Rec 6/3/25

PRINTED: 04/22/2025
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
	HAL047014	A. BUILDING: 01 B. WING	04/10/2025

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 Construction Section Biennial Survey by Suzanna Fay conducted on April 10, 2025. This facility was licensed on February 2, 2001 and is currently licensed for 90 beds with a 22 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure Deficiencies have been cited and a Plan of Correction is required.	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;	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING	04/10/2025

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 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Findings on April 10, 2025: a. SCU - the exit to the courtyard did not release when the fire alarm was activated. 2. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional on/off emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on April 10, 2025: a. SCU - the exit to the courtyard was equipped with an electromagnetic locking device with a keyed on/off release switch. A key was not available to release the maglock. b. SCU - the exit door to the courtyard did not release with the emergency override switch at the Nurses Station. 3. Observations revealed that the facility is not in compliance with code requirements in effect at	C 101	— Gills - alarms. — Gills Have quote should be complete 7/1/25 — Gills. Gills Security came onsite on April 11th along with BDFE to assess. After Identifying the solenoid for these doors, Solenoid was replaced & testing Complete	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING	04/10/2025

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 101	Continued From page 2 Complete the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking, for any required emergency release switch that is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on April 10, 2025: a. SCU - staff did not carry keys for the emergency override switches. Interview with the Executive Director revealed that there was a key on the med cart. The med cart was locked in the med room.	C 101	Was excercised to find that all maglocks dropped with the fire alarm in test mode and while also utilizing the manual release at nursing station. Completed	4/14/25
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on April 10, 2025: Complete a. There was not a copy of a current Fire Official's inspection report available for review. b. The Fire Alarm Control Panel tag showed the last fire alarm inspection was done in March of 2024 but no documentation was found of that inspection and it is currently due for a new annual inspection.	C 111	The outdoor gate the lock mechanism had to be ordered to address this issue and all locks at exits will be replaced to accomadate keys for all personnel on the secure unit. estimated Have estimate Should be complete 7/1/25 Fire system Annual completed	5/15/25 4/25/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING _____	04/10/2025

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 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that not all of the Housekeeping closets were kept locked to prevent the ingestion, inhaling or handling of cleaning agents, bleaches and other substances by the residents. Findings on April 10, 2025: Townsend Hall: a. Janitor's Closet - the door was not locked. This was corrected at the time of survey. Jordan Hall: b. Janitor's Closet - the door was not locked. This was corrected at the time of survey.	C 143	Complete ? → Management will review with all staff regarding keeping doors locked while not in use. 5/1/25 was this completed? Complete. Complete.	
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is	C 154	Gills	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING _____	04/10/2025

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 154	Continued From page 4 opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on observation and interview, the facility did not equip each exit with a sounding device on the door that activates when the door is opened when there is at least one resident who is disoriented or a wanderer. Findings on April 10, 2025: a. SCU - interview with staff revealed that the facility has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer. The exit door to the courtyard did not alarm when the door was opened.	C 154	Gills. Door alarm will be fixed to sound upon opening	7/1/25 6/1/25 4/1/25
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition.	C 160		

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
	HAL047014	A. BUILDING: 01 B. WING _____	04/10/2025

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 160	Continued From page 5 Findings on April 10, 2025: a. Jordan Hall exit - the sprinkler head on the porch is missing its escutcheon ring leaving a hole for pests to enter. b. Jordan Hall exit - the trees at the front corner have overgrown the width of the sidewalk leaving no room to pass. c. Smoking Porch - there is about a four foot section of the exterior soffit that has fallen off and the rafter tails and plywood sheathing above the opening are black. Some of the sheathing is damaged.	C 160	Completed 5/16 Sprinkler head escutcheon ring to be installed to cover hole Complete 5/16 Tree to be trimmed to allow passage at sidewalk ? - Soffit at screened porch to be repaired	6/1/25 6/1/25 6/1/25
C 162	Outside Premises-Outdoor Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Observations revealed that the outdoor walkways were not illuminated. Findings on April 10, 2025: a. Exit at the end of Jordan Hall - the light on the porch was out and there was no lighting on or around the building to illuminate the walkway.	C 162	? = Completed 5/26/25 as discussed, ext security lighting to be installed to allow light for nighttime use	6/1/25
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING	04/10/2025

