

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/13/2026
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NAME OF PROVIDER OR SUPPLIER OPEN ARMS FAMILY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1649 HARPER STREET ROCKY MOUNT, NC 27801
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>A annual and follow-up was attempted on February 13, 2026. According to the Chief Executive Officer (CEO)/Director/Licensee there were no clients being served at the facility. The last time clients were served at the facility was in June of 2025.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>Observation on 2/13/26 revealed a realtor sign located in front of the facility beside the facility's mailbox.</p> <p>Interviews on 2/13/26, 2/16/26 and 2/27/26 the CEO/Director/Licensee stated he was no longer operating the facility because he hadn't served any clients in a year and he planned to sell the house.</p>	V 000	<p>The report by the surveyor is inaccurate. The CEO stated that the 2 clients served in 2025 were [REDACTED] admitted on 09/20/24 and discharged on 5/16/25 [REDACTED] admitted on 01/15/2024 and discharged on 6/30/2025.</p> <p>As for the building, the new owner of the license wants to relocate the license to another address.</p> <p>Yes, the owner of building on 1649 Harper Street wants to sell it.</p> <p>Open Arms family served clients up to June 30, 2025.</p> <p style="text-align: center;">RECEIVED MAR 16 2026 DHSR-MH Licensure Sect</p>	3/7/26
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Alphonsus Ngwadom Ngwadom Ekele TITLE **CEO** (X6) DATE **3/7/2026**

STATE FORM 6899 W2AF11 If continuation sheet 1 of 1