STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-060178	A. BUILDING: _____ B. WING _____	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD PROVIDENCE	6827 CURLEE CT CHARLOTTE, NC 28277

(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 The Adult Care Licensure Section conducted an annual survey on December 16, 2025.	C 000		
C 203	10A NCAC 13G .0702 (b) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tubercluosis Test And Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the home and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a medical exam was completed annually for 1 of 3 sampled residents (#3) was updated annually. The findings are: Review of Resident #3's current FL2 dated 10/24/24 revealed: -Diagnoses included intracranial injury with loss of consciousness, general muscle weakness, and cognitive communication deficit.	C 203		

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C 203	Continued From page 1 -She was semi-ambulatory. -She was intermittently disorientated. Review of Resident #3's Resident Register revealed she was admitted to the facility on 10/28/24. Review of Resident #3's care plan dated 10/23/25 revealed: -She was semi-ambulatory. -She required supervision with eating, toileting, ambulation, bathing, dressing, grooming and transfers. Telephone interview with Resident #3's primary care physician (PCP) on 12/16/25 at 11:47pm revealed: -He was responsible for completing a medical examination and a FL2 before admission to the facility. -The Administrator was responsible to notify him when Resident #3 required a yearly medical examination. -After notification from the Administrator, he was responsible to completed a yearly medical examination and fill out a new FL2. -He did not know Resident #3 did not have a yearly medical examination since 10/24/24. Interview with the Administrator on 12/16/25 at 11:39am revealed: -A medical exam was completed by the PCP before admission to the facility. -He was responsible for making sure the PCP completed a medical exam yearly for each resident and filled out a new FL2. -All of the residents were new except Resident #3 and he missed the audit for Resident #3.	C 203		

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C 320	Continued From page 2	C 320		
C 320	10A NCAC 13G .1002 (f) Medication Orders	C 320		

10A NCAC 13G .1002 Medication Orders

(f) The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration, are reviewed and signed by the resident's physician or prescribing practitioner at least every six months

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#3) current orders for medications or treatments were reviewed and signed by the residents' prescribing practitioner every six months.

The findings are:

Review of Resident #3's current FL2 dated 10/24/24 revealed:
-Diagnoses included intracranial injury with loss of consciousness, general muscle weakness, and cognitive communication deficit.
-There was an order for amantadine HCL (used to treat Parkinson's disease) oral solution 50mg/5ml, take 15ml two times a day.
-There was an order for omeprazole (used to treat increased stomach acid production) 20mg every day.

Review of Resident #3's record revealed there was no signed six-month review of all medications and treatments by a prescribing practitioner.

Telephone interview with Resident #3's primary care physician (PCP) on 12/16/25 at 11:47am revealed:

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C 320	Continued From page 3 The Administrator was responsible for completing a list of Resident #3's medications and treatments for him to review and sign every six months. -He did not know Resident #3's medications were not reviewed every six months. Interview with the Administrator on 12/16/25 at 11:39am revealed: -He was not aware Resident #3's medications and treatments were not reviewed every six months by his prescribing practitioner. -He would have been responsible for completing a list of Resident #3's medications and would have had Resident #3's PCP review and sign the orders every six months.	C 320		