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 _____	R 05/12/2021

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 conducted an annual survey on May 12, 2021.	C 000		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure physician notification for 1 of 3 sampled residents related to medication order clarification for scheduled anti diarrhea medication (Resident #1). The findings are: Review of Resident #1's current FL2 dated 09/16/20 revealed: -Diagnoses of Schizophrenia, cognitive impairment, type 2 diabetes, hypertension, stage 3 chronic kidney disease, history of colon cancer and hyperlipidemia. -He was incontinent of bowel and bladder.	C 315		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amma Allen — TITLE: Administrator — (X6) DATE: 06-09-2021

Karen M. Polce — Received and Acknowledged 06/14/21

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C 315	Continued From page 1 -An order for Imodium AD 2mg 2 tablets as needed. Review of Resident #1's March 2021 medication administration record (MAR) revealed: -An entry for Imodium AD 2mg 1 tablet scheduled at 8:00pm. -Imodium AD 2mg was documented as administered daily 03/01/21- 03/31/21. -An entry for Imodium AD 2mg 2 tablets as needed. -Imodium AD 2mg 2 tablets as needed was not documented as administered from 03/01/21-03/31/21. Review of Resident #1's April 2021 MAR revealed: -An entry for Imodium AD 2mg 1 tablet scheduled at 8:00pm. -Imodium AD 2mg was documented as administered daily 04/01/21- 04/30/21. -An entry for Imodium AD 2mg 2 tablets as needed. -Imodium AD 2mg 2 tablets as needed was not documented as administered from 04/01/21-04/30/21. Review of Resident #1's May 2021 MAR revealed: -An entry for Imodium AD 2mg 1 tablet scheduled at 8:00pm. -Imodium AD 2mg was documented as administered daily 05/01/21- 05/11/21. -An entry for Imodium AD 2mg 2 tablets as needed. -Imodium AD 2mg 2 tablets as needed was not documented as administered from 05/01/21-05/11/21. Review of medications on hand on 05/12/21	C 315		

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C 315	Continued From page 2 revealed a prescription bottle with Imodium AD 2mg and instructions that stated "take 2 capsules by mouth twice a day as needed for diarrhea" was about half full. Telephone interview with the pharmacist at the facility's contracted pharmacy on 05/12/21 at 11:28am revealed: -There was an active physician's order for Imodium AD 2mg 2 tablets as needed that was written on 11/20/20. -Resident #1's Imodium AD 2mg 2mg tablets as needed was last filled on 03/04/21 for 120 tablets. -There was not a physician's order for scheduled Imodium AD 2mg. Telephone interview with Resident #1's physician on 05/12/21 at 12:12pm revealed: -Resident #1 had experienced diarrhea after he ate certain foods. -He provided a prescription for Imodium AD 2mg that should have been administered only when Resident #1 had diarrhea. -He did not want to provide a prescription for scheduled Imodium AD 2mg since that could have caused constipation. Telephone interview with the supervisor in charge (SIC) on 05/12/21 at 1:08pm revealed: -Resident #1 was given Imodium AD 2mg every night at 8:00pm. -He had not experienced diarrhea in over one month. Interview with the Administrator on 05/12/21 at 1:15 pm revealed: -She created the MARs for the facility. -Resident #1 had a history of diarrhea on a daily basis prior to the facility administering scheduled Imodium AD.	C 315		

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C 315	Continued From page 3 -She did not realize that the FL2 for 2021 did not have an order for scheduled Imodium AD and the current order to take medication as needed was not clarified with the physician. -The physician had written an order for Resident #1 to have scheduled Imodium AD 2mg on previous FL2's. -The scheduled Imodium AD 2mg was excluded from 2021's FL2 in error by the Administrator.	C 315	On May 12, 2021, The Administrator contacted the residents primary care physician to clarify the order on the FL-2 to indicate what his previous written order stated because it was omitted from the FL-2 in error. The physician did clarify the order can continue to be given for a daily dose as well as a prn dose. I also provided this information to the licensure consultant the same day as survey via fax once the physician clarified the order upon reviewing his previous records. This immediate measure was put in place to correct the deficient area. Additional measures are put in place to help prevent this problem from occurring again. The administrator will carefully review the FL-2 (or order not listed on FL-2) when signed to the monthly MAR and make sure they match according to physician's order. The Administrator will monitor the situation. The monitoring will take place every month or as orders are changed or updated.	