

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 R 11/13/2019
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 Keith Blackwell A Biennial Follow-Up Survey was conducted on November 13, 2019 from 1:00 PM to 1:45 PM. Not all previously cited deficiencies have been corrected; therefore further action is required.	{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 slidng 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 installe on the door. JKB 11/13/2019 At the time of the follow up survey it was observed that the slidng glass door was replaced with a hinged door but the door handle is 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. 2. 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 necessary steps to repair as	{C 174}	C 174 Door lock replaced 11-30-19 (see photos attached)	

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

Amma Allen

TITLE

Administrator

(X6) DATE

12-03-19

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STATE FORM