	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 11/06/2019	
		HAL036004				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
OSEWO	OD ASSISTED LIVING		RTH MARIETTA STR NIA, NC 28052	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	The Adult Care Licen annual survey on 11/	sure Section conducted an 05/19 and 11/06/19.				
D 113	10A NCAC 13F .0311	I(d) Other Requirements	D 113			
	(d) The hot water sys provide an adequate kitchen, bathrooms, la closets and soil utility temperature at all fixt be maintained at a m (38 degrees C) and s	I Other Requirements stem shall be of such size to supply of hot water to the aundry, housekeeping room. The hot water ures used by residents shall inimum of 100 degrees F shall not exceed 116 degrees This rule applies to new and				
	reviews, the facility fa temperatures were m 100 degrees Fahrenh showers, one sink in	as evidenced by: ns, interviews, and record ailed to ensure the hot water paintained at a minimum of neit (F) for 1 of 2 resident a common bathroom, two throoms, and two sinks in				
	The findings are:					
	revealed: -He did not use the sl the water was too col temperature of his sh after running the hot minutes).	ent on 11/05/19 at 9:30am hower in his room because ld (the hot water lower was 80 degrees F water for approimately six hower in the men's bathroom				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL036004	36004 B. WING		11	1/06/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ROSEWO	OD ASSISTED LIVING	721 NOF	RTH MARIETTA STR	REET		
		GASTO	NIA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 113	Continued From page 1 -He could not recall exactly how long the water had been cold, but the water had been cold more than 2 weeks. -He had told the Administrator about the cold water in his shower. Observation of a common bathroom sink between rooms 8 and 9 on 11/05/19 at 9:30am revealed the hot water temperature at the sink was 90 degrees F after running the water for approximately two minutes.		D 113			
	revealed the hot wate	imon bathroom sink d 9 on 11/05/19 at 9:47am er temperature was 83 ng approximately four				
	rooms 9 and 10 on 1 -The hot water temper reading of 70 degrees -After approximately to temperature was 78 of -After approximately temperature was 89 of	s F. three minutes, the hot water degrees F. 7 minutes, the hot water degrees F. 10 minutes, the hot water				
	revealed: -The hot water tempe -After running the hot	ared bathroom sink 1 10 on 11/06/19 at 8:41am erature was 80 degrees F. water for approximately ter temperature was 88				
	Observation of a com between rooms 8 and	imon bathroom sink I 9 on 11/06/19 at 8:51am				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
				A. BUILDING:			
		HAL036004	B. WING		11	/06/2019	
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE RTH MARIETTA STF				
ROSEWO	OD ASSISTED LIVING		NIA, NC 28052				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 113	Continued From page	e 2	D 113				
	revealed: -After running the hot water for approximately three minutes, the water temperature was 98 degrees F. -After running the hot water for approximately five minutes, the water temperature was 96 degrees F. Observation of the kitchen prep sink on 11/05/19 at 9:46am revealed a hot water temperature of 98 degrees F.						
		ond sink in the kitchen for 1/05/19 at 9:48am revealed ure of 96 degrees F.					
	Attempted interview with the cook on 11/05/19 at 9:50am was unsuccessful.						
	on 11/06/19 at 9:10an -She was aware that were too low on the h building. -It was an old building -The Administrator ca 11/01/19 to fix the wa hot water temperatur	the hot water temperatures nallway on one side of the g that needed some work. alled the plumber on ater pressure and adjust the es to the appropriate range. the plumber had fixed the es to be maintained					
	9:40am revealed: -She was aware that in the kitchen, a com shared bathroom bet too low.	ministrator on 11/06/19 at the hot water temperatures mon bathroom, and a ween rooms 9 and 10 were ater temperatures were to be					

