

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 07/03/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OPEN ARMS RETIREMENT CENTER

**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 Ed Miller conducted on July 3, 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: 2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). New Findings on July 3, 2019: a. MCU Exits - 1 of 4 staff interviewed has a key	{C 101}	<i>Training held July 12 and July 17. See Attendance Sheets.</i> <i>7/17/2019</i> RECEIVED JUL 23 2019 CONSTRUCTION SECTION	

Division of Health Service Regulation

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

Judy Capps Click

TITLE

Administrator

(X6) DATE

7/17/2019

STATE FORM

6899

EIVD.3

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER OPEN ARMS RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 612 HEALTH DRIVE RAEFORD, NC 28376		
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{C 101}	Continued From page 1 to operate the on/off emergency release switches at the unit's exit doors. This is not in accordance with the NC State Building Code requirement that if on/off emergency release switches are of the keyed type, then all staff responsible for evacuation of the locked unit must carry emergency release switch keys. b. AL Exit into MCU - 1 of 3 staff interviewed has a key to operate the on/off emergency release switch at the exit door into the MCU. This is not in accordance with the NC State Building Code requirement that if on/off emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry emergency release switch keys. This exit is on a long (70 feet +) corridor equipped with a metal keyed on/off emergency release switch. Therefore, all staff responsible for evacuation of the AL side of the facility must carry emergency release switch keys. Note: While surveyor was on site, staff responsible for evacuation were given the emergency release switch keys. Administrator is planning a training event on how to use the key and safety procedures needed of Special locked exits.	{C 101}		

COMPLETE IN-SERVICE TRAINING REPORT WITH PERSONNEL ATTENDING

Facility: OPEN ARMS RET. CENTER Department: SCU PCA DEPT.

Date: 07/12/19 Time: 1-2 AM 2-3 PM To: _____ AM PM

Meeting area: NH Nursing Station and Exit door.

Number employees present: _____ Number absent: _____

Summary of subject(s) covered: "Bells, Whistles"
All Alarms on SCU -

Problems, comments, suggestions: ① Mag lock door/ Key usage
② Wander Guard system
③ phone system operation/paging
④ Nurse Call system

Conducted by: Signature _____ Title _____

Class 1-2		Class 2-3	
SIGNATURE OF PERSONNEL ATTENDING	TITLE	SIGNATURE OF PERSONNEL ATTENDING	TITLE
1 Santana Oxendine	PCA	1 Beverly Elliott	SCU
2 Rasheeda Evans	CNA	2 Kimberly Hays	ADM ASST
3 Destiny Renee Smith	PCA	3 Cami Boudo	Med Tech
4 Frances M. Locklear	Med Tech	4 Shante W. W. W.	PCA
5 Bianca Hawn	CNA	5 Morticia McCaskin	MT
6 Jamie Chapman	PCA/Coord	6 Kristen Reid	CNA Med Tech
7 Gillura Cox	Supervisor	7 Beverly Blancas	PCA
8 Francis McRae	DRS	8 Heather Hunt	SIC
9 Andrea Spear	PCA C	9	
10 Angela Weir	SIC	10	
11 Shamettia Reak	Med Tech	11	
12 Natasha Locklear	PCA Med Tech	12	
13 Shanice Sefu	SCU	13	
14		14	

COMPLETE IN-SERVICE TRAINING REPORT WITH PERSONNEL ATTENDING

Facility: OPEN ARMS RET. CENTER

Department: DCA

Date: 07/17/19

Time: 13:00

AM
PM

To:

AM
PM

Meeting area: _____

Number employees present: _____

Number absent: _____

Summary of subject(s) covered: "BELLS and WHISTLES"

ALL ALARMS ON THE SCU

① MAG LOCK DOOR / KEY USAGE

② WANDER GUARD SYSTEM

Problems, comments, suggestions:

③ PHONE SYSTEM OPERATION & PAGING

④ NURSE CALL SYSTEM

Conducted by: Signature _____

Title _____

SIGNATURE OF PERSONNEL ATTENDING

TITLE

SIGNATURE OF PERSONNEL ATTENDING

TITLE

Keosha McNatt

PCA

Kim Webb

Med tech

Sade Rainey

Aide

Denny Slaf

med tech

Richard Evans (Called in Sick)