STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675603	A. Building B. Wing	05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Haven Retreat	200 Live Oak St Atlanta, TX 75551

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure the right to be free from misappropriation of resident property for 1 of 6 residents reviewed for misappropriation of resident property. (Resident #1)The facility failed keep Resident #1 free of misappropriation of property when staff discovered a missing card of 60 Hydrocodone-acetaminophen 10/325 milligrams (a Schedule II controlled substance used for pain management).This failure could place residents at risk for decreased quality of life, misappropriation of property, and dignity.Findings included:Record review of face sheet dated 05/11/26 indicated Resident #1 was [AGE] years old and was initially admitted to the facility on [DATE] with diagnoses of dementia, diabetes, and spinal stenosis (the narrowing of spaces within the spine, placing pressure on the spinal cord and nerves, usually causing pain, numbness, or weakness in the lower back or neck).Record review of active physician's orders dated 05/11/26 for Resident #1 indicated an order for hydrocodone-acetaminophen (a Schedule II controlled substance used for pain management) 10/325 milligrams, 1 tablet every 6 hours at 12:00 a.m., 06:00 a.m., 12:00 p.m. and 06:00 p.m.Record review of a quarterly MDS assessment dated [DATE] indicated Resident #1 was understood and understood others. The MDS indicated a BIMS of 07 which indicated severe cognitive impairment. The MDS indicated Resident #1 received a scheduled pain management regimen. The MDS indicated Resident #1 was taking an opioid.Record review of a care plan last revised on 03/16/26 for Resident #1 required pain management. There was an intervention to assist with ADLs and provide comfort measure as needed. The care plan indicated Resident #1 had potential for complaints of chronic pain related to spinal stenosis, chronic pain syndrome, and diabetes with poor circulation and neuropathy (damage to the nerves outside the brain and spinal cord, often causing weakness, numbness, and pain, typically in the hands and feet).Record review of a Medication Error Report dated 04/23/26 for Resident #1 indicated an error was discovered on 04/23/26 at 9:54 a.m. The report indicated the order was for Hydrocodone 10/325 milligrams 1 tablet by mouth every 6 hours routine. The report indicated alternate medication was available to manage pain. The report indicated the medication count sheet and card of medication was unaccounted for.Record review of a Nurse's Notes dated 04/23/26 signed by the DON indicated the following:*At 10:30 a.m. for Resident #1 indicated, .Norco (Hydrocodone) refill requested.not delivered to facility at this time.pharmacy called (and) reported med was last delivered on 4-1-26 to facility. Request was to soon.med error report done. (Physician) made aware.medication inventory audit completed.Pharmacy contacted R/T (related to) delivery (and) quantity. Resident denies any changes in pain.*At 12:15 p.m. indicated, .resident Norco will be delivered today (and) given when arrives. Resident states, I'm alright, it's no big deal.* At 4:12 p.m. indicated, Resident continues to get up in electric scooter & go outside for smoke breaks. No nonverbal indications of pain, also denies pain. (pain) 0/10 at that time.*At 5:30 p.m. indicated, Norco arrived from pharmacy.Record review of MAR for Resident #1 for 04/01/26 - 04/23/26 indicated and order for Hydrocodone-acetaminophen tablet, 10/325 milligrams, amount to administer was 1 tablet every 6 hours with a start date of 01/15/26. The MAR indicated the resident did not miss any doses of Hydrocodone.Record review of a police report dated 04/24/26 indicated the police department received a call regarding missing narcotics at the facility. The report (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to the medication was drug tested. She said all test were negative. She said the DON put in place that two people sign off with the pharmacy staff when medications were delivered. She said all of this would then be compared with another slip to make sure they were receiving the medications from the pharmacy. She said it is important to know how much medication they have for a resident to make sure that they are getting accurate doses at the accurate time and to make sure the medications were being used properly.Record review of a Controlled Substances facility last revised 12/2012 indicated, .The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal and documentation of Schedule II and other controlled substances.Controlled substances must be counted upon delivery. The nurse receiving the medication, along with person delivering the medication, must count the controlled substances together. Both individuals must sign the designated controlled substance record.Record review of an Abuse Policy last updated 05/2017 indicated, Purpose: To ensure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, involuntary seclusion and misappropriation of resident's belongings or money.Each resident has the right to be free from mistreatment, neglect and misappropriation of property.