



### Open arms Family Care Home

149 Reid St. Forest City, NC 28043  
Phone / Fax: (828) 248-1127

Alex Dinovetskiy      **Phone: 828-447-5523**

Fax: 828-286-1427

Total pages **7**

CONSTRUCTION SECTION

AUG 17 2015

RECEIVED

**To: Frank Strickland**

Fax: 919.733.6592

**RE:** Amendment for provider plan of correction and planned action to resolve deficiency for Open Arms Family Care Home.  
Rule/Statute Number: Section .0300 13g NCAC 13G. 0302 Design and construction

Note: Dear Frank please let me know if plan of correction was approved at yours earliest convenience.

Sincerely, Alex Dinovetskiy, administrator

**Amendment for provider plan of correction and  
planned action to resolve deficiency for Open Arms Family Care Home.**

Rule/Statute Number: Section .0300 13g NCAC 13G. 0302 Design and construction

The findings are:

**C117 Have Current Sanitation and Fire Safety Plan**

(a) Administrator located latest Fire and sanitation report. Copy of these two reports please find in attachments.

Due to the repair and painting the facility these report was misplaced.

Administrator had a meeting with a staff to make sure to keep report in accessible place all the time and monitor on biweekly bases.

Complete Date 7/1/2015

**C174 Building Equipment Maintained safe Operating**

(1) Door in the middle bedroom was secured and now it is safe to operate.

Meeting with a staff was hold. All maintenance problem would be addressed to administrator on biweekly bases or immediately if it is urgent problem.

Complete Date 7/15/2015

(2) Ceiling paint was stripped and painted over. No falling peels accrue any more

Meeting with a staff was hold. All maintenance problem would be addressed to administrator on biweekly bases or immediately if it is urgent problem.

Complete Date 7/15/2015

(3) The vanity top in Front Bedroom was fastened and secured also base was fastened as well. It is now safe to operate.

Meeting with a staff was hold. All maintenance problem would be addressed to administrator on biweekly bases or immediately if it is urgent problem.

Complete Date 7/15/2015

Administrator of Open Arms Family Care Home: Alex Dinovetskiy

*A. Dinovetskiy*

CONSTRUCTION SECTION

AUG 07 2015

RECEIVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL081045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/25/2015
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NAME OF PROVIDER OR SUPPLIER: **OPEN ARMS FAMILY CARE HOME**  
STREET ADDRESS, CITY, STATE, ZIP CODE: **149 REID STREET  
FOREST CITY, NC 28643**

(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	<p><b>Initial Comments</b></p> <p>Report of Biennial Construction Survey by Frank Strickland on 06/25/2015:</p> <p>This facility was first licensed for licensure on 05/11/1994 as a Family Care Home. The facility is licensed for a capacity of six (6) ambulatory residents (able to evacuate without physical or verbal assistance during an emergency). Based on this information, the facility is required to meet the 1991 Rules for family care homes minimum and desired standards and regulations, the applicable portions of the 2005 regulations for family care homes and the 1991 Edition of the North Carolina State Building Code Section 514.1- Residential Care Facilities.</p> <p>There were deficiencies cited at the time of this survey and a Plan of Correction is required.</p>	C 000	<p>CONSTRUCTION SECTION AUG 07 2015 RECEIVED</p>	
C 117	<p><b>Have Current San. And Fire Safety Approvals</b></p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION</p> <p>(n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1-Base on entry interview request to review current sanitation and fire inspection reports, the facility failed to maintain approval inspection documentation that can effect the life-safety and health of staff and all residents.</p> <p>Findings on 06/25/2015: a. No current sanitation and fire inspection approval reports on site.</p>	C 117		7-1-2015

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Alex D. Novet'skiy* TITLE: *Administrator* (X5) DATE: *8-3-15*

PRINTED: 07/20/2015  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL081045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/25/2015
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NAME OF PROVIDER OR SUPPLIER: **OPEN ARMS FAMILY CARE HOME**  
STREET ADDRESS, CITY, STATE, ZIP CODE: **149 REID STREET FOREST CITY, NC 28043**

(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 174	<p><b>Building Equipment Maintained Safe, Operating</b></p> <p><b>SECTION .0300 - THE BUILDING</b> 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, the facility has not maintained the interior doors in a safe manner. This will effect all residents and staff when entering and leaving all rooms.</p> <p>Findings on 06/25/2015 The Bedroom door across the hall from the Dining Room has a loose top hinge and the door will not shut all the way to the jambs.</p> <p>2-Based on observation, the facility has not maintained the interior wall and ceiling surfaces in all spaces. This eventually will affect all residents and staff.</p> <p>Findings on 08/25/2015 The back Bathroom ceiling paint is peeling off the sheet-rock ceiling and falling into the tub and on the floors.</p> <p>3-Based on observation, the facility has not maintained the Bathroom fixtures in a safe manner.</p> <p>Findings on 06/25/2015 The vanity top that is located in the Front Bedroom Bath is not fastened to bottom wood</p>	C 174		<p>7-15 2015</p> <p>7-15 2015</p> <p>7-15- 2015</p>

PRINTED: 07/20/2015  
FORM APPROVED

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  OPEN ARMS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 149 REID STREET FOREST CITY, NC 28043
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C 174	Continued From page 2  base and the entire assembly is about to fall apart.	C 174		



## FOREST CITY INSPECTION DEPARTMENT

P.O. Box 728 • Forest City, NC 28043  
828/247-4432 • 828/247-4425 • Fax: 828/245-6143

### MISSION STATEMENT

The Forest City Inspection Department's mission is to assist the public in the protection of life and property by maintaining the highest of standards and potential disasters or events that affect the community and environment.

