STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	VI		R	
		HAL036004	B. WING			23/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ROSEWO	OOD ASSISTED LIVIN	ie	TH MARIETTA A, 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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
{C 000}	Initial Comments		{C 000}				
	Biennial Follow-up Frank Strickland or	Construction Survey report by 08/23/2017:					
	correction. However	nave been field verified for er, there are still outstanding quire corrective action and a etion is required.					
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of	06 HOUSEKEEPING AND					
	1-Based on observ	et as evidenced by: ation, this facility has not aning and maintence of the					
	(b) Room 4 - there by the closet. (c). Room 4 - the tr duct tape. (d) Corridor outsid of flooring that is so along the soft area (e) Women's Bath damaged or missin (f) Women's Bath	oors are heavily scuffed. was a broken and missing tile hreshold has been taped with e Room 13 - there is a section oft and spongy and the tile					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
						,	
HAL036004		B. WING		R 08/23/2017			
		TIAE030004			00/2	3/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DOCEW/	OOD ACCICTED LIVIN	721 NOR1	TH MARIETT	A STREET			
KUSEW	OOD ASSISTED LIVIN	GASTONI	A, NC 2805	2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN .	(X5)	
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE	
				22.10.2.10			
{C 164}	Continued From page 1		{C 164}				
	avaatina a trinnina h	-					
	creating a tripping h						
	(0)	ver - the tile base is broken in					
		re is a heavy residue of					
	mildew in the tile sh	- the floor in the tub area has					
		There is a 1/2" gap between					
		the floor tile that has					
		The door trim is rotting and					
	damaged at the floor						
	(i) Room 8 - the floors are dirty. There are food packages, tobacco juice stains and other trash on the floor.						
		e floor base in the toilet area					
	was soft and showi						
		VCT tile throughout most of					
		is worn and stained.					
	Interview with Staff	revealed that they intend to					
	replace all of the flo	ooring.					
	(k) Room 20 - the	floors are dirty and stained.					
	Broken pieces of tile were found by the door. 2- Based on observation, this facility has not maintained the ceilings in good repair.						
	Findings on May 18						
	(a) Men's bath - the ceiling is bubbled and						
	cracked in the back						
		- the finishes on the walls and					
	ceilings are cracked						
		ceiling adjacent to the bath					
		e finish was falling off.					
	` ,	m 18 - the finish on the ceiling					
		to the bedroom are bubbled					
	and flaking.	the coiling over the laundry					
		- the ceiling over the laundry					
	chute had large wa	ter stains and mold spots.					
10 105	5 " " =		(0.455)				
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}				

6899

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	•1	R	
	HAL036004		B. WING		08/23/2017	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ROSEWO	OOD ASSISTED LIVIN	G	H MARIETT A, NC 2805			
(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)		
{C 189}	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app This Rule is not me 7- Based on obsermaintained the plur condition. Findings on 08/23/2 (d) Janitor's closet working and had be	PHYSICAL PLANT 11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: vations, this facility has not inbing fixtures in an operating	{C 189}			
{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	system shall be of such size to e supply of hot water to the , laundry, housekeeping ity room. The hot water xtures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees	{C 195}			

Division of Health Service Regulation

STATE FORM 5899 5M8122 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED			
		HAL036004	B. WING			R 23/2017		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH MARIETTA STREET							
ROSEWO	ROSEWOOD ASSISTED LIVING GASTONIA, 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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE		
{C 195}	Continued From pa	ge 3	{C 195}					
	was not maintained degrees F in all of t Findings on May 18 a. Bath between R	vation, the water temperature between 100 and 116 he Resident bathrooms.						

Division of Health Service Regulation STATE FORM