

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/22/2019
NAME OF PROVIDER OR SUPPLIER OPEN ARMS RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 612 HEALTH DRIVE RAEFORD, NC 28376		
(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 of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 22, 2019. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility was not in compliance with licensure and building code requirements in effect at the time of construction, addition or renovation. Special locking of electromagnetic locks are required to have an emergency release switch at each locked door and located within 3 ft of the door that does not depend on relays or other devices to interrupt power to the magnet.	{C 101}		

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

TITLE

(X6) DATE

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{C 101}	Continued From page 1 Findings on May 22, 2019: a. The override switches at the locked doors are momentary switches. Momentary switches relay on an electronic circuit to temporarily interrupt power to the magnet. Based on interview with the facility administrator, the switches have not been modified and the administrator was not clear on what needed to be done. She was concerned about the safety of the residents and did not want to initiate action which would increase the risk to residents. At the administrator's request, the surveyor met with the security contractor and discussed what was required by the NCSBC and DHSR Construction. A resolution was determined and the contractor will submit cutsheets for approval prior to changing the switches.	{C 101}		