### FIRE INSPECTION REPORT

DATE OF INSPECTION: <b>7-8-2014</b>		TIME: <b>3:30 pm</b>	DATE OF REINSPECTION: <b>7-15-2015</b>	TYPE OF INSPECTION <input type="checkbox"/> Routine Inspection <input type="checkbox"/> D.C.O. <input type="checkbox"/> Reinspection <input type="checkbox"/> TEST <input type="checkbox"/> Follow up <input type="checkbox"/> Walk Through <input type="checkbox"/> Public Complaint <input type="checkbox"/> Tank Installation/Removal <input type="checkbox"/> Sprinkler 10, 130, 15R, 201, 2010	
OCCUPANT: <b>Open Arms Family Care</b>		INSPECTION SCHEDULE <input type="checkbox"/> 6 Mon <del>or</del> Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year		PERMIT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS: <b>149 Reid St.</b>		WARNING CITATION ISSUED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		STATUS <input type="checkbox"/> Approved for Release _____ <input type="checkbox"/> Not Approved for Release _____ <input type="checkbox"/> Approved for Conditional Release _____	
BLDG/SHOPPING CENTER NAME:		CIVIL CITATION ISSUED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INITIALS	
CONTACT:		TELEPHONE: <b>828-245-1127</b>		Date Entered	
BUILDING INFORMATION			OCCUPANCY TYPE		
SPRINKLER SYSTEM    YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ALARM SYSTEM        YES <input type="checkbox"/> NO <input type="checkbox"/> AREA _____ HEIGHT _____ NUMBER OF EXITS _____			<input type="checkbox"/> Assembly <input type="checkbox"/> Institutional <input type="checkbox"/> Business <input type="checkbox"/> Mercantile <input type="checkbox"/> Daycare <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Educational <input type="checkbox"/> Residential <input type="checkbox"/> Factory/ind <input type="checkbox"/> Storage <input type="checkbox"/> Hazardous <input type="checkbox"/> _____		
<b>10 Fire Extinguishers</b> <input type="checkbox"/> 10.1 Mounting height 3 - 5 feet <input type="checkbox"/> 10.2 Annual service due <input type="checkbox"/> 10.3 Needs recharging <input type="checkbox"/> 10.4 Blocked <input type="checkbox"/> 10.5 # needed _____ <input type="checkbox"/> 10.6 Type needed _____ <input type="checkbox"/> 10.7 _____		<b>20 Fire alarm system</b> <input type="checkbox"/> 20.1 Zone maps needed <input type="checkbox"/> 20.2 Annual service due <input type="checkbox"/> 20.3 Horns/Strobes needed <input type="checkbox"/> 20.4 Pull stations blocked <input type="checkbox"/> 20.5 Detector problems <input type="checkbox"/> 20.6 _____		<b>30 Sprinkler system</b> <input type="checkbox"/> 30.1 Annual service due <input type="checkbox"/> 30.2 Clearance for sprinkler head <input type="checkbox"/> 30.3 Sprinkler heads need cleaning <input type="checkbox"/> 30.4 Spare sprinkler heads needed <input type="checkbox"/> 30.5 Identify EDC <input type="checkbox"/> 30.6 Fire hydrant problem <input type="checkbox"/> 30.7 _____	
<b>40 Exits</b> <input type="checkbox"/> 40.1 Aisles obstructed/blocked <input type="checkbox"/> 40.2 Exits/corridors/stairways locked and/or blocked <input type="checkbox"/> 40.3 Exit signs needed <input type="checkbox"/> 40.4 Repair exit light fixtures <input type="checkbox"/> 40.5 Emergency lighting needed <input type="checkbox"/> 40.6 _____		<b>50 Heating/Cooking</b> <input type="checkbox"/> 50.1 Improper/unsafe heating or cooking appliances <input type="checkbox"/> 50.2 Clearance to combustibles <input type="checkbox"/> 50.3 Hood semi-annual service due <input type="checkbox"/> 50.4 Clean hood/cooking equipment <input type="checkbox"/> 50.5 _____		<b>60 Flammable Liquids</b> <input type="checkbox"/> 60.1 Improper use/storage <input type="checkbox"/> 60.2 Excessive quantities <input type="checkbox"/> 60.3 Improper dispensing devices <input type="checkbox"/> 60.4 Unstable storage <input type="checkbox"/> 60.5 Material identification <input type="checkbox"/> 60.6 Spill containment <input type="checkbox"/> 60.7 _____	
<b>70 General fire precautions</b> <input type="checkbox"/> 70.1 Remove rubbish/ignitable vegetation <input type="checkbox"/> 70.2 Post "No Smoking" signs <input type="checkbox"/> 70.3 Safeguard vacant premises <input type="checkbox"/> 70.4 Vehicle impact protection needed <input type="checkbox"/> 70.5 _____		<b>80 Electrical</b> <input type="checkbox"/> 80.1 Cover plates needed <input type="checkbox"/> 80.2 Protect wires <input type="checkbox"/> 80.3 Defective/misused extension cords <input type="checkbox"/> 80.4 Maintain panel clearance <input type="checkbox"/> 80.5 Protect open spaces <input type="checkbox"/> 80.6 _____		<b>90 Emergency planning/preparedness</b> <input type="checkbox"/> 90.1 Design/post evacuation plans <input type="checkbox"/> 90.2 Need MSDS sheets <input type="checkbox"/> 90.3 HazMat placard needed <input type="checkbox"/> 90.4 Conduct fire drills <input type="checkbox"/> 90.5 Maintain fire apparatus access roads <input type="checkbox"/> 90.6 Display address numerals <input type="checkbox"/> 90.7 _____	

