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 _____	02/16/2017

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 conducted an annual survey on February 15-16, 2017.	D 000	To be in compliance with the rules the facility will have maintainance come in and replace all cracks in the floor and cover the holes in the walls. The facility will replace the flooring in the areas where the floor appears to spongy or torn. The maintainance will replace any toilet holders that are missing and repaint any paint that is Peeling or bubbled. The facility will redo any flooring that has stains, This all will be done by April 30th 2017. The facility will hire a full time housekeeper to do house keeping (deep) duties Mon-fri. to assure the building is in compliance	
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure walls, ceilings, and floors were kept clean and in good repair for 3 of 4 common resident bathrooms, a resident bedroom [#9], the hallway, and the vending room. The findings are: Observation on 2/15/17 between 9:30am and 11:30am of the facility revealed: - A floor in one of the men's restrooms was missing all floor covering with only bare wood present. - There was no toilet paper holder present (toilet paper had been placed on the floor). - A second men's restroom had black and white checkered ceramic tile with multiple cracks one was 12 by 1 inches and a second 36 by 1 inches in length. - The paint on the baseboard in this restroom around the toilet was bubbled and pealing. - A floor in one of the women's restrooms was spongy at the doorway between the tub and toilet area when walked on.	D 074		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shannon B Jamerson | TITLE: Resident Director | (X6) DATE: 3:13:17

Reviewed and Acknowledged on 3/27/17 by Joseph Cline

Joseph Cline, RN

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 _____	02/16/2017

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 074	Continued From page 1 - Room #9 had multiple permanent rust stains on the floor. - Room #9 had a hole in the wall behind the door where the door knob had hit approximately 2 inches in diameter. - The room where the vending machines were placed had a hole in the floor in front of the vending machine approximately 3 inches in diameter. - There was several pieces of missing tile in the hallway. Review of an environmental inspection report dated 01/18/17 revealed: -The facility received 4 demerits related to the facility's floors, walls and ceilings should be in good repair. - 'Repair damaged floor tiles where needed (halls, bedrooms, storage areas) REPEAT ITEM' - 'Clean floors in bedrooms, storage areas. REPEAT ITEM' - 'Clean walls in bathrooms, and bedrooms - repair walls and ceiling in utility closet.' Confidential interviews with 4 residents revealed: - The missing floor covering in the one men's bathroom floor had been missing for about one week. - The original floor covering was torn and that is why it was removed. - They had never remembered a toilet paper holder being in the same bathroom. - It did not bother them for the toilet paper being on the floor. - They had no concerns with the damaged and missing floor coverings in the facility. Interview on 2/15/17 at 11:00am with the facility Director revealed: - The floor covering in the bathroom was	D 074		

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 _____	02/16/2017

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 074	Continued From page 2 removed because there was a tear in the floor that could have potentially caused a resident to fall. - The floor covering was removed about 1 week ago. - The floor is going to be recovered when the person who is going to do it can get around to it. - "We will close the bathroom off until the floor can be repaired." - "There are future plans to replace all floors in the facility." Interview on 2/16/17 at 9:30am with the Administrator revealed: - She had been made aware that the floor in the bathroom was missing the floor covering. - She had made arrangements to have the floor covering in the bathroom replaced, but was unsure how fast the person would be able to get around to it. - She was going to have all floor coverings in the facility replaced sometime in March 2017.	D 074	With the rules. This will be done by April 30th 2017. The facility will also change the Smoking Policy to assure no Resident is smoking in their rooms, or any areas in the building. This will start immediately and the new policy will be in place on 2/16/17. The Director of the facility will meet with staff and Residents and have all residents sign the new policy to acknowledge the agree with all changes this will be completed on 2/17/17. The facility will confiscate all cigarettes and pass them out hourly to assure that no one is smoking in	
D 079	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: Based on observations and interviews the facility	D 079		

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 _____	02/16/2017

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 079	Continued From page 3 failed to assure the facility was maintained in a clean and orderly manner in the common bathrooms, residents' bedrooms, the hallway, and the vending room. The findings are: Observation of room 11 on 2/15/17 at 9:15am revealed: - The room had 4 beds with 2 residents residing in the room. - There were numerous cigarette butts and ashes on the floor and nightstands. - The trashcan was full of trash. - The floors were littered with empty drink cans, and snack food wrappers. - All beds in the room had linens and bedspreads with dried stains, and what appeared to be dirt in the beds. - One bed was covered with clothes stacked approximately 3 feet high. - One night stand had 3 empty food cans with dried food particles in the cans. Observation of room 10 on 2/15/17 at 9:30am revealed: - No residents were staying in the room. - There were approximately 2 cups of cigarette butts and ashes on the floor at the head board of the bed. - The trash can was full of trash. - The floor was scattered with empty snack food wrappers. Observation of room 12 on 2/15/17 at 9:45am revealed: - The room had 3 beds with 3 residents residing in the room. - Beside one of the beds was a puddle of a brownish clear liquid approximately 12 by 6	D 079		

