

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/24/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>OPEN ARMS FAMILY SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 HARPER STREET</b> <b>ROCKY MOUNT, NC 27801</b>		
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on 2/24/25. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation  
STATE FORM

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V 289	Continued From page 2  home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 3</p> <p>clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to meet the scope of a 5600C facility which serves adults whose primary diagnosis is a developmental disability for one of two clients ( #2). The findings are:</p> <p>Review on 2/12/25 of the facility license revealed the facility is licensed as a 5600C Supervised Living Facility.</p> <p>Review on 2/12/25 of the Rules for Mental Health Developmental Disabilities and Substance Abuse Facilities and Services revealed "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses.</p>	V 289		

Division of Health Service Regulation

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V 289	Continued From page 4  Review on 2/12/25 of client #2's record revealed: -Admission date of 10/3/24 -Diagnoses of Bipolar and Schizophrenia  Interview on 2/12/25 the Licensee/Qualified Professional stated: -He admitted client #2 from the hospital in October. -Was not given all of her paperwork. -Client #2 did have cognitive delay and sure she had a Developmental Disability (DD). -Did not have psychological evaluation for client #2. -Would try to obtain something to reflect a DD diagnosis.	V 289		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Baaed on observation and interview the facility failed to ensure the home was maintained in a safe, clean, attractive manner. The findings are:  Observation on 2/12/25 at 11:30 AM revealed: -Baseboards throughout the house was dirty. -Client bathtub had black substance througout the tub and sides. -Areas throughout the home had pant popping off of the ceiling. -A large hole approximately a foot wide in the wall above client #2's bed. -Ceiling above client #2's bed had dark spots of	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 5</p> <p>possible water stain.</p> <ul style="list-style-type: none"> <li>-Door frame leading into client #1's bedroom was cracked.</li> <li>-Dresser in client #1's bedroom had missing drawer.</li> <li>-Smoke detector was chirping in the hallway.</li> <li>-Toilet seat in client bathroom was broken.</li> </ul> <p>Interview on 2/12/25 client #2 stated:</p> <ul style="list-style-type: none"> <li>-The hole in her wall was there when she was admitted a few months ago.</li> <li>-Not sure how long the toilet seat had been broken.</li> </ul> <p>Interview on 2/12/25 staff #1 stated:</p> <ul style="list-style-type: none"> <li>-Not sure how long the smoke detector had been chirping, had not noticed it.</li> <li>-The toilet seat in the bathroom just broke yesterday and client #2 broke it.</li> <li>-Had not told the licensee about the toilet seat being broken.</li> <li>-Did the cleaning of the home and will clean bathtub and floors.</li> </ul> <p>Interview on 2/19/25 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-Had made all repairs from last survey.</li> <li>-Was not aware of the toilet seat being broke until 2/12/25 when he went by the facility.</li> <li>-Client #2 did put hole in the wall in her room and just noticed that.</li> <li>-Will get repairs completed and had already replaced the toilet seat.</li> </ul> <p>This deficiency has been cited 3 times since the original cite on 1/19/24 and must be corrected within 30 days.</p>	V 736		