were "high" due to their bloodshot eyes and behavior of isolating themselves to hide their intoxication.
- She has never seen any illegal drugs or smelled any marijuana on facility property.

Interview on 8/3/15 at 12:40pm & 8/5/15 at 2:20pm with Medication Aide (MA) revealed:
- On 8/1/15, she observed Resident #1 and three other residents huddled together outside.
- She went to the door with the phone in her hand and stated "I know you all are not out here smoking. I got the police on speed dial and I will have the chargers rolling up in here."
- The police were not called, the residents scattered from each other.
- The smell of marijuana was present.

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 ______	C 08/06/2015

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 273		D 273		

Continued From page 3

- One resident came to her and stated, "I have not been doing nothing, you can smell my hands they smell like hand sanitizer."
- When she arrived at work on 8/2/15, the MA was informed Resident #1 had been sent to the hospital emergency room (ER) on the night of 8/1/15.
- Resident #1 was sent to the ER on 8/1/15 because she was found by staff in the bathroom unresponsive.
- Resident #1 came back to the facility around 8:00am on 8/2/15.
- Resident #1 stated to this (MA) she smoked the marijuana with two other residents.
- Resident #6 bought the marijuana from a relative.
- Other staff (unnamed) knew residents smoked marijuana.
- Staff may not have seen the residents smoking marijuana but they have smelled it.
- She did not inform the facility Administrator or Resident Care Director she smelled marijuana at the facility or suspects residents smoked marijuana on facility property.
- As far as she knew, Resident #1's primary care physician had not been contacted concerning her use of illicit drugs at the facility.

Review of nursing notes from Resident #1's record documented on 8/1/15 by MA revealed:
-Four residents (including Resident #1) were gathered near the walkway when MA approached these residents and noticed a smell of marijuana.

Interview on 8/5/15 at 2:10pm, with Resident #6 revealed:
- He did not know anything about residents smoking marijuana at the facility.
- He denied smoking marijuana with other residents (including Resident #1) at the facility.

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 ______	C 08/06/2015

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 273	Continued From page 4	D 273		

Interview on 8/3/15 at 12:50pm and 8/5/15 at 3:15pm with Resident Care Director (RCD) revealed:
- She was unaware of residents smoking marijuana on facility property.
- No residents had complained of residents smoking marijuana on property.
- Resident #1 informed the MA she had received marijuana from two other residents.
- Resident #1 and the other two residents had smoked the marijuana together.
- Resident #1 had smoked marijuana at the facility prior to passing out on 8/1/15.
- If staff smelled marijuana, they were to call the police.

Refer to review of the facility's policy on alcohol and drug abuse.

B. Review of Resident #2's current FL2 dated 7/28/15 revealed:
- Diagnoses of obsessive compulsive disorder, depression, heart failure, and a history of drug use.
- An admission date of 7/28/15.

Review of Resident #2's Care Plan dated 7/29/15 revealed:
- Under the social/mental history section: "Resident is known as a pill seeker."
- Under the section for memory and orientation: Sometimes disoriented, forgetful-needs reminders.
- Under the assistance with daily living section: Resident independent with toileting and transfer; supervision required for ambulation, bathing, dressing, and grooming; limited assistance required with eating.

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 ______	C 08/06/2015

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 273	Continued From page 5	D 273		

Review of the facility's admission policy revealed potential residents will not be admitted if they have a history of substance abuse.

Interview with Resident #2 on 8/4/15 at 3:05pm revealed:
- He was admitted to the facility "about 6 or 7 days ago."
- He was his own responsible party and could sign himself out of the facility.
- He like to take the back road (behind the facility) to go to the local convenience store.
- He was afraid to walk on the main road in front of the facility due to the heavy traffic.
- The Resident Care Director (RCD) gave him a drug test on 8/3/15 after he had gone to the convenience store.
- The RCD told Resident #2 he "tested positive for methamphetamine, (meth), pot, and opiates."
- The RCD had issued him a discharge notice on 8/4/15.
- He had never taken meth, and had not smoked pot in 20 years.
- He took an opiate when he first came to the facility for a dental problem.

Review of Resident #2's record revealed:
- No medication orders for narcotic analgesics (opiates).
- No documentation of attempts to call Resident #2's primary care physician or any mental health provider related to his illicit drug use while at the facility.

Review of facility records revealed Resident #2 was on a list of residents to be seen by the facility's Nurse Practitioner (NP) on 8/5/15.

