STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034108	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/RECORD VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 10/21/25.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#1 #2) had completed the two-step tuberculosis (TB) testing in compliance with the control measures adopted by the Commission for Public Health. The findings are: 1. Review of Resident #1's current FL2 dated 05/02/25 revealed diagnoses included Crohn's disease, hematuria, congestive obstructive pulmonary disease, nephritis, Alzheimer's and schizoaffective disorder, bipolar type 2 insomnia, anxiety, vitamin D deficiency, hyperlipidemia, diabetes type 2, and neuropathy.	D 234		

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D 234	Continued From page 1 Review of Resident #1's Resident Register revealed an admission date of 02/19/2020. Review of Resident #1's record revealed: -There was documentation that a TB skin test was administered on 2/11/2020 and the results were negative, but the date the result was read was not documented. -There was documentation that a TB skin test was administered on 10/21/2020 and the results were negative, but the date the result was read was not documented. Based on observations, interviews, and record review, it was determined Resident #1 was not interviewable. 2. Review of Resident #2's current FL2 dated 5/14/2025 revealed diagnoses included hypertensive heart disease, paranoid schizophrenia, angioedema, vitamin D deficiency, nicotine dependance, hypertension, anxiety disorder and diabetes type 2. Review of Resident #2's Resident Register revealed an admission date of 10/10/2020. Review of Resident #2's record revealed there was no documentation that a two TB skin test was administered before or after the resident was admitted to the facility. Interview with Resident #2 on 10/21/2025 at 2:45pm revealed he did not remember if he had a two-step TB skin test completed before or after being admitted to the facility. Interview with the Business Office Manger (BOM) on 10/21/2025 at 3:00pm revealed:	D 234		

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D 234	Continued From page 2 -She was not aware Resident #1 did not have read dates for the two step TB skin test. -She was not aware Resident #2 did not have documentation of the two-step TB skin test in his chart. -She was unable to find documentation showing the TB skin test were administered. -It was her responsibility to ensure all residents had a TB skin test upon admission. Interview with the Administrator on 10/21/2025 at 3:30pm revealed: -She was aware TB skin tests were completed prior to admission. -She did not know some residents did not have documentation TB tests were completed or read dates in the records. -The BOM was responsible for making sure TB tests were completed upon admission. -She expected the BOM to ensure all residents had documentation of administered and read TB skin test upon admission.	D 234		