PRINTED: 08/04/2025
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
	FCL035-039	A. BUILDING: _____ B. WING _____	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER HEALTHCARE #7	109 STRATFORD DR LOUISBURG, NC 27549

(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 Initial Survey on July 29, 2025.	C 000		
C 203	10A NCAC 13G .0702 (b) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the home and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#3) had an FL2 completed prior to admission. The findings are: Review of Resident #3's FL2 from another facility dated 08/21/24 revealed diagnoses included bipolar disorder, chronic hepatitis, glaucoma, hyperlipidemia, insomnia, and prediabetes. Review of Resident #3's Resident Register	C 203		

Reviewed and acknowledged SW 08/21/25

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C 203	Continued From page 1 revealed there was an admission date of 06/12/25. Review of Resident #3's record revealed there was not an updated FL2 completed since Resident #3's admission to the facility. Interview with the Supervisor in Charge (SIC) on 07/29/25 at 8:53am revealed: -The Administrator was responsible for completing the FL2s. -She was not able to locate an updated FL2 for Resident #3. Interview with the Administrator on 07/29/25 at 10:04 am revealed: -She was responsible for ensuring residents' FL-2s were completed prior to admission. -She did not know a new FL2 was required for Resident #3, because the resident transferred from another facility she owned. Attempted telephone interview with Resident #3's primary care provider (PCP) on 07/29/25 at 10:12am was unsuccessful.	C 203	The administrator has since obtained a new FL2 for the resident #3 admitted 6/12/25. This plan was completed and submitted as at 7/31/25. ~~The~~ forward the administrator will ensu that any new admission to the facility will have a recent FL2 before admissio	