Review of Resident #2's record on 8/6/15 revealed a notation by the NP Resident #2

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 ______	C 08/06/2015

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 273	Continued From page 6 refused to be seen on 8/5/15. Interview with the RCD on 8/5/15 at 9:45am revealed: - Resident #2 took a drug test at the facility voluntarily on 8/3/15. - The drug test administered to Resident #2 was the same test the facility used to test new employees. - The drug test administered screened for cocaine, meth, THC (the active compound found in marijuana), barbiturates, benzodiazepines (benzos), and opiates. - Resident #2 tested positive for all the screened drugs except cocaine. - Resident #2 told the RCD he had taken Vicodin (an Opioid containing narcotic analgesic) for tooth pain. - Staff searched Resident #2's room and found no Vicodin. - The RCD believed Resident #2 had gone into the neighborhood behind the facility to obtain illicit drugs. - The RCD performed a drug test on Resident #2 after he had signed himself out of the facility and gone into the neighborhood behind the facility. - After the positive test on facility administered drug test on 8/3/15, Resident #2 refused to have a blood drawn performed the next day, (8/4/15.) - On 8/3/15, the prescribing practitioner ordered the lab draw for Resident #2 in order to perform a more extensive drug screening. - After that refusal on 8/4/15, the RCD decided to give Resident #2 a discharge notice. - Resident #2 had lived at the facility previously (2006), and had a history of substance abuse, but we admitted him because "he was older and had no narcotics on his current FL2." Review of Resident #2's FL2 dated 7/28/15	D 273		

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 ______	C 08/06/2015

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 273	Continued From page 7	D 273		

revealed a medication order for Klonopin, which was in the class of drugs know as the "benzos."

Review of a nurse's note dated 8/3/15 at 11:30am revealed:
- The Medication Aide (MA) knocked on the door to Resident #2's room in order to administer his medications.
- Resident #2 had a chair propped up against the entrance door to his room.
- The MA noted a smell of something burning coming from Resident #2's room.
- Resident #2 refused to allow the MA into his room.
- The MA and Supervisor came and entered Resident #2's room.
- Resident #2 started spraying air freshener at this time.
- The MA asked Resident #2 if he had been smoking in his room, and he replied "no."
- The resident was asked if he would take a drug test at this time and he refused.

Interview with Resident #2 on 8/4/15 at 3:05pm revealed the burning smell coming from his room was due to "burned coffee."

Review of the facility's policy on alcohol and drug abuse

____

Review of the facility's policy on alcohol and drug abuse revealed:
- If a resident left walking after signing out, and walked to one of the local stores and became intoxicated while out, they may return to the facility.
- The resident must understand repeated occurrences of this nature will result in immediate discharge from the facility.

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 ______	C 08/06/2015

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 273	Continued From page 8 - In the case of drug abuse, illegal drugs will not be permitted on the premises by either the resident or family members. - Any resident found partaking of illegal drugs must flush these drugs in front of the Medication Aide/Supervisor or Facility Director. - Behaviors of this nature will not be tolerated, and continued exhibits of such will result in immediate discharge from the facility. On 8/5/15 the facility provided the following plan of protection: - The facility will notify the proper authorities (police/family/Administrator) if any resident is suspected of any illegal drug activity. - The staff will immediately do room searches throughout the facility. - Staff will notify both primary care and mental health doctors to make them aware. - Anyone who is found to be in possession of any drug, staff will notify the Administrator for immediate discharge. - The facility will meet with all staff and residents to make them aware that if anyone is found to be in violation, they will be immediately discharged from the facility. - The facility will contact the police department and set up a special check for the next 2 weeks to assure the premises are clear of drugs. - If police notify the RCD, the RCD will have the person/resident arrested and banned from the facility. THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 20, 2015.	D 273		
D 338	10A NCAC 13F .0909 Resident Rights	D 338		

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 ______	C 08/06/2015

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 338	Continued From page 9	D 338		

Continued From page 9

10A NCAC 13F .0909 Resident Rights
An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.

This Rule is not met as evidenced by:
TYPE A2 VIOLATION

Based on observations, interviews, and record reviews, the facility failed to assure 2 of 3 sampled residents (#1 and #2) were free from neglect regarding illicit drug use, and 4 of 7 sampled residents (#2, #4, #6, and #7) were free from mental abuse from staff.

