

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 000	<p>Initial Comments</p> <p>This is a Report of a Biennial Construction Survey by Greg Cates and Ed Miller on April 8, 2015.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about August 1, 1968 for Forty-Eight (48) resident beds. Based on this information, we are requiring the facility to meet the 1971 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1967 Edition of the North Carolina State Building Code-Section 407(D) Institutional Occupancy.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows:</p> <p>(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to provide adequate fire protection coverage in the</p>	C 101		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 101	Continued From page 1  basement.  Findings include:  a- The basement is divided in to several rooms with doors including but not limited to resident storage, laundry, and record storage however, they are not protected by any means of heat or smoke detection. b- The doors located at the top and bottom of the stair leading to/ from the basement and the resident area are hollow core doors and are not equipped with closers. On the date of the survey, the door at the bottom of the stairs was propped open.	C 101		
C 155	Floors-Non-skid, in Good Repair  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the floors clean and repaired.  Findings include:  a- In the following rooms, the floor tiles are chipped, cracked, or broken. Rooms include but are not limited to: 1- Resident Room 5 2- Women ' s Shower Room	C 155		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 155	<p>Continued From page 2</p> <p>3- Resident Room 4 4- Bathroom in Room 19</p> <p>2- Based on observations, the facility has failed to maintain the walls and ceiling in a clean and well maintained manner.</p> <p>Findings include:</p> <p>a- In the Men ' s Tub Room, there are wall patches that are unfinished. b- In the bathroom of Resident Room #16, the walls needs patching under the sink. c- In Resident Room #17, there is a hole in the wall behind the door where the door knob hits it. d- The paint on the ceiling in the Activity Office is peeling. e- The paint is chipped and peeling on the half-wall between the Dining and Living Rooms. f- The ceiling is stained and the paint is peeling in the Living Room from a past leak.</p>	C 155		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the exterior of the facility is not being maintained in a clean and safe manner.</p> <p>Findings include:</p>	C 160		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 160	Continued From page 3  a- The paint on the windows, fascias, soffits, and gutters is peeling, allowing bare wood to be exposed and increasing the possibility of rot to occur. b- The gutters are full of leaves and debris and plants are beginning to grow from them. c- The exterior door handle at the screen door at the end of the resident hall has fallen off. d- Several of the downspouts have disconnected from the gutters and at least one has rusted out completely and is in need of replacing. e- At the exterior EXIT stairs leading from the Living Area, there is a lot of rotten wood debris where a roof leak has rotted the soffit and the rotten wood has fallen, exposing a large hole into the attic. f- At the exterior EXIT stairs leading from the Living Area, there are several large, active wasp nests. g- There are several broken and damaged pieces of yard furniture and other discarded items located near the kitchen exterior entrance. h- At the main entrance, there are approximately 20 empty cans of cat food and other assorted trash accumulated beside the steps.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 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; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>721 NORTH MARIETTA STREET GASTONIA, NC 28052</b>		
(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
C 164	Continued From page 4  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the furniture clean and in good repair.  Findings include:  a- In Resident Room #11, there is a chair with a torn seat bottom. b- In Resident Room #9, the reclining chair is stained and smells of urine. c- Many of the wood dressers in the Resident Rooms are missing at least one knob on the drawers, and often both knobs are missing making it nearly impossible to open the drawer. Locations of specific examples include but are not limited to: 1- Room #7 2- Room #5 3- Room #17 d- Most of the wood dressers and night stands in the Resident Rooms are severely discolored, stained on the tops, or broken. Locations of specific examples of conditions include but are not limited to: 1- Room #7- Dresser stained 2- Room #14- Dresser broken 3- Room #17- Dresser stained 4- Room #18- Dresser broken 5- Room #2- Dresser broken 6- Room #20- Dresser broken e- The Dining Room chair seats were once covered in plastic which is disintegrated or torn. f- There are several wood and vinyl chairs in the Living Room that are broken or the cushion is torn.	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 166	<p>Continued From page 5</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1- Based on observation, the facility has failed to maintain the building in a safe and operating manner.</p> <p>Findings include:</p> <p>a- In the Men ' s Tub Room, the floor is out of level where the floor has been patched which may cause a tripping hazard. b- In the Women ' s Shower Room, the grab bar has been removed beside the commode. c- The metal transition floor strip at the corridor door to the Women ' s Shower Room is bent and loose. d- The sub- floor at the door to the Women ' s Tub Room is very soft and spongey. e- The sub-floor in the private bath of Room 19 is soft and spongey. f- There are numerous active wasp nests at the Living Room EXIT stair. g- One of the basement exterior doors has been partially repaired, leaving large openings that may allow small animals and/or insects into the building. h- The wall at the washing machine in the Laundry has been opened and is in need of patching and a finish applied.</p>	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 174	Continued From page 6	C 174		
