	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL036004	B. WING		05/	05/18/2017	
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	05/18/2017		
ROSEWO	OD ASSISTED LIVIN	IG	TH MARIETTA				
		GASTON	IA, NC 28052				
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		ll Construction Survey by ucted on May 18, 2017.					
	August 1, 1968. The for 48 Beds. Theref for conformance wi Licensing of Adult 0 Beds, the 1971 Ru Homes of Seven or time of initial licens	his facility was first licensed on the facility is currently licensed fore the facility was surveyed ith the 2005 Rules for Care Homes of Seven or More les for Licensing of Adult Care r More Beds in effect at the ure and applicable portions of the North Carolina Building Occupancy.					
C 101	Existing Licensed F	ac- No less than '71 Rules	C 101				
	PHYSICAL PLANT The physical plant is care home shall be (2) Except where of licensed facilities of facilities shall meet requirements in effor change in service of renovation, or alter the requirements for no addition or renovation than those requirem "Minimum and Des Regulations" for "H	APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing r portions of existing licensed licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of					
		et as evidenced by: vations, the bedrooms did not ensure Rules requiring that					

STATEME	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: <b>(</b>	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL036004	B. WING		05/	18/2017
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
ROSEW	OOD ASSISTED LIVIN	G	H MARIETTA A, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
C 101	<ul> <li>Continued From page 1</li> <li>bedroom closets be large enough to provide each resident with approximately 6 square feet of clothing storage space.</li> <li>Findings on May 18, 2017: <ul> <li>a. Room 4 - is licensed for four Residents. The furnishings include a small closet (approximately 4' wide) and one small wardrobe (approximately 4' wide) giving each Resident approximately 4 square feet of clothing storage space. This is typical for rooms with four Residents.</li> </ul></li></ul>		C 101		- -	
C 160	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (m) The requireme (1) The outside gro	PHYSICAL PLANT	C 160			
	grounds were not m condition. Findings on May 18 a. There was a hol diameter near the fa hazard. b. The crawl space was not secure. Re crawl space and the c. There is a pile of sidewalk near the lo	vealed that the outside naintained in a clean and safe 4, 2017: e in the ground about 6" in aux porch that is a tripping e door near the left side exit esidents had been entering the e area was full of trash. f debris including boards at the ower level entry. al pieces of broken concrete				

STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0			COMPLETED	
		HAL036004	B. WING		05/	18/2017	
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
ROSEW	OOD ASSISTED LIVIN	G		STREET			
			IIA, NC 28052	PROVIDER'S PLAN OF		()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture c	06 HOUSEKEEPING AND es shall: ings, and floors or floor n and in good repair;					
		et as evidenced by: vealed that the cabinets and ot kept clean and in good					
	base cabinets along that has a laminate laminate was worn cabinet doors had s b. Room 20 - the w diameter hole in the veneer is damaged c. Room 3 - the flo d. Room 4 - there w by the closet.	s a built-in countertop with g the back wall of the kitchen surface. The surface of the and had a sticky residue. The stains along the top edge. vardrobe unit had a 1" e door above the pulls and the					
	duct tape. f. Corridor outside of flooring that is so along the soft area g. Women's Bath - damaged or missin h. Women's Bath - the tub area is very creating a tripping h	Room 13 - there is a section oft and spongy and the tile is cracked. there are four tiles that are g at the shower entry. the floor at the threshold to soft and the threshold is loose					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY PLETED
		HAL036004	B. WING		05/	18/2017
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		10/2011
ROSEWO	OOD ASSISTED LIVIN	IG	TH MARIETTA IIA, NC 28052			
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 164	Continued From pa	age 3	C 164			
	mildew in the tile sh j. Women's Bath - settled or is sinking the floor base and the accumulated dirt. damaged at the flook. Room 8 - the floo packages, tobaccoothe floor.	the floor in the tub area has j. There is a 1/2" gap between the floor tile that has The door trim is rotting and or. pors are dirty. There are food juice stains and other trash or floor base in the toilet area				
	2. Observations re kept clean and in g	evealed that the floors were not od repair.				
	the facility. The tile Interview with Staff replace all of the flo b. Room 20 - the fl Broken pieces of til	VCT tile throughout most of a is worn and stained. revealed that they intend to poring. loors are dirty and stained. le were found by the door.				