The findings are:

A. 1. Review of Resident #1's current FL2 dated 07/14/15 revealed:
- An admission date of 07/14/15.
- Diagnoses included Multiple Sclerosis.
- Resident #1 required assistance with bathing and dressing.
- Resident #1 was incontinent at times with bowel and bladder.
- Resident #1 was semi-ambulatory using a walker & wheelchair.
- Resident #1 had a pain pump containing Baclofen, a muscle relaxant.

Continued review of Resident #1's record revealed:
- On 8/1/15, Resident #1 was found by staff members at 8:00pm in the bathroom unresponsive and sweating.
- Paramedics were called to the facility to evaluate Resident #1.
- Resident #1 told paramedics she smoked

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 ______	C 08/06/2015

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 338	Continued From page 10	D 338		

"weed" prior to passing out.
- Resident #1 was transported via ambulance to the hospital.

Review of Resident #1's hospital record dated 8/1/15 at revealed:
- Resident #1 was admitted to the local hospital on 8/1/15 at 8:52pm.
- Resident #1 was well developed, no apparent distress, well nourished and smelled of marijuana.
- Resident #1 reported she had smoked several joints of marijuana and believed that was why she was so sleepy.
- Resident #1 tested positive for marijuana per review of the hospital records.
- Resident #1 had an initial blood pressure of 80/50, a heart rate 132, respirations of 20, and an oxygen saturation of 98%.

Interview on 8/3/15 at 12:20pm and 8/5/15 at 11:35am with Resident #1 revealed:
- On 8/1/15, she and three other residents smoked marijuana at the facility.
- Resident #1 received the marijuana from one of the three residents (Resident #6).
- She went in the facility and started shaking and passed out.
- She was transported to the hospital and was treated in the emergency department until the morning of 8/2/15.
- On arrival to the emergency room, her blood pressure was 80/89.
- She smoked marijuana at the facility about two weeks prior and had no negative outcome.
- The marijuana smoked on 8/1/15 came from a different source than the first time.
- She believed the marijuana may have had something (another drug) mixed with it.
- Some residents at the facility smoked marijuana

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 ______	C 08/06/2015

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 338	Continued From page 11	D 338		

daily.
- A Medication Aide (MA) observed her and three residents smoking marijuana and said nothing to them.

Interview on 8/5/15 at 5:25pm with a Personal Care Aide (PCA) revealed:
- She frequently observed residents "high" at the facility.
- She has never seen any illegal drugs or smelled any marijuana on facility property.

Interview on 8/3/15 at 12:40pm & 8/5/15 at 2:20pm with Medication Aide (MA) revealed:
- On 8/1/15, she observed Resident #1 and three other residents huddled together outside.
- She went to the door with the phone in her hand and stated "I know you all are not out here smoking. I got the police on speed dial and I will have the chargers rolling up in here."
- The police were not called because residents scattered from each other.
- The smell of marijuana was present.
- Resident #1 stated to this (MA) she smoked the marijuana with two other residents.
- Resident #6 bought the marijuana from a relative.
- Other staff (unnamed) knew residents smoked marijuana.
- Staff may not have seen the residents smoking marijuana but they have smelled it.
- She did not inform the facility Administrator or Resident Care Director she smelled marijuana at the facility or suspects residents smoked marijuana on facility property.

Review of nursing notes from Resident #1's record documented on 8/1/15 by MA revealed:
- Four residents (including Resident #1) were gathered near the walkway when MA approached

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 ______	C 08/06/2015

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 338	Continued From page 12	D 338		

these residents and noticed a smell of marijuana.

Interview on 8/3/15 at 12:50pm and 8/5/15 at 3:15pm with Resident Care Director (RCD) revealed:
- She was unaware of residents smoking marijuana on facility property.
- If staff smelled marijuana, they were to call the police.

Review of the facility's policy on alcohol and drug abuse revealed:
- If a resident left walking after signing out, and walked to one of the local stores and became intoxicated while out, they may return to the facility.
- The resident must understand repeated occurrences of this nature will result in immediate discharge from the facility.
- In the case of drug abuse, illegal drugs will not be permitted on the premises by either the resident or family members.
- Any resident found partaking of illegal drugs must flush these drugs in front of the Medication Aide/Supervisor or Facility Director.
- Behaviors of this nature will not be tolerated, and continued exhibits of such will result in immediate discharge from the facility.

