

921042

PRINTED: 04/22/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL038004		X2) MULTIPLE CONSTRUCTION A. BUILDING: P1 B. WING: _____		X3) DATE SURVEY COMPLETED MAY 11 2015	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH MARIETTA STREET GASTONIA, NC 28052					
ID PREFIX TAG		DEFICIENCY IDENTIFYING INFORMATION		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	

CONSTRUCTION SECTION

RECEIVED

OCT 07 2015

RECEIVED

C 000 Initial Comments

This is a Report of by Greg Cates and

Based on informal Facility was first licensed on or about August 1, 1958 for Forty-Eight (48) residential beds. Based on information, we are requiring the facility to meet the 1971 Rules for Adult Care Homes, applicable Regulations for Adult Care Homes, and the 1967 Edition of the North Carolina Code-Section 407C

Biennial Construction Survey and Miller on April 3, 2015.

gathered from our files, the set or submitted for August 1, 1958 for residential beds. Based on this requiring the facility to meet a licensing of Adult Care Homes, and the 1967 or the State Building Institutional Occupancy.

C 000

Our Maintenance Staff will install smoke detectors in all areas of the basement to assure our alarms will sound in the case of a fire.

5/19/15

C 101 Existing Licensed Facility

SECTION .0300 - 10A NCAC 13F .03 PHYSICAL PLANT

The physical plant of a care home shall be:

(2) Except where otherwise specified, existing facilities of licensed facilities shall meet requirements in effect at the time of construction, renovation, or alteration; however in no case shall the requirements for no addition or renovation be less than those requirements for "Minimum and Design Standards" for "Health Care Facilities" of the Health Service Regulation, North Carolina.

This Rule is not met 1- Based on observations, the facility failed to provide adequate fire protection coverage in the

Physical Plant Requirements for Adult Care Homes shall be as follows:

1- Existing facilities shall ensure and continue at the time of construction, renovation, or alteration; however in no case shall the requirements for no addition or renovation be less than those requirements for "Minimum and Design Standards" for "Health Care Facilities" of the Health Service Regulation, North Carolina, 27803 at no cost;

is evidenced by observations, the facility failed to provide adequate fire protection coverage in the

C 101

Management assured this to be done as requested to ensure a timely completion.

Maintenance will monitor monthly to assure we are in compliance with the Rule. CBS will continue to perform complete inspection

5/20/15

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shannon Jamerson</i>	TITLE <i>Administrator</i>	DATE <i>5/4/15</i>
--	--	-------------------------------	-----------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2015
--	---	---	--

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY REGULATORY OR IDENTIFYING INFORMATION)	DEFICIENCY TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From previous basement. Findings include: a- The basement is not protected in to several rooms but not limited to resident record storage. However, they are not protected by any means of fire or smoke detection. b- The doors located at the top and bottom of the stair leading to/ from the resident area are not equipped with closers. On the date of the survey, the door at the bottom of the stairs was propped open.	C 101	on our system every 6 months to assure Residents safety. The Maintenance staff will replace all chipped, cracked or broken tile to assure that the floors are smooth, non skid and cleanable. These repairs will be completed by 5/30/15. The Administrator will monitor the floors monthly to assure they are in good repair and in compliance with the rule.	5/30/15
C 155	Floors-Non-skid, in good repair SECTION 10A NCAC 13F .03 ENVIRONMENT (1) The requirements for floors are: (1) All floors shall be of smooth, non-slip material and so constructed as to be easily cleaned; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not based on observations, the facility failed to maintain the floors and repairs. 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 2- Women's Restroom	C 155	These repairs will be completed by 5/30/15. The Administrator will monitor the floors monthly to assure they are in good repair and in compliance with the rule.	