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 _____	02/16/2017

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 079	Continued From page 4 inches with 3 cigarette butts which appeared to have been extinguished in the puddle. - The floors were littered with empty drink cans, and snack food wrappers. - All beds in the room had linens and bedspreads with dried stains, and what appeared to be dirt in the beds. - Two of the beds had cigarette butts and ashes on the beds. - The 2 window sills had 4 cigarette butts in them. Observation of room 9 on 2/15/17 at 9:50am revealed: - The trashcan was full of trash. - The floor had loose trash on the floor. - The mirror had been placed behind the wardrobe on floor. Observation of the vending machine room on 2/15/17 at 10:15am revealed: - A 3 inch hole in the floor that was full of cigarette butts. - The floor was covered with loose dirt, trash, pieces of cardboard and paper. - A trashcan full of trash. Observation of 1 of the men's bathrooms on 2/15/17 at 10:00am revealed: - A light cover over the bathtub full of dead bugs. - The corners of the floor in the area where the toilet was located was heavily soiled with a black substance. Review of an environmental inspection report dated 01/18/17 revealed: -The facility received 4 demerits related to the facility's floors, walls and ceilings should be in good repair. - 'Repair damaged floor tiles where needed (halls, bedrooms, storage areas) REPEAT ITEM'	D 079	In the building. All staff will monitor this to assure the building is in compliance. The facility will also discuss all issuses in this Can and With staff & residents to correct all changes as needed. The Kitchen staff has been made aware that each Resident is to have a knife, fork, spoon and etc. This was made effective on 2/16/17. The Kitchen staff will monitor each meal to assure that each ~~meal to~~ RESIDENT has everything they need to be incompliance with the Rule, With each meal. This will Start 2/17/17. The Director will follow up	

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 _____	02/16/2017

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 079	Continued From page 5 - 'Clean floors in bedrooms, storage areas. REPEAT ITEM' - 'Clean walls in bathrooms, and bedrooms - repair walls and ceiling in utility closet.' Confidential interviews with 6 residents revealed: - They are not concerned about the cleanliness of the room. - The trashcans are always full. - The staff are always telling them to "pickup and keep their rooms clean". - The housekeeper only cleans the bathrooms and hallway. - The staff on second shift sometimes empties the trashcans. - They had on occasion emptied trashcans in the facility. - Occasionally the staff clean their rooms. Interview on 2/15/17 at 11:00am with the Facility Director revealed: - The residents in room 11 and 12 always keep their rooms in a mess. - The rooms can be cleaned and they are dirty again in a day. - Room 11 was cleaned 3 days ago, and is now in a mess again. - They try to encourage the residents to keep their rooms clean. - The housekeeper does housekeeping 4 hours a day and laundry the other 4 hours. Interveiw on 2/16/17 at 9:30am with the Administrator revealed: - She did not get to the facility much because the Facility Director was also an Administrator. - She was not aware the facility was as dirty as described to her by [this] surveyor. - She did not think it was acceptable for the resident rooms to be dirty.	D 079		

Division of Health Service Regulation

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 _____	02/16/2017

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 079	Continued From page 6 - She was going to get with the Facility Director and look at getting another housekeeper. - It sounded to her like the facility needed a "deep cleaning". Attempted interview with the Housekeeper on 2/16/17 was unsuccessful due to the Housekeeper being out sick.	D 079	daily to assure all changes are made and corrected in a timlly matter. All correction will be completed on or before April 30 2017 to Assure all areas are incompliance	
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews the facility failed to assure the staff provided supervision for 2 of 2 [Resident's #1 and #2] residents who were smoking inside the building and for other unknown residents leaving evidence of smoking inside the facility. The findings are: A. Review of Resident #1's current FL2 dated 9/7/16 revealed diagnoses included alcohol dependence, marijuana abuse, methamphetamine dependence, and substance induced mood disorder. Review of Resident #1's care plan dated 6/22/16	D 270		