	3. Observations re not maintained in g	vealed that the ceilings were ood repair.				
	cracked in the back b. Janitor's closet ceilings are cracked c. Room 18 - the c damaged. The finis d. Bath off of Roor	e ceiling is bubbled and < corner. - the finishes on the walls and d and flaking. :eiling adjacent to the bath was				
vision of H	e. Laundry Room -	- the ceiling over the laundry ter stains and mold spots.				

	of Health Service Re T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA							
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: (			E SURVEY PLETED			
		HAL036004	B. WING		05/	18/2017			
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE					
ROSEWO	OD ASSISTED LIVIN	IG	TH MARIETTA						
		GASTON	IA, NC 28052			1			
(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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE			
C 174	Bedroom Furnishin	gs-Table, Mirror, Chairs	C 174						
	<ul> <li>Bedroom Furnishings-Table, Mirror, Chairs</li> <li>SECTION .0300 - PHYSICAL PLANT</li> <li>10A NCAC 13F .0306 HOUSEKEEPING AND</li> <li>FURNISHINGS</li> <li>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:</li> <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> <li>(e) This Rule shall apply to new and existing facilities.</li> </ul>								
	1. Observations re were not provided v	et as evidenced by: vealed that the Residents with the minimum amount of ired by the licensure rules.							
	furnishings include	3, 2017: ensed for four Residents. The a one double chest of drawers de), 2 small wardrobes and							
C 189	Building Equipment	t Maintained Safe, Operating	C 189						
		11 OTHER							
	•	umbing equipment in an adult							
sion of He	ealth Service Regulation								

Division	of Health Service Re	egulation				APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: (	CONSTRUCTION D1		E SURVEY PLETED
		HAL036004	B. WING		05/	18/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ROSEW	OOD ASSISTED LIVIN	IG	TH MARIETTA	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 189	Continued From pa	age 5	C 189			
	<ul> <li>operating condition</li> <li>(k) This Rule shall facilities with the exwhich shall not app</li> <li>This Rule is not may</li> <li>This Rule is not may</li> <li>This Rule is not may</li> <li>Observations resystem was not may</li> <li>at two locations.</li> <li>Findings on May 18</li> <li>a. The sprinkler here</li> <li>entrance was wrap</li> <li>prevent the head fr</li> <li>2. Observations re</li> <li>equipment was not</li> <li>condition.</li> <li>Findings on May 18</li> <li>a. The emergency</li> <li>corridor doors lead</li> <li>working.</li> <li>b. The emergency</li> <li>corridor doors did r</li> <li>3. Observations re</li> <li>equipment was not</li> <li>condition.</li> <li>Findings on May 18</li> <li>a. The exterior GF</li> <li>door did not have a</li> </ul>	apply to new and existing acception of Paragraph (e) by to existing facilities. et as evidenced by: evealed that the sprinkler aintained in operating condition 3, 2017: ead on the porch at the front ped in tape which would om activating. evealed that the emergency maintained in operating 3, 2017: light/exit sign at the cross ing into the living area was not light/exit sign at the end cross not light when tested. evealed that the electrical maintained in a safe 3, 2017: Cl outlet outside the kitchen				
		maintained in good operating				

	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: <b>0</b>	)1	COM	PLETED
		HAL036004	B. WING		05/	18/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ROSEW	OOD ASSISTED LIVIN	IG	TH MARIETTA IA, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 6	C 189			
	protected when the There are paint chi	3, 2017: pply vent had not been ceiling was last painted. ps stuck in the vent louvers v of air from the vent.				
	5. Observations revealed that the building was not maintained in a safe manner.					
	found unsecured in	3, 2017: e - five oxygen tanks were the oxygen storage room. ms were stored on the radiator				
		vealed that the facility doors d in operating condition.				