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTINUED ON SUPPLEMENTAL INSPECTION REPORT

Whoever fails to comply with any order issued by the Fire Inspector or his authorized representative may be charged with a misdemeanor as provided by G.S. 143-136 (h). Each day's continuing violation of this code is a separate and distinct offense as provided for G.S. 160A-175.

COPY RECEIVED BY: (Print Name) \_\_\_\_\_  
 (Signature) \_\_\_\_\_

INSPECTOR: **Tommy Delaney**  
 \_\_\_\_\_

N.C. Department of Environment and Natural Resources  
Division of Environmental Health

Demerit Score: 15  
Date of Insp Chg: 07 / 09 / 2015  
Status Code: A

Health Department 81  
Current Facility ID 1081430021  
Old Facility ID \_\_\_\_\_

**Inspection of Residential Care Facility**  
(For facilities, as defined, with not more than 12 residents)

Water <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Non-Transient Non-Community	Water sample taken today? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Name Change
<input checked="" type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non-Public Water Supply		<input checked="" type="checkbox"/> Re-inspection	<input type="checkbox"/> Verification of Closure
Wastewater System: <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> On-Site System		<input checked="" type="checkbox"/> Visit	<input type="checkbox"/> Status Change

Name of Establishment: OPEN ARMS Permittee: ALEM DINOVETSKIY

Location Address: 149 REID ST Number of Residents: 5/6

City: FOREST CITY State: NC Zip: 28043 Mailing Addr. \_\_\_\_\_

Classification:  Approved (20 or less demerits, and no 6-point demerits)  Disapproved (more than 40 demerits or failure to improve provisional classification)

Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

1. WATER SUPPLY: Public supply; private supply approved 6 (1611) Demerits: \_\_\_\_\_ Comments: \_\_\_\_\_

2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (1613) Demerits: \_\_\_\_\_ Comments: \*\* SEE COMMENT SHEET ATTACHED \*\*

3. FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6 (1619)  
Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below; or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked, meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (1620)

4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use, approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooling utensils 6; disposable items properly stored and handled, used only once 2 (1618) Demerits: 4

5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (1621) Demerits: \_\_\_\_\_ Comments: \_\_\_\_\_

6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (1612) Demerits: \_\_\_\_\_ Comments: \_\_\_\_\_

7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (1611) Demerits: \_\_\_\_\_ Comments: \_\_\_\_\_

8. TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (1610) Demerits: 4

9. BEDS, LINEN, FURNITURE: All furniture, mattresses, linen, drapes, bonds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (1617) Demerits: 2

10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (1616) Demerits: \_\_\_\_\_ Comments: \_\_\_\_\_

11. FLOORS: In good repair; kept clean 2 (1607) Demerits: 3

12. WALLS AND CEILING: In good repair 1; kept clean 2 (1608) Demerits: \_\_\_\_\_ Comments: \_\_\_\_\_

13. LIGHTING AND VENTILATION: Windows and Exhaurs in good repair 1; kept clean 2 (1609) Demerits: 2

14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborage and breeding areas 2 (1615) Demerits: \_\_\_\_\_ Comments: \_\_\_\_\_

15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (1614) Demerits: \_\_\_\_\_ Comments: \_\_\_\_\_

Comment Sheet Attached  
 Yes  No

Rpt Received \_\_\_\_\_ TOTAL DEMERIT SCORE 15  
Inspection by: Kathryn Wood Walker EHS I.D.# 2233 - Sheets, Kathryn

Program: General Services (12-123) covers the Division of Environmental Health Services to adoptively governing the two states of operations. USA NCAC 18A-1500 specifies the details of the inspection form to record the results of inspections and the procedures for facilities. This form is to be used in making inspections of residential care facilities. Preparation: Local Environmental Health officials shall complete this form, either from their regular inspection reports or original and the results for 1. General to the Division of Health, 2. One copy for the supervising agency or other appropriate. 3. One for the local health department. Distribution: Please refer to Records Retention and Disposition. Revision: 10/01/00