Division of Health Service Regulatio STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL036004	B. WING		11	/06/2019
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			
ROSEWO	OD ASSISTED LIVING		RTH MARIETTA STR NIA, NC 28052	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 113	Continued From page	e 3	D 113			
	<ul> <li>D 113 Continued From page 3 <ul> <li>maintained between 100-116 degress F.</li> <li>-The water pressure and water temperatures were low on that side of the building for "the past couple of days" due to a water leak in the basement.</li> <li>-She had called a plumber on 11/01/19 to fix the water leak, water pressure, and temperature of the hot water.</li> <li>-The plumber had fixed the water leak in the basement but had not finished the job and would return sometime on 11/06/19 to finish.</li> <li>-The plumber had informed her the facility needed a recirculating pump to evenly distribute hot water in the building and she had reported this information to Corporate.</li> <li>-She was waiting for Corporate's approval to have the plumber install a recirculating pump for the hot water.</li> </ul> </li> </ul>					
	11/06/19 at 9:45am m -The Administrator ca assist in the discover leaking in the basemu- backed-up sewer sys -The water pressure pipes in the basemer hot water temperatur leaked only cold wate -He informed the Adm facility needed a recin the hot water evenly temperature at every -He had to wait on ap fix the hot water syste pump. -At this time he had m	alled him on 11/01/19 to y of why water had been ent and to unclog a stem. was low due to a leak in the nt, but it would not affect the e because the pipes had er. ninistrator on 11/01/19 the rculating pump to distribute so that it would be the same				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL036004	B. WING			106/2040	
NAME OF PI	ROVIDER OR SUPPLIER		B. WING 11/06/2019				
	OD ASSISTED LIVING	721 NOF	RTH MARIETTA STR				
			NIA, NC 28052				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 283	Continued From page	e 4	D 283				
D 283	10A NCAC 13F .0904 Service	4(a)(2) Nutrition and Food	D 283				
	(a) Food Procureme Homes:						
	This Rule is not met Based on observation failed to ensure food contamination related containers not being	n and interviews, the facility was free from d to refrigerated food					
	The findings are:						
	spaghetti noodles in a or dated. -There was a half of a wrapped in plastic wr dated. -There was about ha sliced ham that was i was not dated. -There was a bag of plastic that was not la -There was a comme plastic container of o was not dated. -There was a 6 1/2-p opened strawberries -There was a comme	revealed: sized plastic bag of cooked sauce that was not labeled a block of livermush rap that was not labeled or If of a 40-ounce package of in an open plastic bag that sliced pepperoni wrapped in					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL036004	B. WING		11	/06/2019
ame of Pf	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			
OSEWO	OD ASSISTED LIVING		RTH MARIETTA STR NIA, NC 28052	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 283	Continued From page	e 5	D 283			
	contain a date as to v	te of 12/17/19 but did not when it had been opened. uce in a 2-quart plastic ot labeled or dated.				
	Review of the Sanitation Inspection dated 09/09/19 revealed: -The facility received a score of 95. -Points had been deducted for improper marking of opened food containers.					
	10:25am revealed: -She was not the only kitchen. -She did not place the the refrigerator. -She was not sure wh food was placed in the	d to label and date food as				
	8:00am revealed: -She knew that food y and dated when it wa -Kitchen staff had bey opened containers of -She and the kitchen shift cook when he w -She expected the kit trained.	ministrator on 11/06/19 at was supposed to be labeled as placed in the refrigerator. en trained to label and date i food in the refrigerator. manager trained the second as hired. tchen staff to do their job as				
D 287	10A NCAC 13F .0904 Service	4(b)(2) Nutrition And Food	D 287			
	10A NCAC 13F .0904 Service	4 Nutrition And Food				

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 11/06/2019	
		HAL036004				
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
ROSEWO	OD ASSISTED LIVING		RTH MARIETTA STF NIA, NC 28052	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
D 287	Continued From page	e 6	D 287			
	Homes: (2) Table service shal non-disposable place least a knife, fork, spo					
	reviews, the facility fa	ns, interviews and record illed to ensure residents non-disposable place				
	The findings are:					
		ministrator on 11/05/19 at current census was 29.				
	-There was one dinin contained 8 tables.	m to 12:30pm revealed: g room in the facility which luded a napkin, fork and of a grilled cheese				
	11/05/19 from 5:23pn					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		HAL036004		11	/06/2019	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE RTH MARIETTA STF			
ROSEWO	OD ASSISTED LIVING		NIA, NC 28052			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
D 287	Continued From page	e 7	D 287			
	-Six of the residents i the sliced ham and a -One resident balance and then took a bite of -Dietary staff did not the residents' ham ur -One resident accept offered to cut the ham Interviews with 6 resi during the supper me 5:30pm to 5:40pm re -One resident said "it knife to use with his r -One resident said th knives because of re- issues. -Three residents said they used the side of	offer assistance with cutting ntil prompted. ted help after the cook n. idents in the dining room eal service on 11/05/19 from vealed: t would be nice" if he had a meals. ley were not allowed to have sident conditions and safety				
	5:40pm revealed: -Residents were not a -She thought it was n knives because of the -She provided a docu signed by the facility resident could have a -Staff would cut food requested help. Review of a physician 09/25/18 revealed:	ument dated 09/25/18 physician stating no a knife. for residents if they n visit summary dated				
	-It was signed by the	pantry door in the kitchen. facility's physician. vritten statement on it that				