	corridor doors. b. The back cross and latch complete tested. c. Room 8 - the do d. Bath at Room 1	c was not secure at the cross corridor doors did not close ly when the fire alarm was or hardware was loose. 0 - the door from Room 10 to a small hole at the right edge				
		vealed that the plumbing aintained in a clean and				
	was stained and dir b. Bath at Room 1 sink was drained, it running through a p	0 - the joint at the shower wall				

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		(X3) DATE SURVEY COMPLETED				
	HAL036004	B. WING		05/	18/2017			
PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE						
OOD ASSISTED LIVIN	IG		STREET					
		-		CORRECTION				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	D PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE			
Continued From pa	ige 7	C 189						
<ul> <li>c. Men's bath - the the tub.</li> <li>d. Janitor's closet - working and had be of the janitor's closer repairs.</li> <li>e. Women's bath - that the bathroom w Residents were usit this survey. The sh coating of mildew a drain was detached chair in the shower chair was sitting ou f. Women's bath - caulking was separ</li> <li>8. Observations re</li> </ul>	<ul> <li>overflow cap was missing at</li> <li>the utility sink was not</li> <li>een dismantled. The back wall</li> <li>et had been torn out for</li> <li>a sign on the door indicated</li> <li>was out of order. The</li> <li>ng the bathroom at the time of</li> <li>nower walls had a heavy</li> <li>ind soap scum. The floor</li> <li>d. There was a wood and vinyl</li> <li>The seat was wet. A shower</li> <li>tside of the shower.</li> <li>the sink was loose and the</li> <li>rating.</li> <li>vealed that the exterior of the</li> </ul>							
<ul> <li>a. Room 10 - the w</li> <li>b. Can Wash - the the door are rotting</li> <li>c. Right elevation - sides of the dormer curled.</li> <li>d. Right elevation - porch was rotting a</li> <li>e. The paint at the peeling.</li> <li>f. The soffit framing rotting in places. S off leaving exposed</li> <li>g. Portions of the const been painted le exposed.</li> </ul>	vindow screen is damaged. veneer on the panels around and delaminating. the trim at the front edge and above Room 4 is rotting and the fascia trim on the faux t the roof line. window trim was flaking and g along the right side was ections of the paint had flaked twood. overhang at the faux porch had aving unprotected wood							
	OF CORRECTION PROVIDER OR SUPPLIER DOD ASSISTED LIVIN SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From particles of the piping was intact c. Men's bath - the the tub. d. Janitor's closet - working and had be of the janitor's closet - working of mildew a drain was detached chair in the shower chair was sitting out f. Women's bath - caulking was separ 8. Observations re building was not ma Findings on May 18 a. Room 10 - the v b. Can Wash - the the door are rotting c. Right elevation - sides of the dormer curled. d. Right elevation - porch was rotting a e. The paint at the peeling. f. The soffit framing rotting in places. S off leaving exposed g. Portions of the der exposed.	OF CORRECTION       IDENTIFICATION NUMBER:         HAL036004       HAL036004         PROVIDER OR SUPPLIER       STREET AU         DOD ASSISTED LIVING       721 NOR GASTON         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Continued From page 7         the piping was intact.       c. Men's bath - the overflow cap was missing at the tub.       d. Janitor's closet - the utility sink was not working and had been dismantled. The back wall of the janitor's closet had been torn out for repairs.         e. Women's bath - a sign on the door indicated that the bathroom was out of order. The Residents were using the bathroom at the time of this survey. The shower walls had a heavy coating of mildew and soap scum. The floor drain was detached. There was a wood and vinyl chair in the shower. The seat was wet. A shower chair was sitting outside of the shower.         f. Women's bath - the sink was loose and the caulking was separating.         8. Observations revealed that the exterior of the building was not maintained in good condition.         Findings on May 18, 2017: a. Room 10 - the window screen is damaged. b. Can Wash - the veneer on the panels around the door are rotting and delaminating.         c. Right elevation - the fascia trim on the faux porch was rotting at the roof line.         e. The paint at the window trim was flaking and peeling.         f. The soffit framing along the right side was rotting in places. Sections of the paint had flaked off leaving exposed wood.         g. Portions of the overhang at	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING: 0         HAL036004       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         COD ASSISTED LIVING       721 NORTH MARIETTA GASTONIA, NC 28052         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 7       C 189         the piping was intact.       C. Men's bath - the overflow cap was missing at the tub.         d. Janitor's closet - the utility sink was not working and had been dismantled. The back wall of the janitor's closet had been torn out for repairs.         e. Women's bath - a sign on the door indicated that the bathroom was out of order. The Residents were using the bathroom at the time of this survey. The shower walls had a heavy coating of mildew and soap scum. The floor drain was detached. There was a wood and vinyl chair in the shower. The seak was loose and the caulking was separating.         