STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034011	A. BUILDING: _____ B. WING _____	R 05/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/PIERCE VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on May 7, 2019.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with 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, NC 27699-1902. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff B) was tested for tuberculosis disease upon hire. The findings are: Review of Staff B's , Medication Aide (MA) personnel record revealed: -Staff B was hired on 08/20/08. -There was documentation of a TB skin test read as negative dated 10/13/08. There was no date indicating when the TB skin test was placed. -There was documentation of a TB skin test placed on 10/20/08 and read as negative dated 10/22/08. Interview with the Administrator on 05/07/19 at 4:45 pm revealed: -Staff B worked as a relief MA one day a week in the facility.	D 131		

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D 131	Continued From page 1 -The facility used a flow sheet for tracking staff qualification requirements. -The flow sheet incorrectly listed Staff B's TB skin test as complete on 10/13/08. -She or the Co- Administrator were responsible to assure staff had a TB test completed at hire. -She did not know Staff B's TB skin test results from 10/13/08 were not complete for the date the TB skin test was placed. -She thought Staff B had another TB skin test in December 2017, but she was unable to locate documentation for the TB skin test results. Attempted telephone interview with Staff B on 05/07/19 at 4:45 pm was unsuccessful.	D 131		