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 _____	02/16/2017

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 270	Continued From page 7 did not address any issues with smoking. Review of Resident #1's record did not reveal any documentation involving smoking in the building. Review of Resident #1's Resident Registry revealed he was admitted on 6/22/16 and was responsible for himself and had signed the facility's smoking policy upon admission. Interview on 2/15/17 at 2:15pm with Resident #1 revealed: - He did smoke in the facility. - He knew that he was not supposed to smoke in the facility. - "I am careful not to catch anything on fire." - The reason he smoked in the building was that it was cold outside and the smoking porch is closed at 11:00pm. - He had been told by staff not to smoke in the building. B. Review of Resident #2's current FL2 dated 10/28/16 revealed diagnosis included schizophrenia. Review of Resident #2's care plan dated 11/3/16 did not address any issues with smoking. Review of Resident #2's record did not reveal any documentation involving smoking in the building. Review of Resident #2's Resident Registry revealed he was admitted on 10/28/16 and had a guardian who had signed the facility's smoking policy upon admission. Interview on 2/15/17 at 2:15pm with Resident #2 revealed: - He did smoke in the facility.	D 270		

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 _____	02/16/2017

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 270	Continued From page 8 - He knew that he was not supposed to smoke in the facility. - The reason he smoked in the building was because the smoking porch was closed at 11:00pm. - He had been caught by staff smoking in the building and told not to smoke in the building. Review of the facility's smoking / tobacco use policy revealed: - Residents who smoke must use gazebo area or side porches. - No smoking is allowed in the building. - Staff will supervise residents who smoke as needed. - The home reserves the right to confiscate all smoking materials if resident fails to abide by smoking policies so as to insure fire safety for themselves or other residents. - Residents who use snuff or chewing tobacco must use appropriate means of disposing. Observation of room 11 on 2/15/17 at 9:15am revealed: - The room had cigarette butts and ashes on the nightstands. - There were numerous cigarette butts and ashes on the floor. - The beds in the bed room had cigarette butts and ashes on them. - There was a strong smell of smoke. Observation of room 10 on 2/15/17 at 9:30am revealed: - No residents were staying in the room. - There were approximately 2 cups of cigarette butts and ashes on the floor at the head board of the bed. - There were multiple cigarette butts in the window sills.	D 270		

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 _____	02/16/2017

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 270	Continued From page 9 - There were cigarette butts in the rooms toilet. - The room had a strong smell of cigarette smoke. Observation of room 12 on 2/15/17 at 9:45am revealed: - Beside one of the beds was a puddle of liquid approximately 12 by 6 inches with 3 cigarettes on the floor in the puddle. - The floors were littered with cigarette butts and ashes. - Two of the beds had cigarette butts and ashes on the beds. - The 2 window sills had 4 cigarette butts in them. - The room had a strong smell of cigarette smoke. Observation of the vending machine room on 2/15/17 at 10:15am revealed a 3 inch hole in the floor that was full of cigarette butts. Confidential interviews with 4 residents revealed: - There were residents who smoked in the building. - There were some residents who smoke in room 10. - There were about 4 residents who smoke in the building, but could not give specific names. - Resident [#1's name] smokes in the building. - One of the residents had told staff in the past that residents were smoking in the building. - One of the residents had heard staff tell residents not to smoke in the building. - One of the residents had walked in on a resident smoking in the bathroom about a month ago. Confidential interviews with 3 staff members revealed: - They had smelled smoke in the facility, but had never caught any resident smoking.	D 270		

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 _____	02/16/2017

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 270	Continued From page 10 - They had been told by the administration that unless the residents were caught smoking nothing could be done about it. - They had seen cigarette butts and ashes in the rooms. - They had told the Facility Director about residents possibly smoking in the building, but could not remember when. Interview on 2/15/17 at 11:00am with the Facility Director revealed: - She had suspected that residents were smoking in the building but had never caught anyone smoking. - If she discharged those residents they would not have a place to go. - She had spoken with the residents, suspected of smoking, in the past about the importance of not smoking in the building. - The staff had told her about residents who they suspected of smoking. - It had always been her understanding that unless you caught the resident smoking you could not discharge them. - There had been residents in the past who had been on "supervised smoking". - She did not know about the residents smoking in room 10. - When the residents were admitted they or their guardian has to sign a tobacco use agreement. Interview on 2/16/17 at 9:30am with the Administrator revealed: - She was not aware of any residents smoking in the facility. - It was not acceptable for residents to smoke in the facility. - She would work with the Facility Director to assess residents and either discharge or place on supervised smoking any resident who smokes in	D 270		