C 174	<p>Bedroom Furnishings-Table, Mirror, Chairs</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:</p> <ul style="list-style-type: none"> <li>(2) a bedside type table;</li> <li>(3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;</li> <li>(4) a wall or dresser mirror that can be used by each resident;</li> <li>(5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising;</li> <li>(6) additional chairs available, as needed, for use by visitors;</li> </ul> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations, the facility has failed to provide resident rooms with the required furniture for the number of residents.</p> <p>Findings include:</p> <p>a- Nearly all resident rooms lacked a sufficient quantity of arm chairs for the number of residents in the room. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>1- Room #8 (3 Residents) - 1 Chair</li> <li>2- Room #7 (2 Residents) - 1 Chair</li> <li>3- Room #15 (3 Residents) - 2 Chairs</li> <li>4- Room #5 (3 Residents) - 1 Chair</li> <li>5- Room #4 (4 Residents) - 0 Chairs</li> <li>6- Room #3 (3 Residents) - 1 Chair</li> <li>7- Room #17 (1 Resident) - 0 Chairs</li> </ul>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 174	Continued From page 7  8- Room #2 (3 Residents) - 0 Chairs 9- Room #19 (1 Resident) - 0 Chair 10- Room #20 (3 Residents) - 1 Chair  b- Many resident beds are not provided with a bedside lamp or light near the bed. c- Many resident rooms are not provided with night stands or bedside tables. Locations of specific examples include but are not limited to: 1- Room #7 (2 Residents) 1 Night stand 2- Room #14 (3 Residents) 0 Night stands 3- Room #15 (3 Residents) 2 Night stands 4- Room #4 (4 Residents) 3 Night stands 5- Room #18 (1 Resident) 0 Night stand 6- Room #2 (3 Residents) 0 Night stands 7- Room #20 (3 Residents) 1 Night stand	C 174		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that the fire safety, electrical, mechanical, and plumbing systems are maintained safe and operating. These deficiencies may affect residents, staff, or visitors in the facility.  Findings include:	C 189		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 189	<p>Continued From page 8</p> <p>a- There are two water leaks in the crawlspace of the facility which are leaking into the basement leaving approximately ½ inch of water on floor throughout the basement.</p> <p>b- The exterior light at the resident hall EXIT is not working.</p> <p>c- There is no light in the Men ' s Tub Room.</p> <p>d- The light in the bathroom for Room 16 does not work.</p> <p>e- The water supply to the sink, toilet, and tub has been turned off.</p> <p>f- The light in the Women ' s Tub Room does not work</p> <p>g- The commode in the Half-Bath next to the Kitchen is loose at the connection to the floor.</p> <p>h- The HVAC return grilles in the Kitchen, Living, and Dining Room are coated with dust.</p> <p>i- The ceiling fan on the smoking porch is missing the globe to the light fixture.</p> <p>j- The EXIT / Emergency Light combination fixture located in the Living Room does not illuminate on battery power.</p> <p>k- The kitchen hood fire-suppression system is red-tagged non-compliant with the requirement for a hydro-static test.</p> <p>l- The EXIT stair from the Living Room is partially blocked with trash and debris.</p> <p>2- Based on observations, the facility failed to ensure that the one-hour rating of the ceiling was maintained.</p> <p>Findings include:</p> <p>a- There is a large gap between the laundry chute in the basement and the drywall ceiling that is not protected by fire-caulk or another fire-stopping method.</p> <p>b- There are several areas in the basement</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 189	Continued From page 9  Laundry Room where the ceiling has been damaged by past water leaks. c- There are two pipe penetrations in the ceiling of the Shaving Room that are not protected by fire-caulk or another approved fire-stopping method.	C 189		
C 127	Storage Areas-Bedroom Closets  C. The Building 3. Arrangement and size of rooms. Each home shall provide: g. Storage areas (6) Bedroom closets Large enough to provide each resident with approximately 6 square feet of clothing storage space.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to provide the appropriate closet space per resident in the resident rooms in accordance with this 1971 minimum standard.  Findings include:  a- Based on the number of residents, many of the rooms are not provided with the required square footage of closet space. Rooms and conditions include but are not limited to: 1- Room #8 (3 Residents) - no closet; one (2' x3') wardrobe 2- Room #7 (2 Residents) - no closet; one (2' x3') wardrobe 3- Room #15 (3 Residents) - no closet; no wardrobe 4- Room #5 (3 Residents) - no closet; two (2x3) wardrobes	C 127		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
--	--	---	---

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

(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
C 127	Continued From page 10  5- Room #4 (4 Residents) - 1 (2' x3' ) closet; one (2' x3' ) wardrobe; 1 (2' x2' ) wardrobe 6- Room #3 (3 Residents) - no closet; one (2' x3' ) wardrobe; 1 (2' x2' ) wardrobe 7- Room #2 (3 Residents) - no closet; two (2' x3' ) wardrobes 8- Room #20 (3 Residents) - no closet; one (2' x3' ) wardrobe	C 127		