Division of Health Service Regulation STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL036004	B. WING				
NAME OF PI	ROVIDER OR SUPPLIER		B. WING         11/06/2019           ET ADDRESS, CITY, STATE, ZIP CODE         11/06/2019				
	OD ASSISTED LIVING	721 NOF	RTH MARIETTA STR NIA, NC 28052				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 287	Continued From page	e 8	D 287				
		e not allowed to have to be cut, staff will cut for					
	9:00am revealed: -Resident knives wer kitchen cabinet.	s available on 11/06/19 at re kept on the top shelf in a knives for every resident to s.					
	8:00am revealed: -One resident threated knife, so the knives w dining room. -The residents' "men for them to have a kri- -Staff would cut resided -The Resident Care of with the facility physic him write a blanket so can have a knife. -Resident care plans information regarding mealtimes. -The physician renew -The kitchen had end	the exclusion of knives at ved this document yearly.					
D 309	Service 10A NCAC 13F .090 (e) Therapeutic Diet (3) The facility shall current listing of resid	4(e)(3) Nutrition and Food 4 Nutrition and Food Service s in Adult Care Homes: maintain an accurate and dents with physician-ordered guidance of food service	D 309				

Division of Health Service Regulation

6899

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			HAL 036004 B. WING			44/00/0040	
	ROVIDER OR SUPPLIER	HAL036004	ADDRESS, CITY, STATE		11	/06/2019	
			RTH MARIETTA ST				
ROSEWO	OD ASSISTED LIVING		NIA, NC 28052				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE	
D 309	Continued From page	e 9	D 309				
	interviews, the facility accurate listing of the maintained for the gu of 3 sampled residen order for a mechanica supplement to be giv The findings are: Review of Resident # 10/28/19 revealed: -Diagnoses included anemia, dysphagia, li and gastroesophagea -There was a diet ord	n, record reviews and y failed to ensure an erapeutic diets was hidance of dietary staff for 1 ts who had a physician's al soft diet with a dietary en once daily. #2's current FL2 dated anorexia, iron deficiency iver cell carcinoma, anxiety					
	mechanical soft diet of supplement to be giv -There was a diet ord the supplement from daily to the "Plus" van Observations in the k revealed: -There was a comput	ler dated 06/19/19 for a with a clear dietary en 3 times daily with meals. der dated 10/11/19 to change the "Clear" variety 3 times riety to be given once daily. ditchen on 11/5/19 at 9:20am ter-generated diet list y door which was last					
	-The diet list containe	ed multiple hand-written, dicating diet changes.					

Division of Health Service Regulation STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL036004	B. WING		11/06/2019	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OSEWO	OD ASSISTED LIVING		RTH MARIETTA STR NA, NC 28052	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE
D 309	Continued From page	e 10	D 309			
	handwritings. -Residents that had b 03/26/19 had been cr -Residents that had b 03/26/19 were not inc -Resident #2's name both the diet and the handwritten and incor -There was a diet ord next to the diet list, inc changed to a mechan receive a "Clear" dieta day with his meals. -On a differnt wall the un-dated list indicating given to residents. -This list contained ur multiple colors and ha -Resident #2's name supplement list but th frequency was incorre -There was nothing in dietary supplement va changed for Resident Observation of the lur 11/05/19 at 12:05pm -The meal consisted of crackers, grilled chee -Resident #2 received and water along with	ossed off. een admitted since sluded. was included on the list but supplement were rect. er dated 06/19/19, hanging dicating Resident #2 was nical soft diet and was to ary supplement 3 times a re was a hand-written, g dietary supplements to be ndated corrections in andwritings. was included on this dietary e supplement variety and ect. the kitchen indicating the ariety or frequency had to the kitchen indicating the ariety or frequency had to the sandwich and peaches. If the sandwich and d soup and crackers, milk a high protein variety of ither than a "plus" variety as				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		HAL036004		B. WING		11/06/2010	
NAME OF P	ROVIDER OR SUPPLIER		B. WING         11/06/2019           ET ADDRESS, CITY, STATE, ZIP CODE				
	OD ASSISTED LIVING		RTH MARIETTA STR				
		GASTO	NIA, NC 28052				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 309	Continued From page	e 11	D 309				
	stewed tomatoes dim -Resident #2 received beans, stewed tomat milk and a high prote supplement. Interview with Reside revealed: -He received a dietar and supper. -Chicken needed to b processor but other m chopped or soft. -If a food was too har know and they would Interview with the coor revealed: -A therapeutic diet list reference. -The therapeutic diet list reference. -The therapeutic diet list reference. -The therapeutic diet list responsible for updat as diet changes occur admitted. -The RCC updated th several ways: hand w informed her, comple printed an entirely ne -For her reference sh dietary supplement list beverages.	vealed: of sliced ham, navy beans, ner roll, prunes and milk. d chopped ham, navy oes a dinner roll, prunes, in variety of dietary ent #2 on 11/5/19 at 5:30pm ry supplement with breakfast be ground in the food meats were okay if they were rd to eat, he let the staff					