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 _____	02/16/2017

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 270	Continued From page 11 the facility. The facility failed to ensure staff provided supervision for 2 of 2 known residents [#1 and #2] who smoked in the facility and for unknown residents leaving evidence of smoking in the facility were adequately supervised. All 28 residents residing in the facility were placed at potential risk to their health safety and welfare from possible fire in the facility as a result of residents smoking unsupervised and constitutes a Type B Violation. The facility provided the following plan of protection dated 2/15/17. - The facility management will immediatley assess all residents who smoke for the risk of smoking in the building. - The facility management will confiscate all cigarettes and lighters from any resident who has smoked in the building, or is caught smoking in the building. - The residents who are assessed to be at risk for smoking in the building will be placed on supervised smoking. - The facility staff will do 15 minutes checks on all smokers to assure no one is smoking in the building. - The facility staff will have training on what to do when residents smoke in the building. THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION IS APRIL 2, 2017.	D 270		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service	D 287		

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 _____	02/16/2017

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 287	Continued From page 12 (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure residents were provided with a complete set of flatware that included a knife, spoon and fork in order for residents to eat meals, without having to use their hands, or cut up food with a fork or spoon. The findings are: Interview with the Administrator on 2/15/17 at 9:10am revealed the current census was 28 with one resident in the hospital. Observation of the lunch meal on 2/15/17 from 11:57am to 12:20pm revealed: -There was one dining room in the facility. -There were 8 tables in the dining room. -Each place setting included napkins, salt, pepper, glasses filled with water and an extra glass for a beverage of choice. -There were 8 place settings that included a fork, spoon and knife. -There were 8 place settings that included only a fork and spoon. -Not all residents entered the dining room at the same time. -The meal consisted of glazed pork chops, greens, sweet potato half, dinner roll, and vanilla	D 287		

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 _____	02/16/2017

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 287	Continued From page 13 pudding. -The pork chop (with bone) was approximately 3/8 inch thick. -Three of five sampled residents for the meal observation did not have a knife. -One resident held the pork chop in his left hand, stuck the fork into the pork chop with his right hand, and took bites of it without cutting it up. -Another resident was eating the pork chop by holding it in both hands, and not using the fork or spoon. -A third resident cut the pork chop using his fork. -None of the residents asked for a knife or to have the meat cut up during the lunch meal. Interview with the first shift Cook on 2/16/17 at 9:15am revealed: -She had ran out of knives on 2/15/17 at lunch. -She would give knives to all residents if the meal required a knife. -There were not any residents who asked for knives, but if they did, they would be given one. Observation of the kitchen on 2/16/17 at 9:18am revealed there were only 8 knives available in the utensil holder. Observation of the lunch meal on 2/16/17 from 11:55am to 12:25pm revealed: -Each place setting included napkins, salt, pepper, glasses filled with water and an extra glass for a beverage of choice. -All place settings included only a fork and spoon. -The meal consisted of a turkey slice with gravy, a dinner roll, mashed potatoes with gravy, mixed vegetables, and mandarin oranges. -The turkey slice was ½ to ¾ inch thick. -Five of five sampled residents for the meal observation did not have a knife. -One resident did not eat the turkey at all.	D 287		

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 _____	02/16/2017

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 287	Continued From page 14 -Another resident cut the turkey with her fork without difficulty. -None of the residents asked for a knife or to have the meat cut up during the lunch meal. Confidential interviews with residents on 2/15/17 and 2/16/17 revealed: -"We never get knives, some people might hurt others with them." -"I eat with a fork and just bite the meat." -"We never had knives." -Some residents would not be safe with them. -One resident did not need a knife with lunch on 2/16/17. -"It would be nice to have one (knife) sometimes." -The meat was tender enough to not require a knife. -"It would be nice to have them (knives)." Interview with the Facility Director on 2/16/17 at 12:48pm revealed: -The facility used to have enough knives for all residents when the census was lower. -With the current census of 28, they did not have enough. -The Cook had ran out of knives for the lunch meal on 2/15/17. -She had found an un-opened box containing 46 knives in a drawer. -The residents would be given a knife today with each meal. Record review of the 5 sampled residents' charts for the meal observation revealed none had been assessed for the use of knives at meals by the Primary Care Provider.	D 287		
D912	G.S. 131D-21(2) Declaration of Residents' Rights	D912		

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 _____	02/16/2017

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
D912	Continued From page 15 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to assure each resident received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to resident supervision. The findings are: TYPE B VIOLATION Based on observations, interviews and record reviews the facility failed to assure the staff provided supervision for 2 of 2 [Resident's #1 and #2] residents who were smoking inside the building and for other unknown residents leaving evidence of smoking inside the facility. [Refer to Tag 270, 10A NCAC 13F .0901 (b). (Type B Violation)]	D912		