

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/26/2019
NAME OF PROVIDER OR SUPPLIER PEAR MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 2521 PEAR STREET GREENSBORO, NC 27401		
(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 and Guilford County Department of Social Services conducted an annual survey on April 26, 2019.	C 000		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled residents (Resident #2 and #3) were tested for tuberculosis (TB) disease upon admission. The findings are: 1. Review of Resident #2's current FL2 dated 02/05/19 revealed diagnoses included depressive disorder, anxiety, chron's disease, chronic kidney disease, and gastroesophageal reflux disorder. Review of Resident #2's Resident Register revealed an admission date of 08/20/12. Review of Resident #2's record revealed: -There was documentation of a TB skin test	C 202		

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

TITLE

(X6) DATE

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C 202	Continued From page 1 placed on 08/17/12 and read as negative on 08/19/12. -There was documentation of a TB skin test placed on 12/02/14 and read as negative on 12/04/14. Interview with Resident #2 on 04/26/19 at 1:00 pm revealed he did not remember whether or not he had a TB skin test. Refer to interview with the Supervisor-In-Charge (SIC) on 04/26/19 at 1:05 pm. Refer to the Interview with the Administrator/Owner on 04/26/19 at 2:38 pm. 2. Review of Resident #3's current FL2 dated 02/05/19 revealed diagnoses included schizophrenia, gastroesophageal reflux disorder, and allergic rhinitis. Review of Resident #3's Resident Register revealed an admission date of 11/03/09. Review of Resident #3's record revealed: -There was documentation of a TB skin test placed on 06/07/04 and read as negative (no date stated). -There was documentation of a TB skin test placed on 05/08/07 and read as negative on 05/10/07. -There was documentation of a TB skin test placed on 05/02/11 and read as negative on 05/05/11. Refer to interview with the Supervisor-In-Charge (SIC) on 04/26/19 at 1:05 pm. Refer to the Interview with the Administrator/Owner on 04/26/19 at 2:38 pm.	C 202		

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C 202	Continued From page 2 Interview with the SIC on 04/26/19 at 1:05 pm revealed she did not look at resident records because she was new. Interview with the Administrator/Owner on 04/26/19 at 2:38 pm revealed: -Staff did not review records. -She typically reviewed resident records every 6 months to ensure all their paperwork including TB test had been completed. -She was responsible for ensuring residents had a second TB skin test within 1 year. -She must have noticed that the residents only had 1 TB test during a record audit and took them to have a second one. -She did not know a second TB test had to be completed within a 1 year time frame after the first TB skin test.	C 202		