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 164	Continued From page 6 coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on April 10, 2025: a. Lobby - the ceiling along the Dining wall is stained, flaking and peeling from a prior leak. b. Room 29 - the cove base under the window is detaching from the wall. c. Room 29 Bath - the paint along the exterior wall is bubbled and stained. d. Room 51 - the wall finish has peeled off between the window and the PTAC unit and the exposed sheetrock has mildew. e. Room 51 - the wall is damaged at the outlet by the window. f. Room 51 Bathroom - the floor around the sink and toilet is stained brown. 2. Observations revealed that the furnishings were not kept in good repair. Findings on April 10, 2025: a. Room 6 - the door handle on the left side closet door falls off when you open the door. b. SCU - the exit door to the courtyard has a one inch diameter hole through the door that will allow pests to enter the facility.	C 164	Completed Completed - ceiling damage from prior leak to be repaired/painted 6/1/25 Complete — Cove base to be repaired accordingly 6/1/25 Complete - Room 29 - Bath. wall repair walls/ Paint accordingly 6/1/25 Complete — Room 51 - Repair wall and paint to address damage 6/1/25 Complete — Room 51 Bath - strip Floor & clean to remove stain - 6/1/25 Complete — Repair closet door handle 6/1/25 Complete — SCU exit door to patio - Replace door protector plate to allow covering of holes - 6/1/25	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING _____	04/10/2025

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 166	Continued From page 7 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation and interview, it was revealed that the facility was not maintained in a safe manner, free of all hazards. The deep fryer should be separated from a gas range by a minimum of 16 inches or a non-combustible baffle at least 8 inches high when placed next to each other. Findings on April 10, 2025: a. Kitchen - the fryer is sitting about three inches away from the open flames of the cook top. 2. Observations revealed that the facility was not free of all hazards. Loose toilet seats could cause an injury from a slip or fall if the seat shifted during use. Findings on April 10, 2025: a. Townsend Hall Shower Room across from Room 25 - the toilet seat is not secure. 3. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on April 10, 2025:	C 166	Completed Complete – as suggested, splatter guard on order to address proximity of oven / complete 5/1/25 Completed – all toilet seats will be checked throughout facility to verify all are tight 6/1/25 ~~We need to get~~ ~~track holster.~~ ~~Need to know how many.~~ Oxygen company was called and there going to bring Proper holster. Should be complete by 7/11/25	

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
	HAL047014	A. BUILDING: 01 B. WING	04/10/2025

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 166	Continued From page 8 Townsend Hall: a. Room 30 - there are three tall oxygen bottles unsecured in a shallow plastic beverage container. b. Room 29 - there are five tall oxygen bottles unsecured in a shallow plastic beverage container. Complete 4. Observations revealed that the facility was not free of all hazards. Broken toilet paper dispensers with the brackets still attached leave sharp metal edges exposed that can cause an injury. Findings on April 10, 2025: Complete a. Room 12 - the toilet paper dispenser in the bathroom is broken leaving the sharp metal brackets exposed. 5. Based on observation there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on April 10, 2025: a. The courtyard gate was equipped with a keyed latch plate on the exterior side of the gate and could only be accessed from outside of the courtyard. The occupants could not exit from the courtyard during a fire or other emergency.	C 166	— Room 30 & 29 - O^2 Bottles will be stored correctly using approved O^2 cylinder rack- — Room 12 toilet dispenser will be replaced Gills — Courtyard gate currently awaiting lock replacement gate is currently unlocked as residents are not allowed in courtyard unsupervised.	5/15/25 5/15/25 6/1/25
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the	C 185		7/1/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING	04/10/2025

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 185	Continued From page 9 requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation and interview, staff were not conducting fire rehearsals quarterly on each shift. Findings on April 10, 2025: a. Staff were not trained on how to conduct a fire drill. b. The last recorded fire drill was conducted in August of 2023.	C 185	is every one trained? Yes 6/2/25 Fire drills have been implemented and will be documented monthly. ~~Post~~ maintanence has been trained by BFPE on how to thoroughly operate system for Fire drill STAFF training in process	5/1/25
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing there is failure to maintain the facility's emergency fire	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING _____	04/10/2025

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 189	Continued From page 10 alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on April 10, 2025: a. The fire alarm panel has a trouble signal. b. The end cap on the smoke detector outside of Room 27 is broken off. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on April 10, 2025: a. The right hand door of the cross corridor doors to Townsend Hall did not latch when released by the fire alarm. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on April 10, 2025: Townsend Hall: a. Room 36 - the bed is sticking out beyond the door frame and does not allow the door to close. Jordan Hall: b. The Utility Closet door is not latching when closed. SCU: c. Room 53 - the door does not latch when	C 189	BFDC As of 4/25/25 BFPE the Service Company, is in process of addressing all issues + components of Fire system — 5/1/25 7/1/25 22 - Fire door adjusted so that door latches positively upon Closure 5/15/25 9. They have begun to pack & move items, so bed can be relocated away from door. Complete by 6/13/25 ? - Room 36 will be reorganized to allow door closure 6/1/25 7/1/25 - Door for utility Room will be adjusted to allow Full latch when closed 6/1/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING	04/10/2025

