Received via email on 03/28/23

PRINTED: 03/07/2023
FORM APPROVED

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 _____	02/16/2023

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 and follow-up survey on 02/16/23.	C 000	**Completed 02/21/23**	**02/21/23**
C 102	10A NCAC 13G .0317 (a) Building Service Equipment 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 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure fire safety equipment was maintained in a safe operating condition related to two fire extinguishers out of date. The findings are: Observation on 02/16/23 at 9:27am revealed: -There were 2 dry chemical fire extinguishers in the facility. -One fire extinguisher was in the kitchen area and one was in the hallway near the residents' bathroom. -The fire extinguisher in the kitchen area and in the hallway were serviced November 2021 as indicated on the service tag. -The monthly inspection log located on the back of the service tag was not completed. Telephone interview with a representative from the facility's contracted fire extinguisher	C 102	**C 102 The fire extinguishers were updated by [redacted] formerly known as [redacted] on Tuesday, February 21, 2023.** I contacted [redacted] in June and they told me they were coming to service them in November 2022, so I assumed that happened. Our security system is now under a new company [redacted] and they failed to come according to schedule like [redacted] has done in previous years (which has been over a decade). Administration checks the fire extinguishers every month, but the documentation is on the fire drill sheet which is located in our information notebook. We have been advised to start signing the back of the tag located on the fire extinguisher, which we have started doing effective February 28, 2023. The measures put in place moving forward is to add the extinguisher service date to our schedule and contact the company for our annual service, opposed to waiting for the company to contact us. Administration and Staff will monitor the situation as part of our Quality Improvement program. Monitoring the extinguishers have and will continue to take place on a monthly basis.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: **Administrator** — (X6) DATE: **03-10-23**

Reviewed and Acknowledged K.M. 03/29/23

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 _____	02/16/2023

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 102	Continued From page 1 inspection company on 02/16/23 at 3:06pm revealed: -November 2021 was the last time that the facility's fire extinguishers were inspected per the company's records. -An annual inspection of fire safety equipment was required by the fire marshal. Review of the facility's annual fire inspection report dated 06/06/22 revealed: -The fire extinguishers were checked and in date at the time of inspection on 06/06/22. -The inspection revealed no violations. Interview with the Supervisor-in-Charge (SIC) on 02/16/23 at 3:10pm revealed: -She was aware that staff were supposed to log the monthly fire extinguisher inspections. -She was not aware that the monthly fire extinguisher inspections were not recorded. -The Administrator normally scheduled the annual fire extinguisher inspections with the facility's contracted fire extinguisher inspection company. Telephone interview with the Administrator on 02/16/23 at 3:22pm revealed: -She was aware that staff were supposed to log the monthly fire extinguisher inspections. -She was not aware that the fire extinguishers were not inspected since November 2021 or that the monthly fire extinguisher inspections were not recorded. -She was normally responsible for recording the monthly fire extinguisher inspections. -She thought that the fire extinguishers were inspected in November 2022. -She had called the facility's contracted fire extinguisher inspection company to inquire about an annual inspection in November 2022 and assumed that they had inspected the	C 102		

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 _____	02/16/2023

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 102	Continued From page 2 extinguishers. -She was responsible for scheduling the annual inspections of the fire extinguishers.	C 102		