

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER OPENVIEW RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 112 PONY BARN ROAD LAWNDALE, NC 28090		
(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 Ryan Meyer, conducted on Septmeber 10, 2025 Records indicate that this facility was license is 08/01/1973. This facility is currently licensed for 24 residents. Based on this information, we are requiring that this facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, applicable portions of the 2025 Regulations for Adult Care Homes, and the 1967 North Carolina State Building Code Section 407.1, Group D-2 Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 131	10A NCC 13F .0311(g)(1-5) Other-Exhaust ventilation 10A NCAC 13F .0311 Other Requirements (g) The spaces listed in this Paragraph shall have an exhaust system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: (1) soiled linen storage; (2) soiled utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. This Rule is not met as evidenced by: 1. The facility is not keeping its exhaust fans in operable condition. Findings on September 10, 2025: a. The exhaust fan in the community bath tub	C 131		

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

TITLE

(X6) DATE

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C 131	Continued From page 1 room is not working.	C 131			