2. Review of Resident #2's current FL2 dated 7/28/15 revealed:
- Diagnoses of obsessive compulsive disorder, depression, heart failure, and a history of drug use.
- A medication order for Klonopin 0.5mg twice daily. (Klonopin is a medication used to treat anxiety disorders.)
- No medication orders for any opiate (narcotic analgesic) containing medications.
- An admission date of 7/28/15.

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 ______	C 08/06/2015

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 338	Continued From page 13	D 338		

Interview with Resident #2 on 8/4/15 at 3:05pm revealed:
- He was admitted to the facility "about 6 or 7 days ago."
- He was his own responsible party and could sign himself out of the facility.
- He like to take the back road (behind the facility) to go to the closest convenience store.
- He was afraid to walk on the main road in front of the facility due to the heavy traffic.
- The Resident Care Director (RCD) gave him a drug test on 8/3/15 after he had gone to the convenience store.
- The RCD told Resident #2 he "tested positive for methamphetamine, (meth), pot, and opiates."
- The RCD had issued him a discharge notice.
- He had never taken meth, and hasn't smoked pot in 20 years.
- He took an opiate when he first came to the facility for a dental problem.

Review of Resident #2's record revealed:
- No medication orders for narcotic analgesics (opiates).
- No documentation of attempts to call Resident #2's primary care physician or any mental health provider related to his illicit drug use while at the facility.

Interview with the RCD on 8/5/15 at 9:45am revealed:
- Resident #2 took a drug test at the facility voluntarily.
- The drug test administered to Resident #2 was the same test the facility used to test new employees.
- The drug test administered screened for cocaine, meth, THC (the active compound found in marijuana), barbiturates, benzodiazepines

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 ______	C 08/06/2015

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 338	Continued From page 14	D 338		

(benzos), and opiates.
- Resident #2 tested positive for all the screened drugs except cocaine.
- Resident #2 told the RCD he had taken Vicodin (an opioid containing narcotic analgesic) for tooth pain.
- Staff searched Resident #2's room and found no Vicodin.
- The RCD believed Resident #2 had gone into the neighborhood behind the facility to obtain illicit drugs.
- The RCD performed a drug test on Resident #2 after he had signed himself out of the facility and gone into the neighborhood behind the facility.
- After the positive test on the facility administered drug test on 8/3/15, Resident #2 refused to have blood drawn the next day (8/4/15).
- The resident's prescribing practitioner ordered a lab draw into order to perform a more extensive drug screening.
- After that refusal, the RCD decided to give Resident #2 a discharge notice.
- Resident #2 had lived at the facility previously (2006), and had a history of substance abuse, but we admitted him because "he was older and had no narcotics on his current FL2."

Review of Resident #2's FL2 dated 7/28/15 revealed a medication order for Klonopin, which was in the class of drugs know as the benzos.

Review of a nurse's note dated 8/3/15 at 11:30am revealed:
- The Medication Aide (MA) knocked on the door to Resident #2's room in order to administer his medications.
- Resident #2 had a chair propped up against the entrance door to his room.
- The MA noted a smell of something burning coming from Resident #2's room.

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 ______	C 08/06/2015

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 338	Continued From page 15	D 338		

- Resident #2 refused to allow the MA into his room.
- The MA and Supervisor came and entered Resident #2's room.
- Resident #2 started spraying air freshener at this time.
- The MA asked Resident #2 if he had been smoking in his room, and he replied "no."
- The resident was asked if he would take a drug test at this time and he refused.

Interview with Resident #2 on 8/4/15 at 3:05pm revealed the burning smell coming from his room was due to "burned coffee."

Review of the facility's admission policy revealed potential residents will not be admitted if they have a history of substance abuse.

Review of the facility's policy on alcohol and drug abuse revealed:
- If a resident left walking after signing out, and walked to one of the local stores and became intoxicated while out, they may return to the facility.
- The resident must understand repeated occurrences of this nature will result in immediate discharge from the facility.
- In the case of drug abuse, illegal drugs will not be permitted on the premises by either the resident or family members.
- Any resident found partaking of illegal drugs must flush these drugs in front of the Medication Aide/Supervisor or Facility Director.
- Behaviors of this nature will not be tolerated, and continued exhibits of such will result in immediate discharge from the facility.

Based on interviews and record reviews, the facility neglected to provide Resident #2, a

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 ______	C 08/06/2015

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 338	Continued From page 16	D 338		

resident with a history of drug use, supervision to prevent him from obtaining illicit drugs for use in and around the facility.

