Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041067	A. BUILDING: _____ B. WING _____	04/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAR MANOR	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	**The measures put in place to correct the deficient area of practice** is that the administrator will review all current residents tb test to make sure each resident has a tb test prior to admission and a second tb test within a year of the first tb test. If a current resident does not meet these standards, then a physicians appointment will immediately be made to start the 2 step process the correct way meeting the yearly deadline for completion of both test. **The measures put in place to prevent the problem from occurring again** has been established that the facility will have the 1st tb test upon admission and have the 2nd tb test done within the first six months of placement for all new residents. **This rule area will be monitored** during quarterly QI meetings by the administrator to ensure this will not occur again. **Monitoring will occur** during our quarterly QI meetings. **The completion dates by which the plan of correction will be completed** within the next month for resident #2 and resident #3. A first step has already been completed. The second test will be given within the next month to comply within the yearly deadline early. **Completion date for 1st test was May 13, 2019. The 2 step will be completed by June 30, 2019.**	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amma Allen

TITLE: **Pear Manor Adminstrator**

(X6) DATE: **05-20-19**

reviewed and accepted 05/28/19

Jo Scarlett

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C 202	Continued From page 1	C 202		

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.

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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		