

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-060178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/16/2025
NAME OF PROVIDER OR SUPPLIER ROSEWOOD PROVIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Tuberculosis 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	Correction for the specific resident: • A current medical examination and updated FL2 for Resident #3 was requested from the PCP immediately following survey and completed and placed in the record. System changes to prevent recurrence: • Administrator created and implemented a Master FL2/Annual Exam Tracking Log listing: admission date, last FL2 date, and due date for annual exam for every resident. • Calendar reminders set 90 days and 30 days prior to each resident's annual due date. • Standardized notification letter/email template created for PCPs when annual exam is due. Monitoring: • Administrator will review the Master FL2 log monthly to ensure all exams are current. • Quarterly audit of resident records will be conducted by the Administrator or designee. Responsible party: Administrator. Completion date: 01/15/2026	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Alexey Nazaruk

TITLE

Administrator

(X6) DATE

1/16/26

Reviewed and acknowledged

by

on 01/16/26

DMS

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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 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:	C 320		

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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	Correction for the specific resident: • A complete list of current medications and treatments for Resident #3 was prepared and sent to the PCP for review and signature; signed review has been returned and filed in the record. System changes to prevent recurrence: • A Six-Month Medication Review Tracker was created for all residents. • Calendar alerts set before each resident's six-month review due date. • Standard form created for PCP review and signature. (in Synkwise) Monitoring: • Administrator will review the medication review tracker monthly. • Random chart audit will be completed quarterly to confirm signed reviews are present. Responsible party: Administrator. Completion date: 01/15/2026	