B. 1. Review of Resident #6's FL2 current FL2 dated 12/24/14 revealed:
- An admission date of 07/18/13.
- Diagnoses included Congestive Heart Failure (CHF), hospital acquired pneumonia, leukocytosis, Chronic Obstructive Pulmonary Disease (COPD), hypertension, diabetes, and possible cholecystitis, and a history of seizures.

Interview with Resident #6 on 8/5/15 at 2:10pm revealed:
- The cook had a loud voice.
- The cook yelled at residents the entire time they were eating their meal.
- As soon as residents got their meal, the yelling started.
- The cook yelled, "hurry up and get finished eating and get out of here, I have to clean up this dining room, I have to mop this dining room, I have to wash dishes, stop talking and eat."
- He rushed through his meal so he can hurry up and get out of the dining room.
- If a resident asked for anything, the cook started cursing.
- The yelling and loud talking made him nervous.
- He had bad nerves and cannot stand the yelling.
- The residents had no peace in the dining room.

Interview on 8/5/15 at 3:15pm with the Resident Care Director (RCD) revealed:
- The cook had always had a loud voice.
- The cook did not mean any harm by the way she talked to the residents.
- She (the cook) should not be rushing them out of the dining room.

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 ______	C 08/06/2015

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 338	Continued From page 17	D 338		

Interview on 8/5/15 at 5:10pm with the cook revealed:
- Residents did complain about her loud voice.
- Sometimes the residents will "sit and sit in the dining room."
- The residents had a time frame (time frame was never specified by the kitchen staff) to be in the dining room to eat their meals.
- She had told the residents to "hurry up, go ahead and eat and get up and get out."
- She had to mop, clean and get her work done.
- She did not mean to sound like she was fussing at the residents, but she did tell them to "hurry up and get out."

Interview with the Resident Care Director (RCD) on 8/5/15 at 3:35pm revealed:
- She was aware the cook spoke loudly, but "that was from working in the cotton mills for years without any hearing protection."
- The RCD had never heard the cook use abusive language towards any resident.

2. Review of Resident #7's current FL2 dated 6/18/15 revealed:
-An admission date of 06/22/15.
-Diagnoses included Post Traumatic Stress Disorder (PTSD) and Attention Deficit Hyperactivity Disorder (ADHD).

Interview with Resident #7 on 8/4/15 at 2:15pm revealed:
- The cook had a loud voice that scares people.
- The cook yelled during all the meals.
- The cook yelled, "hurry up and get out of here, I have to clean this dining room, I have to mop this floor."
- Everybody heard the yelling.
- It is hard to eat with the yelling going on.
- Most days he does not eat in the dining room

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 ______	C 08/06/2015

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 338	Continued From page 18	D 338		

because of the yelling.

Interview on 8/5/15 at 3:15pm with the Resident Care Director (RCD) revealed:
- The cook has always had a loud voice.
- The cook does not mean any harm by the way she talks to the residents.
- She (the cook) should not be rushing them out of the dining room.

Interview on 8/5/15 at 5:10pm with the cook revealed:
- Residents do complain about her loud voice.
- Sometimes the residents will "sit and sit in the dining room."
- The residents have a time frame (time frame was never specified by the kitchen staff) to be in the dining room to eat their meals.
- She had told the residents to "hurry up, go ahead and eat and get up and get out."
- She had to mop, clean and get her work done.
- She did not mean to sound like she was fussing at the residents, but she does tell them to "hurry up and get out."

Interview with the Resident Care Director (RCD) on 8/5/15 at 3:35pm revealed:
- She was aware the cook spoke loudly, but "that was from working in the cotton mills for years without any hearing protection."
- The RCD had never heard the cook use abusive language towards any resident.

3. Review of Resident #2's current FL2 dated 7/28/15 revealed:
- Diagnoses of obsessive compulsive disorder, depression, heart failure, and a history of drug use.
- An admission date of 7/28/15.

