

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2019
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 Report by David Hickman DHSR Construction Section conducted a Biennial Survey on July 11, 2019 from 12:30 PM to 2:25 PM at the above referenced facility. DHSR records indicate the home was first licensed on September 15, 2009 as a Family Care Home for six ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following; :the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the alarm was not being used to initiate the fire drills. This is not compliant with the rule. Take the necessary steps to use the alarm for all fire drills.	C 174		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2019
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 174	Continued From page 1 2. At the time of the survey it was observed that the time noted on the fire drills for evacuation was including the time for returning back into the home. This is not compliant with the rule. Take the necessary steps to only record the time for evacuation of the home. 3. At the time of the survey it was observed that the fire extinguishers were not being monitored on a monthly basis by the staff. This is not compliant with the rule. Take the necessary steps to have the staff check the extinguishers monthly and initial the tags. 4. At the time of the survey it was observed that there were several areas of the floors around the air conditioner registers that were deteriorated and the registers covers did not fir properly or were falling in. This is not compliant with the rule. Take the necessary steps to repair all of these areas. 5. At the time of the survey it was observed that the door to the bedroom at the front foyer would not latch properly. This is not compliant with the rule. Take the necessary steps to repair the door so it latches. 6. At the time of the survey it was observed that the floor transition at the threshold to the bedroom at the front foyer was missing causing a trip hazard. This is not compliant with the rule. Take the necessary steps to replace the transition strip. 7. At the time of the survey it was observed that the smoke detector in the bedroom at the front foyer had missing batteries. This is not compliant with the rule. Take the necessary steps to replace	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2019
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 174	Continued From page 2 the battery. 8. At the time of the survey it was observed that the light in the bedroom off of the living room was not working. This is not compliant with the rule. Take the necessary steps to repair the light. 9. At the time of the survey it was observed that the bed in the bedroom off of the living room was not in a position so the resident could reach the call system button. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 10. At the time of the survey it was observed that the toilet in bathroom 3 was loose at it's base. This is not compliant with the rule. Take the necessary steps to scure the toilet. 11. At the time of the survey it was observed that the drain in the sink of bathroom 3 was draining very slow. This s not compliant with the rule. Take the necessary steps to have the drain unclogged. 12. At the time of the survey it was observed that two of the lights in the kitchen were missing their covers. This is not compliant with the rule. Take the necessary steps to replace the light covers. 13. At the time of the survey it was observed that the range vent pipe was not sealed where it passed through the ceiling. This is not compliant with the rule. Take the necessary steps to seal the pipe at the ceiling. 14. At the time of the survey it was observed that the receptacle next to the back door was missing it's cover plate. This is not compliant with the rule. Take the necessary steps to replace the cover plate.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2019
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 174	Continued From page 3 15. At the time of the survey it was observed that the sliding glass door used for the rear egress was not a single hand motion lock. This is not compliant with the rule. Take the necessary steps to have a single motion lock installed on the door. 16. At the time of the survey it was observed that there was wood panelling in the dining room and kitchen and could not be verified of treatment for a class C finish. This is not compliant with the rule. Take the necessary steps to treat the panelling with the proper fire retardant material or provide documentation of any previous treatment. 17. At the time of the survey it was observed that there was a crack in the hallway floor at the bathroom door. This is not compliant with the rule. Take the necessary steps to repair the floor. 18. At the time of the survey it was observed that there was a hole in the wall behind the washing machine. This is not compliant with the rule. Take the necessary steps to repair the hole. 19. At the time of the survey it was observed that there were missing light bulbs in bathroom 1. This is not compliant with the rule. Take the necessary steps to replace the missing bulbs. 20. At the time of the survey it was observed that the grab bar for the shower in bathroom 1 was missing. This is not compliant with the rule. Take the necessary steps to install a proper grab bar. 21. At the time of the survey it was observed that the exhaust fan vents in bathroom 1 and the staff bathroom were dirty. This is not compliant with the rule. Take the necessary steps to clean the exhaust fans.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2019
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 174	Continued From page 4 22. At the time of the survey it was observed that the receptacle cover in the staff bathroom was cracked. This is not compliant with the rule. Take the necessary steps to replace the cracke cover. 23. At the time of the survey it was observed that there was a multiplug adapter in the staff bedroom. This is not compliant with the rule. Take the necessary steps to remove the multiplug adapter. 24. At the time of the survey it was observed that there was not a handrail on the house side of the front steps. This is not compliant with the rule. Take the necessary steps to add a handrail at the front steps. 25. At the time of the survey it was observed that there were missing light bulbs at the front porch light and the flood lights at the front right. This is not compliant with the rule. Take the necessary steps to replace the missing bulbs. 26. At the time of the survey it was observed that the bottom portion of the front door was peeling in two. This is not compliant with the rule. Take the necessary steps to repair or replace the front door. 27. At the time of the survey it was observed that metal facia board was bent and coming apart in several locations. This is not compliant with the rule. Take the necessay steps to repair as necessary. 28. At the time of the survey it was observed that the slope of the ramp in the back was too steep. This is not compliant with the rule. Take the necessary steps to repair the ramp so that the	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL041067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2019
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 174	Continued From page 5 slope is not greater than a one inch rse for every foot of length. 29. At the time of the survey it was observed that there were loose and broken floor boards on the ramp and deck. This is not compliant with the rule. Take the necessary steps to repair these as necessary. 30. At the time of the survey it was observed that there were loose pickets on the deck. This is not compliant with the rule. Take the necessary steps to secure the loose pickets. 31. At the time of the survey it was observed that the dryer exhaust vent was clogged with lint. This is not compliant with the rule. Take the necessary steps to clean out the vent. 32. At the time of the survey the fire alarm was unable to be tested due to no key being available to reset the pull stations. This is not compliant with the rule. Take the necessary steps to have a key available for the follow up survey.	C 174		