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER HAL036004		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		HAL036004			11/06/2019		
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
			RTH MARIETTA STR				
ROSEWO	OD ASSISTED LIVING	GASTO	NIA, NC 28052				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMP D THE APPROPRIATE DAT		
D 309	Continued From page 12		D 309				
	-She did not realize Resident #2's supplement variety and quantity was inaccurate.						
	Interview with the cook on 11/5/19 at 12:15pm revealed Resident #2 was given a dietary supplement with every meal and he "usually drank the whole thing".						
	Interview with the Resident Care Coordinator (RCC) on 11/06/19 at 8:40am revealed: -She was responsible for keeping the therapeutic diet list updated for the kitchen. -She would inform the cook when a diet change occurred, but she did not always print out a new						
	report. -She did not know wh new report since 03/2 -The pharmacy progr	ny she had not printed out a 26/19. am they used gave her the					
	capability to print out needed.	a current diet report as					
	Interview with Admini 8:00am revealed:	istrator on 11/06/19 at					
	not current.	the therapeutic diet list was					
	-The therapeutic diet list needed to be kep	ny the list was not current. and the dietary supplement t up to date in the kitchen. Insible for updating the list Irred.					
D 315	10A NCAC 13F .090	5(a)(b) Activities Program	D 315				
		nome shall develop a designed to promote the lvement with each other, e community.					

STATE FORM

6899

If continuation sheet 13 of 16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036004			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 11/06/2019	
		B. WING				
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ROSEWO	OD ASSISTED LIVING		RTH MARIETTA STE NIA, NC 28052	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	CTION SHOULD BE COMP O THE APPROPRIATE DA	
D 315	active involvement by require any individual activity against his wil about a resident's abi activity, the resident's consulted to obtain a resident's capabilities This Rule is not met Based on observation facility failed to impler that promoted the act residents. The findings are: Observation of the No calendar posted in the -Activities included fo exercise, nails, Mond on television, Thursda Friday night wrestling bingo, movie night, ga -On 11/05/19 from 10 scheduled activity.	all residents but is not to to participate in any II. If there is a question lity to participate in an physician shall be statement regarding the as evidenced by:	D 315			
	was scheduled activit	00pm-5:00pm "Tic-Tac-Toe" y. /19 between 8:30am and 5:45pm revealed no				
		/19 between 8:30am and activities were offered or				

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		HAL036004	B. WING		11	/06/2019
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,			
OSEWO	OD ASSISTED LIVING		RTH MARIETTA STR NIA, NC 28052	(EE I		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT	
D 315	Continued From page	e 14	D 315			
	revealed: -He was not aware of did he know there wa -He would do activitie what they were. Interview with a seco 9:02am revealed som bingo but not very oft Interview with a third 9:19am revealed: -She had been at the -Some residents wou outside or watch televe aware of any other act Interview with a fourth 9:30am revealed: -They watched televis -It did get boring watch -He would participate Interview with a fifth r 9:53am revealed "We watch TV and smoke Interview with a sixth 4:21pm revealed: -He had resided at th -He was not aware of the facility. -He watched television -He did not know if th	resident on 11/05/19 at facility for several years. Id walk to the store or go vision, but she was not ctivities. In resident on 11/05/19 at sion most of the time. ching tv day after day. if they had activities. esident on 11/05/19 at e don't do anything but ." resident on 11/05/19 at e facility for about a month. f any activities provided by				
		6/19 at 10:00am of a cabinet				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		HAL036004			11/06/2019		
AME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
OSEWOO	DD ASSISTED LIVING		RTH MARIETTA STR NIA, NC 28052	REET			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
D 315	Continued From page	e 15	D 315				
	in the hallway beside the kitchen revealed:						
	-There were four boar	rd games.					
	-There were about 10	puzzles of various sizes.					
	Interview with the Administrator on 11/06/19 at						
	10:20pm revealed:						
	-She was certified as the Activity Director (AD).						
	-She was responsible for making the activity						
	calendar, but she had allowed another staff member to do it for November 2019.						
	-She could plan things for the residents, but they						
	did not want to do anything unless it was for						
	cigarettes or money.						
	-The volunteer that came in on the weekend for						
	Bible study had to pay the residents a dollar to get them to participate.						
	-She thought there had been a resident who had						
	her nails done.						
	-She was not aware of the exercise activity for						
	the morning of 11/06/	ts to wait to play bingo on					
		nner as they might have					
	more participation.						
		pingo was not conducted					
	after dinner as she ha	ad suggested. nsportation also helped do					
		ere was an appointment that					
	took priority.	·····					
		t Care Director would also					
	do activities with the r	residents when they could.					