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 ______	C 08/06/2015

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 338	Continued From page 19 Interview with Resident #2 on 8/4/15 at 3:05pm revealed: - The cook was loud and fussed all the time about every little thing at mealtimes. - "Anything you ask for, she just fussed at you." (No specifics given.) - Resident #2 hadn't complained to anyone about the cook because "they already know about it." Interview on 8/5/15 at 3:15pm with the Resident Care Director (RCD) revealed: - The cook has always had a loud voice. - The cook does not mean any harm by the way she talks to the residents. - She (the cook) should not be rushing them out of the dining room. Interview on 8/5/15 at 5:10pm with the cook revealed: - Residents do complain about her loud voice. - Sometimes the residents will "sit and sit in the dining room." - The residents have a time frame (time frame was never specified by the kitchen staff) to be in the dining room to eat their meals. - She had told the residents to "hurry up, go ahead and eat and get up and get out." - She had to mop, clean and get her work done. - She did not mean to sound like she was fussing at the residents, but she does tell them to "hurry up and get out." Interview with the Resident Care Director (RCD) on 8/5/15 at 3:35pm revealed: - She was aware the cook spoke loudly, but "that was from working in the cotton mills for years without any hearing protection." - The RCD had never heard the cook use abusive language towards any resident.	D 338		

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 ______	C 08/06/2015

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 338	Continued From page 20	D 338		

4. Review of Resident #4's FL2 dated 7/31/15 revealed:
- Diagnoses of dementia, alcoholism, and hypertension.
- Resident #4 was intermittently disoriented to time and place.

Interview with Resident #4 on 8/4/15 at 3:00pm revealed:
- He was new to the facility, had moved in on 7/31/15.
- "Staff and residents were always fussing and using profanity."
-This occurred throughout the day, "mostly in the evenings."
- "The cook is the most foul-mouthed of all. One time she call me a SOB over nothing."
- He did not know the reason he was called an SOB by the cook.
- He had told staff he "wasn't used to this kind of living where people are always fussing at each other."
- "The only peace and quiet I get is in the evenings sitting on the porch."
- "This is not a friendly place around here, putting it bluntly."
-The kitchen staff "uses profanity, very rough language."

Interview on 8/5/15 at 3:15pm with the Resident Care Director (RCD) revealed:
- The cook has always had a loud voice.
- The cook does not mean any harm by the way she talks to the residents.
- She (the cook) should not be rushing them out of the dining room.
- The cook would "give any of the residents the shirt off her back."

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 ______	C 08/06/2015

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 338	Continued From page 21	D 338		

Interview on 8/5/15 at 5:10pm with the cook revealed:
- Residents do complain about her loud voice.
- Sometimes the residents will "sit and sit in the dining room."
- The residents have a time frame (time frame was never specified by the kitchen staff) to be in the dining room to eat their meals.
- She had told the residents to "hurry up, go ahead and eat and get up and get out."
- She had to mop, clean and get her work done.
- She did not mean to sound like she was fussing at the residents, but she does tell them to "hurry up and get out."

Interview with the Resident Care Director (RCD) on 8/5/15 at 3:35pm revealed:
- She was aware the cook spoke loudly, but "that was from working in the cotton mills for years without any hearing protection."
- The RCD had never heard the cook use abusive language towards any resident.

On 8/5/15, the facility provided the following plan of protection:
- The facility will seprerate the aggressive staff or resident, and notify the Administrator and/or doctors.
- The facility will do an investigation, and while awaiting on the investigation to clear the staff, staff will be sent home, and their shift will be covered for that day.
- Both primary care and mental health doctors will be notified, and if necessary, residents will be sent out to the hospital while awaiting doctor's orders.
- The facility will meet with staff and residents to make them aware that if any time they do not feel safe or threatened, they can report to staff.

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 ____	C 08/06/2015

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 338	Continued From page 22 - The Administrator will take action against the accuser by performing the steps listed above. - The RCD will do a training class today (8/5/15) on Resident's Rights, abuse, neglect, and exploitation, and what should be reported. THE DATE OF CORRECTION FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED SEPTEMBER 5, 2015.	D 338		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to assure medication (Coreg) was administered as ordered to 1 of 4 residents (Resident #2) sampled for medication administration. The findings are: Review of Resident #2's current FL2 dated 7/28/15 revealed: - Diagnoses of obsessive compulsive disorder, depression, heart failure, and a history of drug use. - A medication order for Cardizem 30mg, 1 tablet four times a day. (Cardizem is a medication used	D 358		