8. Observations revealed that the exterior of the building was not maintained in good condition.         Findings on May 18, 2017: a. Room 10 - the window screen is damaged. b. Can Wash - the veneer on the panels around the door are rotting and delaminating. c. Right elevation - the fascia trim on the faux porch was rotting at the roof line. e. The paint at the window trim was flaking and peeling.         f. The soffit framing along the right side was rotting in places. Sections of the paint had flaked off leaving exposed wood. g. Portions of the overhang at the faux porch had not been painted leaving unprotected wood expose	OF CORRECTION     IDENTIFICATION NUMBER:     A. BUILDING: 01       HAL036004     B. WING       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       SUMMARY STATEMENT OF DEFICIENCIES     ID       SUMMARY STATEMENT OF DEFICIENCIES     ID       REGULATORY OR LSC IDENTIFYING INFORMATION)     PREPIX       Continued From page 7     C 189       the piping was intact.     C. 189       d. Janitor's closet - the utility sink was not working and had been dismantied. The back wall of the janito's closet had been torn out for repairs.       e. Women's bath - a sign on the door indicated that the bathroom was out of order. The Residents were using the bathroom at the time of this survey. The shower walls had a heavy coating of mildew and soap scum. The floor drain was detached. There was a wood and vinyl chair in the solwer. The seat was were. A shower chair was setting outside of the shower.       f. Women's bath - the sink was loose and the caulking was separating.       8. Observations revealed that the exterior of the building was not maintained in good condition.       Findings on May 18, 2017:       a. Room 10 - the window screen is damaged.       b. Can Wash - the ord line.       c. The paint at the window trim was flaking and peeling.       c. The paint at the word trim was flaking and peeling.       c. The paint at the word word.       g. Portions of the overhang at the faxy porch had not been painted leaving unprotected wood exposed. <td>OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING: 01     COM       HAL036004     B. WING     05/       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     COM       SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION AND THE PRECEDED BY FULL     PROVIDERS PLAN OF CORRECTION AND ALL DEFICIENCIES       IMEDUATORY ON LSC DEPICIENCY MUST BE PRECEDED BY FULL     ID     PREFULATORY ON LSC DEPICIENCIES     ID       INFECUENCY ON LSC DEPICIENCIES     ID     PREFULATORY ON LSC DEPICIENCY     COMSSPREFERENCIES AND AND ALL DEFICIENCY       Continued From page 7     C 189     C 189     COMSSPREFERENCY       Continued From page 7     C 189     C 189     DEFICIENCY       Continued From page 7     C 189     C 189     DEFICIENCY       Continued From page 7     C 189     C 189     DEFICIENCY       Continued From auge 7     C 189     C 189     DEFICIENCY       Continued From auge 7     C 189     C 189     DEFICIENCY       Continued From base at a sign on the door indicated that the bathroom at the time of this survey. The shower walls had a heavy coating of mildew and soap scum. The floor drain was detached. There was a wood and vinyl chair in the shower. The seat was wet. A shower chair was sitting outside of the shower.     Somorton the window screen is damaged. D. Can Wash - the veneer on the panels around the door are rotting and clealmating. Contexton - the fascia trim on the faux porch was rotti</td>	OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING: 01     COM       HAL036004     B. WING     05/       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     COM       SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION AND THE PRECEDED BY FULL     PROVIDERS PLAN OF CORRECTION AND ALL DEFICIENCIES       IMEDUATORY ON LSC DEPICIENCY MUST BE PRECEDED BY FULL     ID     PREFULATORY ON LSC DEPICIENCIES     ID       INFECUENCY ON LSC DEPICIENCIES     ID     PREFULATORY ON LSC DEPICIENCY     COMSSPREFERENCIES AND AND ALL DEFICIENCY       Continued From page 7     C 189     C 189     COMSSPREFERENCY       Continued From page 7     C 189     C 189     DEFICIENCY       Continued From page 7     C 189     C 189     DEFICIENCY       Continued From page 7     C 189     C 189     DEFICIENCY       Continued From auge 7     C 189     C 189     DEFICIENCY       Continued From auge 7     C 189     C 189     DEFICIENCY       Continued From base at a sign on the door indicated that the bathroom at the time of this survey. 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NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	1 1	
ROSEWO	DOD ASSISTED LIVIN	IG	TH MARIETTA	STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 8	C 189			
	Rooms 10 and 11. i. The exterior sidir deteriorating betwe the side exit.	and back left outside of ng was rotting and en the open crawl space and screens along the front left				
C 195	Hot Water System		C 195			
	provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C) (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on obser was not maintained degrees F in all of t	11 OTHER system shall be of such size to be supply of hot water to the , laundry, housekeeping ity room. The hot water ixtures used by residents shall minimum of 100 degrees F I shall not exceed 116 degrees apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: vation, the water temperature I between 100 and 116 he Resident bathrooms.				
		3, 2017: ooms 9 and 10 - the water sink was 92 degrees F.				