Division of Health Service Regulation		Statement of Deficiencies and Plan of Correction		Facility Information		Multiple Construction		Date Survey Completed	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING: () B. WING: ()		X3) DATE SURVEY COMPLETED		04/08/2015	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH MARIETTA STREET GASTONIA, NC 28052		IDENTIFYING INFORMATION		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT (EACH DEFICIENCY REGULATORY OR STANDARD)	DEFICIENCY IDENTIFYING INFORMATION	DATE	DEFICIENCY IDENTIFYING INFORMATION	DATE	DEFICIENCY IDENTIFYING INFORMATION	DATE	DEFICIENCY IDENTIFYING INFORMATION	DATE
C 155	Continued From page 2 3- Resident Room 4- Bathroom 2- Based on observations, the facility has failed to maintain the walls and ceiling in a clean and well-maintained manner. Findings include: a- In the Men's Toilet Room, there are wall patches that are visible. b- In the bathroom walls needs patching. c- In Resident Room #13, the wall behind the door where the door knob hits it, the paint on the ceiling is chipping and peeling on the half-wall between the Dining and Living Rooms. d- The ceiling is stained and the paint is peeling in the Living Room from a pest leak.	2 19		C 155		The Maintenance staff will repair and paint the walls and ceiling to assure there are no holes, leaks or peeling paint to be in compliance with the rules. This will be done by 5/30/15. The Administrator will monitor this monthly to assure all repairs are completed and maintained and in compliance with the rules.		5/30/15	
C 160	Outside Premises - Section .0300 - F 10A NCAC 13F .03 ENVIRONMENT (m) The requirements (1) The outside grounds facilities shall be maintained in a clean and safe condition; This Rule is not mandatory. 1- Based on observations, the exterior of the facility is not being maintained in a clean and safe manner. Findings include:	1- Safe PHYSICAL PLAN PHYSICAL The exterior premises are in a clean and safe condition. is evidenced by observations, the exterior of the facility is not being maintained in a clean and safe manner.		C 160					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL03600	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 1 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2015	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH MARIETTA STREET GASTONIA, NC 28052			
(X4) ID PREFIX TAG	SUMMARY STATEMENT (EACH DEFICIENCY REGULATORY OR STANDARD)	IDENTIFYING INFORMATION (FACILITY NAME)	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 p. 1 a- The paint on the gutters is peeling, exposed and increasing the possibility of rot to occur. b- The gutters are plants are beginning to grow from them. c- The exterior door at the end of the residence has fallen off. d- Several of the downspouts have disconnected completely and is in need of replacement. e- At the exterior of Living Area, there is a roof leak where a rotten wood has fallen into the attic. f- At the exterior of Living Area, there are several wasp nests. g- There are several pieces of yard furniture located near the kitchen. h- At the main entrance, there are approximately 20 empty cans of trash accumulated.	Windows, fascias, soffits, and downspouts are in need of repair to be replaced. Leaves and debris are collected in front of the door at the end of the residence. Downspouts have disconnected at least one has to be replaced. Stairs leading from the living area are in need of repair. The rotten wood debris is being removed and the hole is being patched. Stairs leading from the living area are in need of repair. Several large, old wasp nests are present. Broken and damaged pieces of yard furniture are being discarded. At the main entrance, there are approximately 20 empty cans of trash accumulated.	C 160	The Maintenance staff will clean out all gutters to assure they are clean and free of leaves and debris. The Maintenance staff will remove all rusted gutters and replace them to assure we are in compliance. The Maintenance will continue to work with our Roofing Company Roof Options to repair the rotted wood in the attic so that it will be free of any holes or broken gutters. The Administrator will contact Orkin to spray around the outside of the facility.	5/30/15
C 164	Housekeeping and SECTION 0300 - FURNISHINGS (a) Adult care home shall: (1) have walls, ceiling, and floors or floor coverings kept clean and in good repair; (2) have no chronic or persistent odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.	Housekeeping-Clean, Repaired	C 164		

Division of Health Service Regulation
STATE FORM 1000

Division of Health Service Regulation

Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL03600	(X2) MULTIPLE CONSTRUCTION A. BUILDING: () B. WING: ()	(X3) DATE SURVEY COMPLETED 04/06/2015
--	--	--	--