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 189	Continued From page 11 closed. d. Soiled Linen - the door hits the frame and does not close and latch. ? e. Room 49 - the transition strip is bent and prevents the door from closing. f. Room 41 - the transition strip is bent and prevents the door from closing. g. Shower Room - the door is hitting the frame and does not close. ? This is scheduled for Friday 6/6/25 4. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on April 10, 2025: Townsend Hall: a. Shower Room across from Room 25 - the sink faucet controls were not secure. b. Soiled Linen - one of the legs on the utility sink is broken and bent outwards. ? 5. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on April 10, 2025: a. The fire extinguishers are due for their annual inspection. 6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on April 10, 2025:	C 189	Room 53 - Door will be adjusted to allow latching d. - door frame will be repaired to allow door to latch e. Room 49 door transition strip to be replaced f. Room 41 door transition to be replaced g. Piano hinge to be utilized at shower room to repair door for full closure a. Shower room 25 faucet controls to be secured b. Soiled linen room sink base to be replaced - - Annual inspection completed	6/1/25 6/1/25 6/1/25 6/1/25 6/1/25 6/1/25 4/25/25

Complete
Complete
Complete
Complete

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING	04/10/2025

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 189	Continued From page 12 a. Kitchen - the emergency light did not illuminate on test. b. AL side Nurses Station - the emergency light did not illuminate on test. c. SCU Courtyard - the emergency light at the exit door did not illuminate on test. 7. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on April 10, 2025: a. Kitchen Bathroom - there is an open junction box in the ceiling. b. Residential Laundry outside of SCU - the flange on the dryer duct has dropped leaving a gap in the fire resistant rated ceiling. c. SCU Clean Linen - the sprinkler head is missing its escutcheon ring. 8. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on April 10, 2025: a. There was a pattern of sprinkler heads with excessive dust and spider webs near ceiling fans and vents. b. Room 56 - the sprinkler head in the front of the room is loaded with dust. 9. Observations revealed that the electrical equipment is not maintained in a safe and	C 189	- Replace kitchen Emer light to allow Function - Replace AL side emer light at nursing station a. kitchen bath - Replace cover on open junction box at ceiling b. repair dryer duct gap in ceiling - ~~Escutcheon~~ Caulk to seal a maintenance to clean all sprinkler heads throughout building & will add to ~~Daily~~ checklist	5/1/25 5/1/25 6/1/25 5/1/25 5/1/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING _____	04/10/2025

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 189	Continued From page 13 operating condition. Non-functioning call systems can delay aid to residents during a medical emergency. Findings on April 10, 2025: a. SCU Room 56 - the call light is on and flashing and cannot be shut off. b. SCU Room 40 - the call light is on and cannot be shut off. 10. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on April 10, 2025: a. SCU Room 42 - the outlet for the PTAC unit does not have a cover plate.	C 189	~~Important~~ IMportant → Will supply residents at this room location with a small call bell to use while calling regular on call system 5/1/25 - Replace outlet cover on PTAC unit Room 42 ~~Plate~~ is order Should be in by the 15th 6/15/25	5/1/25 6/1/25
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL047014	A. BUILDING: 01 B. WING	04/10/2025

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 199	Continued From page 14 This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on April 10, 2025: a. Room 36 Bathroom - the exhaust fan is not working. b. Shower Room across from Room 25 - the exhaust fan is not working. c. Kitchen Bathroom - the exhaust fan opening is covered and there does not appear to be a working exhaust. d. Residential Laundry outside of the SCU - the exhaust does not appear to be working. e. Staff Lounge Bathroom - the exhaust fan is not working. f. SCU Soiled Linen - the exhaust fan is not working and is covered in dust. Fan part is on order. Should have done by 7/1/25	C 199	a- Replace EX Fan in Room 36 Bath. 6/1/25 b- Replace EX Fan Shower room across from Room 25 6/1/25 c- Kitchen bath, replace EX Fan 6/1/25 d- Repair EX. Fan laundry room outside of SCU 6/1/25 e- Replace EX Fan staff lounge bath - 6/1/25 f- SCU soiled linen - Replace EX Fan + Add cleaning of all EX Fans Qtly at minimum to maintenance checklist 6/1/25	