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 ______	C 08/06/2015

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 358	Continued From page 23 to treat hypertension, atrial fibrillation, and angina.) - An admission date of 7/28/15. Continued review of Resident #2's record revealed a subsequent medication order dated 7/31/15 for Coreg 3.125mg, 1 tablet twice daily. (Coreg is a medication used to treat hypertension and heart failure.) Review of Resident #2's Medication Administration Records (MARs) for July 2015 revealed: - No entry for Coreg. - An entry for Cardizem 30mg, 1 tablet four times a day with scheduled administration times of 8am, 12 noon, 4pm, and 8pm. - The Cardizem had been initialed as administered on the MAR from 7/28/15 to 7/31/15. Review of Resident #2's August 2015 MAR revealed: - An entry for Cardizem 30mg, 1 tablet four times a day with scheduled administration times of 8am, 12 noon, 4pm, and 8pm. - The Cardizem had been initialed and circled as refused on the August 2015 MAR, from the 1st through the 3rd. - The Cardizem was noted as discontinued on 8/4/15. - An entry for Coreg 3.125mg, 1 tablet twice daily, with scheduled administration times of 8am and 8pm. - The Coreg had not been initialed as administered until the morning dose on 8/4/15. - The 8pm dose on 8/4/15 and the 8am dose on 8/5/15 of Coreg were documented as administered. - The administration times for Coreg had been	D 358		

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 ______	C 08/06/2015

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 358		D 358		

Continued From page 24

boxed out from 8/1/15 through 8/3/15.

Review of Resident #2's record revealed a subsequent medication order dated 8/4/15 to discontinue the Cardizem.

Review of Resident #2's medications on hand on the morning of 8/5/15 revealed:
- A bubble pack of Carvedilol (Generic Coreg) 3.125mg, labeled 1 tablet by mouth twice daily, with a dispense date of 8/3/15.
- Per the prescription label 34 tablets had been dispensed, and 31 tablets remained.

Interview with Resident #2 on 8/4/15 at 3:05pm revealed:
- He did not believe he was receiving the right medications.
- He had been taking Diltiazem (Generic Cardizem), but he was supposed to be taking Coreg now.

Interview with the Medication Aide (MA)/Supervisor on 8/5/15 at 10:55am revealed:
- The MA/Supervisor on duty faxed new medication orders to the pharmacy of contract.
- They did not get Resident #2's Coreg from the back up pharmacy.
- "We only get antibiotics from the backup pharmacy."

Review of the facility's policy and procedure for ordering medications revealed:
- The MA/Supervisor or RCD will order medications on first shift, and these include narcotics, eye drops, ear drops, nebulizer supplies, and any medication that did not come in routinely every 30 days.
- Medication orders that come into the facility in the evening or on weekends shall be ordered by

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 ______	C 08/06/2015

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 358	Continued From page 25 the MA on duty. - If the medication order came in close to 5pm, it was necessary to call the pharmacy of contract to assure the medication order was called in to the backup pharmacy. Interview with the RCD on 8/5/15 at 11:50am revealed "we should have called the backup pharmacy" for Resident #2's Coreg. Interview with a representative from the pharmacy of contract on 8/6/15 at 8:30am revealed: - Resident #2's order for Coreg came into the pharmacy of contract via fax on 7/31/15, a Friday, after the pharmacy had closed at 5:30pm. - The pharmacy was closed on the weekends. - The Coreg was dispensed and sent out to the facility on Monday, 8/3/15. - The facility could call the on-call pharmacist after 5:30pm or on weekends to get a refill from the local backup pharmacy. - No one from the facility called the on-call pharmacist on 7/31/15 to request a refill of Resident #2's Coreg from the backup pharmacy. Review of Resident #2's record revealed no documented blood pressures. Observation of Resident #2 on 8/4/15 at 3:05pm and 8/6/15 at 11:15am revealed no shortness of breath or peripheral edema related to the delay in administering Coreg per physician's orders.	D 358		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse,	D914		

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 ______	C 08/06/2015

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
D914	Continued From page 26 neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure referral and follow-up related to illicit drug use by residents, and to prevent mental abuse of residents by staff. The findings are: A. Based on record reviews and interviews, the facility failed to assure referral and follow-up with residents' primary care physician or mental health provider for 2 of 3 sampled residents (#1 and #2) related to residents' illicit drug use in or around the facility. [Refer to Tag D273, 10A NCAC 13F .0902(b) Health Care. (Type B Violation.)] B. Based on observations, interviews, and record reviews, the facility failed to assure 2 of 3 sampled residents (#1 and #2) were free from neglect regarding illicit drug, and 4 of 7 sampled residents (#2, #4, #6, and #7) were free from mental abuse from staff. [Refer to Tag D338, 10A NCAC 13F .0909 Resident Rights. (Type A2 Violation.)]	D914		