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

(X4) ID PREFIX TAG	SUMMARY BY (EACH DEFICIENCY REGULATORY OR IDENTIFYING INFORMATION)	STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL 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	<p>as evidenced by:</p> <p>1- Based on observations, the facility has failed to clean and in good repair.</p> <p>Findings include:</p> <p>a- In Resident Room #11, there is a chair with a torn seat bottom.</p> <p>b- In Resident Room #9, the reclining chair is worn.</p> <p>c- Many of the wood dressers in the Resident Rooms are missing drawers, and often making it nearly impossible to open the drawers. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> 1- Room #7 2- Room #5 3- Room #17 <p>d- Most of the wood dressers and nightstands in the Resident Room are severely discolored, worn, or broken. Locations of conditions include but are not limited to:</p> <ul style="list-style-type: none"> 1- Room #7- Dresser stained ✓ 2- Room #14- I dresser broken ✓ 3- Room #17- I dresser stained ✓ 4- Room #18- I dresser broken ✓ 5- Room #2- Dresser broken ✓ 6- Room #20- I dresser broken ✓ <p>e- The Dining Room is covered in plastic with a disintegrated floor.</p> <p>f- There are several broken or the cushion is torn.</p>	C 164	<p>to free up any active wasp nests. The Maintenance staff will remove all broken or damaged pieces of yard furniture and other discarded items from the outside of the Facility to assure the building is in compliance with the Rule. All of the above will be monitored by the Administrator on a monthly basis to assure the facility is maintained and is compliant with the Rule. Management agrees</p>	5/30/15
C 166	Housekeeping-Maintenance	<p>lined Free of Hazards</p>	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER: HAL03600	PLI R/CLIA NUMBER: A. BUILDING: 1 B. WING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 1 B. WING:	(X3) DATE SURVEY COMPLETED 04/08/2016
--	---	--	--	--

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY REGULATORY OR IDENTIFYING INFORMATION)	DEFICIENCY IDENTIFICATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	---	---------------------------	---------------	---	--------------------

C 166	Continued From page 1 SECTION .0300 - 10A NCAC 13F .01: FURNISHINGS (a) Adult care homes shall be maintained in an orderly manner, free of fire hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not applicable to: 1- Based on observation, the building does not maintain the building in a safe and sound manner. Findings include: a- In the Men's Toilet Room, the floor is cut out level where the floor has been patched which may cause a tripping hazard. b- In the Women's Locker Room, the grab bar has been removed inside the commode. c- The metal transition strip at the door to the Women's Shower Room is bent and loose. d- The sub-floor at the Tub Room is very soft and spongy. e- The sub-floor in the private bath of Room 19 is soft and spongy. f- There are numerous active wasp nests at the Living Room EXIT. g- One of the basement exterior doors has been partially repaired, it allows small animals and insects into the building. h- The wall at the Laundry has been patched and a finish machine is in need and is in need of applied.	REGULATORY OR IDENTIFYING INFORMATION	C 166	<i>This will be done as requested to assure a timely completion to assure all areas are in compliance by 5/30/15. The Maintenance shall remove all furnishings that are torn, soiled or discolored and replace or repair all to be in compliance with the rule. This will be repaired & completed by 5/30/15. The D.H.C. will monitor all furnishings monthly to assure that all areas are maintained & kept in good repair to be in compliance with the rule.</i>	5/30/15
-------	--	---------------------------------------	-------	--	---------

Division of Health Service Regulation		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL03600	(X2) MULTIPLE CONSTRUCTION A. BUILDING: () B. WING: ()	(X3) DATE SURVEY COMPLETED 04/08/2015
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH MARIETTA STREET GASTONIA, NC 28052				
(X4) ID PREFIX TAG	SUMMARY OF DEFICIENCY (EACH DEFICIENCY REGULATORY OR SECTION)	DEFICIENCY IDENTIFYING INFORMATION	CLASSIFICATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174 C 174	Continued From page Bedroom Furnishings SECTION .0300 - 10A NCAC 13F .01: FURNISHINGS (b) Each bedroom furnishings in good repair and clean for each resident: (2) a bedside type chest of drawers provided as built-in drawers or double drawers; (4) a wall or dress mirror that can be used by each resident; (5) a minimum of one (1) or straight, arm or high end chair (rocker or chair) available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities. This Rule is not meant to be based on observations provide resident room for the number of residents. Findings include: a- Nearly all resident rooms lacked a sufficient quantity of arm chairs in the room. Locations include but are not limited to: 1- Room #8 (3 residents) - 1 Chair 2- Room #7 (2 residents) - 1 Chair 3- Room #15 (3 residents) - 2 Chairs 4- Room #5 (3 residents) - 1 Chair 5- Room #4 (4 residents) - 0 Chairs 6- Room #3 (3 residents) - 1 Chair 7- Room #17 (1 resident) - 0 Chairs	SECTION .0300 - 10A NCAC 13F .01: FURNISHINGS (b) Each bedroom furnishings in good repair and clean for each resident: (2) a bedside type chest of drawers provided as built-in drawers or double drawers; (4) a wall or dress mirror that can be used by each resident; (5) a minimum of one (1) or straight, arm or high end chair (rocker or chair) available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities. This Rule is not meant to be based on observations provide resident room for the number of residents. Findings include: a- Nearly all resident rooms lacked a sufficient quantity of arm chairs in the room. Locations include but are not limited to: 1- Room #8 (3 residents) - 1 Chair 2- Room #7 (2 residents) - 1 Chair 3- Room #15 (3 residents) - 2 Chairs 4- Room #5 (3 residents) - 1 Chair 5- Room #4 (4 residents) - 0 Chairs 6- Room #3 (3 residents) - 1 Chair 7- Room #17 (1 resident) - 0 Chairs	SECTION .0300 - 10A NCAC 13F .01: FURNISHINGS (b) Each bedroom furnishings in good repair and clean for each resident: (2) a bedside type chest of drawers provided as built-in drawers or double drawers; (4) a wall or dress mirror that can be used by each resident; (5) a minimum of one (1) or straight, arm or high end chair (rocker or chair) available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities. This Rule is not meant to be based on observations provide resident room for the number of residents. Findings include: a- Nearly all resident rooms lacked a sufficient quantity of arm chairs in the room. Locations include but are not limited to: 1- Room #8 (3 residents) - 1 Chair 2- Room #7 (2 residents) - 1 Chair 3- Room #15 (3 residents) - 2 Chairs 4- Room #5 (3 residents) - 1 Chair 5- Room #4 (4 residents) - 0 Chairs 6- Room #3 (3 residents) - 1 Chair 7- Room #17 (1 resident) - 0 Chairs	C 174 C 174	To assure the facility is in compliance with the Rule, the Maintenance staff will place a chair to every bed in each room. Each bed will be provided a lamp and night stand for each room. This will be completed by May 30/2015. This will be monitored by the administrator monthly to assure the rule is being met and the facility remains in compliance.	5/30/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER: HAL03600	PLA/RCLIA NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 1 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2015	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH MARIETTA STREET GASTONIA, NC 28052				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY REGULATORY OR IDENTIFYING INFORMATION)	DATE IDENTIFIED	BY FULL NAME (IDN)	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 1 8- Room #2 (3 residents) - 0 Chair 9- Room #19 (Resident) - 0 Chair 10- Room #20 (Residents) - 1 Chair b- Many resident bedside lamps or lights are not provided near the bed. c- Many resident rooms are not provided with night stands or bedside tables. Location of furniture but are not limited to: 1- Room #7 (2 residents) 1 Night stand 2- Room #14 (Residents) 0 Night stands 3- Room #15 (Residents) 2 Night stands 4- Room #4 (4 residents) 3 Night stands 5- Room #18 (Resident) 0 Night stand 6- Room #2 (3 residents) 0 Night stands 7- Room #20 (Residents) 1 Night stand			C 174		
C 189	Building Equipment maintained Safe Operating SECTION .0300 - PHYSICAL PLAN - OTHER REQUIREMENTS (a) The building 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 existing facilities which shall not apply This Rule is not met 1- Based on observations, the fire and plumbing systems are not operating. These deficiencies 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: HAL03600	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 11 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2015
--	--	---	--

