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
	HAL049004	A. BUILDING: _____ B. WING _____	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ASSISTED LIVING	3134 HARMONY HIGHWAY HARMONY, NC 28634

(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 from January 10, 2024 to January 11, 2024.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 5 sampled residents (#3 and #4) were tested for Tuberculosis (TB) disease in compliance with the guidelines from the Commission for Public Health. The findings are: 1. Review of Resident #3's FL2 dated 06/16/23 revealed diagnosis included dysphagia and Down Syndrome. Review of Resident #3's Resident Register revealed he was admitted to the facility on 03/02/21. Review of Resident #3's record on 01/10/24 revealed:	D 234	All residents will have a tb test before admission. facility will make sure that 2nd step is done through the health department, Home Health or Doctor. TB test will be placed in a book & will be audited monthly by Administrator or Resident Care Director. This will be up to date by March 1st Second Step TB will be done within 30 days of admission. SW	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/13/24

STATE FORM 6899 O8QC11 If continuation sheet 1 of 3

Reviewed and Acknowledged 03/01/24 ssd
Sharon Dunton RN

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D 234	Continued From page 1 -There was a report of a tuberculosis (TB) screening evaluation dated 03/02/21. -The report showed the first TB test was completed 03/05/21. -There was no record of the second step TB test being completed. Interview with Resident #3 on 01/11/24 at 9:48am revealed he could not remember if he had a second step TB test done after he was admitted to the facility. Refer to interview with the Administrator on 01/11/24 at 3:30pm. 2. Review of Resident #4's FL2 dated 09/15/2023 revealed diagnoses included chronic obstructive pulmonary disease, schizoaffective disorder, and chronic pain syndrome. Review of Resident #4's Resident Register revealed he was admitted to the facility on 06/14/21. Review of Resident #4's record on 01/10/2024 revealed: -There was a report of a tuberculosis (TB) screening evaluation dated 09/15/2023. -The report revealed the TB test was given on 09/15/2023 and was written as second step TB. -There was no record of the first step TB test was completed. Attempted interview with Resident #4 on 1/11/24 at 11:25am was unsuccessful. Refer to interview with the Administrator on 01/11/24 at 3:30pm.	D 234		

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D 234	Continued From page 2 Interview with the Administrator on 01/11/24 at 3:30pm revealed: -She did not know Resident #3 did not have a second step TB test completed. -Resident #3 was admitted when she became Administrator and the Administrator before her admitted Resident #3. -Resident #4 was admitted from a hospital and would have had a TB test before admission to the facility. -She did not know where it was recorded but knew it was done as she thought it was done with the Covid-19 vaccine. -The Administrator was responsible for all TB tests being completed. -They completed monthly audits of the residents' records randomly but not for TB testing. -She was sure the TB tests were completed but she could not find the forms. -She would audit all the charts to make sure all TB testing was completed.	D 234		