

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2019
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 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	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 5-20-2019. Records indicate this facility was first licensed on 8-1-1968. The facility is currently licensed for 48 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1967 Edition of the North Carolina Building Code, Institutional Occupancy.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	The Admin has attached a copy of Fire Alarm inspection along with this Report. For Review Please see attached copy.	
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are:	C 160		

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

TITLE

(X6) DATE

Shannen Blalock Jamerson

Administrator

6-5-19

384221

If continuation sheet 1 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2019
--	--	---	---

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 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 1 (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: Based on observation, the outside exit paths were not maintained in a clean and safe condition. Findings on 5-20-2019: a. Tree branches had overgrown the exit path from the exit near the Administrator's office. b. Bushes had overgrown the exit path from the exit near room 10. c. There were leaves inches deep on the exit sidewalk near room 10. d. There was an old piece of cast iron pipe on the exit sidewalk near room 10 creating a trip hazard.	C 160	A, B, C, D Housekeeping and maintenance staff cut and trimmed all trees and removed all debris, i.e., iron pipe, leaves, and branches. This was completed 5/23/19.	5/23/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe condition because of a crush hazard in the basement. Finding on 5-15-2019: A cement block wall, 4 inches thick by 4 feet wide	C 166	#1. The facility will contact an outside contractor and have wall removed this will be done and completed on or before July 1st 2019	7/1/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2019
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 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	Continued From page 2 by 6 feet tall, in the basement near the main electrical panel had become dislodged and was leaning about 10 degrees from vertical supported only by 1/2 inch copper plumbing lines. 2. Based on observation, there was exposed electrical wiring at the emergency light in the corridor near room 5. Exposed wiring could be a hazard to the resident. 3. Based on observation there were hasps and padlocks on the outside of doors off the corridor. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. Findings on 5-20-2019; a. Hasp and padlock on clean linen closet door, b. Hasp and padlock on cleaning supply room door. 4. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding on 5-15-2019: A portable medical oxygen cylinder was stored in no approved container or rack in the oxygen storage room.	C 166	#2) The facility had an electrician come and repair exposed wiring this was completed on 5/27/19 #3) Maintenance removed pad lock from a3b. This was completed 5/23/19. #4) The admin removed the cylinder day of inspection and met with all staff and made aware of proper placement of all cylinders on	5/27/19 5/23/19 5-15-19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/20/2019
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 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 185	Continued From page 3 requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records available onsite failed to meet the Rule above in the following ways. Findings on 5-20-2019; a. Most records did not list the shift, b. Some records did not list the time, c. All records included little to no description of what the rehearsal involved.	C 185	Admin and Resident Care Director interviewed all Supervisors and showed how to Document on each Record. The RCO showed and demonstrated on how to perform a drill and complete the forms. This was completed on 5/24/19	5/24/19
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 observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor	C 189	#1) ^B The facility will contact an outside contractor to add wood to complete gap in the door. This will be done on or before July 19, 2019	2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2019
--	--	--	---

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 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 4</p> <p>doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 5-20-2019;</p> <p>a. There was a coat hanging on a smoke barrier door that would prevent it from closing completely when activated by the fire alarm system. Note; This deficiency was corrected during the survey.</p> <p>b. There was a 1/4 inch gap between smoke barrier doors.</p> <p>c. The door to the vending room would not latch when closed.</p> <p>d. The door to room 17 could not latch because the latchbolt was missing and the door was broken.</p> <p>e. The latchbolt was missing on the door at the bottom of the basement steps.</p> <p>f. There was a hole at the latchset through the door to room 8.</p> <p>g. The latchset was very loose on the door to room 18.</p> <p>h. The door to the cleaning supply room could not latch because latchset parts were missing.</p> <p>i. The astragal was very loose on the Dutch type door to the med room.</p> <p>j. There was a hole through the upper laundry chute where the automatic latching hardware was missing.</p> <p>k. The laundry chute door in the basement was tied open with a metal coat hanger and it was not equipped with latching hardware. Laundry chute doors must automatically close and latch.</p> <p>2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can</p>	C 189	<p>C189 A,C,D,E,F,G,H,I,J,K</p> <p>All has been Repaired By Maintenance Staff This was completed on 5/27/19.</p>	5/27/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036004	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2019
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 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 5 quickly spread to other areas of the facility. Findings on 5-20-2019: a. Hole in the wall to the corridor in room 19, b. A portion, 5 feet by 5 feet, was missing in the ceiling of the basement storage area, c. A portion, 3 feet by 6 feet, of the laundry ceiling was damaged near the laundry chute, d. Plywood patch, 20 inches by 24 inches, on the ceiling in the basement corridor, e. Plywood patch, 24 inches by 48 inches, on the ceiling in the basement corridor. 3. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings on 5-15-2019: a. The exit sign in the basement near the laundry did not work on battery when tested. b. The combination emergency light/exit sign near room 7 did not work on battery when tested. 4. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 5-15-2019; a. Boxes had been stacked to within 4 inches of the ceiling in the pantry. b. Boxes had been stacked to within 8 inches of the ceiling in the basement diaper storage area. 5. Based on observation, there was no documentation of the required in house/owner's monthly inspections since January for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be	C 189	A) completed 5/27/19 By maintenance - B C D E } all to be completed by outside contractor on or before 7/1/19 #3-A; B Completed by FCS on 5/24/19 #4- A; B Removed Day of inspection #5 - Done Day of inspection. Admin met with housekeeping and made him aware	5/27/19 7-1-19 5/27/19 7-1-19 7-1-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2019
--	--	---	---