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

(X4) ID PREFIX TAG	SUMMARY OF DEFICIENCY (EACH DEFICIENCY REGULATORY OR SUMMARY OF DEFICIENCY)	DEFICIENCY 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 188	<p>a- There are two water leaks in the basement of the facility which are leaking approximately 1/2 inch of water on the floor throughout the basement.</p> <p>b- The exterior light not working.</p> <p>c- There is no light in the Men's Toilet Room.</p> <p>d- The light in the Men's Toilet Room for Room 11 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 Men's Toilet Room does not work.</p> <p>g- The commode in the Kitchen is loose at the connection to the floor.</p> <p>h- The HVAC return and Dining Room are created with dust.</p> <p>i- The ceiling fan on the globe to the light fixture located in the living room does not illuminate on battery.</p> <p>j- The kitchen hood suppression system is not listed with the manufacturer.</p> <p>k- The EXIT stair fire door is partially blocked with trash.</p> <p>2- Based on observations, the facility failed to ensure that the one-way door was maintained.</p> <p>Findings include:</p> <p>a- There is a large hole in the basement and protected by fire-caul method.</p> <p>b- There are several cracks in the basement.</p>	C 189	<p>The Management has contracted with Leo Lester and all the leaks in the basement has been repaired and all water has been dried out on 4/10/15.</p> <p>The Maintenance staff will repair all lights that are not working. This will be completed by 5/30/15 and the Administrator will monitor these areas monthly to ensure the facility is in compliance with the Rule. The Administrator will contact the Plumber Ivan Mitchell and have him to repair the commode.</p>	4/10/15
-------	-------------------------	---	-------	--	---------

Division of Health Service Regulation
STATE FORM

489 G91 21

If continuation sheet 9 of 11

FCS
204 377 3022
AUG 2015
WET CHEM 845.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/CLIA IDENTIFICATION NUMBER: HAL03600	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 11 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2015
--	---	---	--

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY REGULATORY OR 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 3 Laundry Room which was damaged by past water leaks. There are two penetrations in the ceiling of the Shaving Room that are not protected by fire-caulk or another approved fire stopping method.	C 189	by the kitchen this will be done by 5/30/15 and the Maintenance will monitor this area to assure the commode is tightened @ all times to assure the facility is in compliance with the rule. The Maintenance will also will repair and clean the HVAC grilles in the kitchen and replace the globe on the porch and remove any debris from the exit way. This will be done by 5/31/15 this will be monitored by the Administrator monthly to assure the facility is in compliance with the rule.	5/30/15
C 127	Storage Areas-Berenson Closets C. The Building 3. Arrangement of Each home shall provide storage areas (8) Bedroom closets Large enough to provide approximately 6 sq space. This Rule is not mandatory. Based on observations, the facility has failed to provide the appropriate closet space for resident in accordance with this rule. Findings include: a- Based on the number of residents, many of the rooms are not provided with the required square feet. Rooms and conditions include to: 1- Room #8 (3 one (2' x3') wardrobe 2- Room #7 (2 one (2' x3') wardrobe 3- Room #15 (3 no wardrobe 4- Room #5 (3 two (2x3) wardrobe	C 127		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(1) PROVIDER IDENTIFICATION NUMBER: HAL03814	(2) MULTIFAMILY CONSTRUCTION A. BUILDING: 01 B. WING: _____	(3) DATE SURVEY COMPLETED 04/08/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
ROSEWOOD ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**721 NORTH MARKET STREET
GASTONIA, NC 28028**

(4) ID PREFIX TAG	SUMMARY (EACH DEFICIENCY REGULATORY OR STATE IDENTIFYING INFORMATION)	DATE DEFICIENCY FIRST IDENTIFIED (MM/DD/YYYY)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(5) COMPLETE DATE
-------------------	---	---	---------------	---	-------------------

C 127	Continued From 5- Room #4 Residents - 1 (2' x 3') closet; one (2' x 3') wardrobe; 6- Room #3 Residents - no closet; one (2' x 3') wardrobe; 7- Room #2 Residents - no closet; two (2' x 3') wardrobes 8- Room #20 Residents - no closet; one (2' x 3') wardrobe	Page 10	C 127	<p>The facility is contracted with Fire Safety Control and they have repaired the hole on the stove and the Administrator will monitor monthly to assure this is maintained. The Maintenance staff will apply fire caulk to all areas listed by 5/30/15 and the Administrator will monitor to make sure the facility is in compliance. The maintenance will place wardrobes in all areas where there is not a closet to be in compliance with the Rule. The Administrator will have meeting with Maintenance monthly to assure all areas remain in compliance after completion and send Management a monthly report to assure all Rules are being met.</p>	5/30/15
-------	---	---------	-------	--	---------