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 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 6 documented somewhere such as on the tag provided on the extinguisher.	C 189	That it should be completed each month.	
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Finding on 5-15-2019: There was a portable electric heater found in the Administrator's storage room.	C 191	Removed from facility date of inspection.	5-15-19
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in	C 199	Outside contractor will check all areas to assure we are in compliance This will be complete by 7-1-19	7-1-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2019
--	--	---	---

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 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 199	<p>Continued From page 7</p> <p>these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Finding on 5-20-2019; There was no exhaust or window provided in the storage room with the tub.</p>	C 199	<p><i>Refer to page 7 Section 499</i></p>	



CRS Life Safety System Inspect

704 Morris St. Y Charlotte, NC 28202 Y 704.333.7600 Y Fax: 704.333.1753 Y www.crssafetysolutions.com				Date: 1/21/
Customer Account No.:	ROS000	Inspection Site:	Rosewood	Assisted Living
Customer Name:	Rosewood Assisted Living	Site Address:	721 N. Ma	rietta Street
Billing Address:	721 N. Marietta Street			
		City, State, Zip:	Gastonia,	NC 28054
City, State, Zip:	Gastonia, NC 28054	Site Contact:	Linda Lan	caster
Contract Contact:	Linda Lancaster	Phone No(s):		
Phone No(s):		Job No.: 0630-RWX-004	LID No.:	0630
FACP Manufacturer: Fire-Lite		Model Number: MS-4	Location:	Main Lobby
Conventional: X	Addressable:	Notes:		
Electrical Panel No.:	Breaker No.:	Battery Size: 12v 7ah	Qty: 2	
Electrical Panel Location:		Load Voltage:		
Central Station Account No.: CRS-0019		Remote Anunciator: N/A	Location:	

Inspection Results

Initiation Devices					Indicating Devices				
Type	Quoted	Qty.	OK	Notes	Type	Quoted	Qty.	OK	Notes
Smoke Detectors					Audio Visuals				
Photo		13	Yes		Bells		2	YES	
ION					Chimes				
Full Stations		4	Yes		Sync Modules/Type				
Heat Detectors					Horns				
Duct Detectors					Strobes		2	YES	
Photo					Door Holders				
ION					Elevator Recall				
Waterflow Switches		1		TBO	Primary				
Tamper/Supervisory					Alternate				
Switches					Fireman's Hat				
Other					Shunt Trip				
Other					Other				
Circuit Style: B					Circuit Style: B				

No. of alarm initiating appliance circuits: 1	No. of alarm indicating appliance circuits: 2
---	---

Battery Type	Additional System Information
Dry Cell	Are circuits monitored for Integrity? Yes
Nickel-Cadmium	Ground Fault Monitoring? Yes
Sealed Lead-Acid	Digital Transmission? Yes
	Other: _____

Auxiliary Power Supplies	SERVICE
Primary: Nominal Voltage: _____ Amps: _____	See Page 22 for
Overcurrent Protection: Type: _____ Amps: _____	Monthly Inspection Notes.
Power Supply Location: N/A	Quarterly N/A

Storage Battery Size:	Qty:
Customer Name:	
Signature	

Semiannually
Annually
Other

Lead Inspector's Initials: GF
Assist Inspector's Initials:
Date: 1/21/201

Customer - White

CRS - Canary

Fire Department - Pink

Panel - Goldenrod



CRS Life Safety System Inspection

Pg.

Site Address: 721 North Marietta Street

LID: 0630

Date: 1/21/201

Test Notes: No discrepancies.

Recommendations:

Battery Dates:

Main Hallway Fire-Lite MS-4 (06/2017)

Main Hallway SK 5104 (06/2017)

Replacement Device Information:

Device Type: Horn/Strobe, Strobe	Qty. /	Model No. Old Electro-Mechanic Bells	Color: Red
Device Type:	Qty.	Model No.	Color:
Device Type:	Qty.	Model No.	Color:
Device Type:	Qty.	Model No.	Color:
Device Type:	Qty.	Model No.	Color:

REPAIR DIRECTIVE: