

=== COVER PAGE ===

TO: _____

FROM: KNIGHT'S FAMILY CARE

FAX: 2524431619

TEL: 2524431619

COMMENT:



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 15, 2018

Andre Knight-(via e-mail only)
3305 Greenfield Drive
Rocky Mount, NC 27801

RE: FC Follow-Up Biennial Construction Survey
FID #960403 Fcl064006
Knight's Family Care Home
3305 Greenfield Drive
Rocky Mount Nash County

Dear Mr. Knight:

On **March 8, 2018**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted March 30, 2018

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;

CONSTRUCTION SECTION
WWW.NCDHHS.GOV • WWW.NCDHHS.GOV/DHSR
TEL 919-855-3893 • FAX 919-733-6592
LOCATION: WILLIAMS BUILDING, 1800 UMSTEAD DRIVE • RALEIGH, NC 27603
MAILING ADDRESS: 2705 MAIL SERVICE CENTER • RALEIGH, NC 27699-2705
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than 15 days from date of survey requires a written waiver from DHSR-Construction Section.
 - Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Luis Padilla

Luis Padilla
Architectural/Engineering Technician
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Nash County DSS - with attachment-(via e-mail only)

PRINTED: 03/15/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL064006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER KNIGHT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3305 GREENFIELD DRIVE ROCKY MOUNT, NC 27804		
(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 by Luis Padilla DHSR Construction Section conducted a Biennial Follow-up Survey on March 8, 2018 from 12:50PM to 1:40 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: NEW DEFICIENCY 03/08/2018 LP	C 105		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

7NLC23

If continuation sheet 1 of 4

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C 105	Continued From page 1 1.) The rule requires that any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code: At the time of the survey it was observed that there is a space heater located in the Staff Bedroom of the home. This presents a fire hazard to the home and is against NCSBC. Based on our findings make arrangements to have the space heater removed from site. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance.	C 105	<i>SPACE heater will Be removed by April 30th 2018 Photos will be Sent in once removed by Contractor.</i>		
{C 117}	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (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. This Rule is not met as evidenced by: 1. Review of records revealed that a copy of the current Fire Inspection Report could not be located. Provide a copy of the most recent Fire Inspection Report to DHSR/Construction Section with your signed Plan of Corrections and make sure a copy is maintained at the facility. 01/25/17: SF-Review of records revealed that a copy of the current Fire Inspection Report could not be located. Provide a copy of the most recent Fire Inspection Report to DHSR/Construction Section with your signed Plan of Corrections and	{C 117}			

RMFD

**Fire Marshal's Office
404 S Church Street
Rocky Mount, NC 27804
Phone: 252-972-1376
Fax: 252-972-1508**

Report of Inspection**THIS IS NOT AN INVOICE**

Occupancy ID 003326

Inspection Type: 206

Wednesday September 6, 2017

Inspection Disposition: **Approved**

Inspection Fee \$25.0000

KNIGHT RESIDENTIAL CARE

**3305 GREENFIELD DR
Rocky Mount, NC 27804**

An inspection of your facility on **Friday March 3, 2017** revealed no violations to the Fire Code of the City of Rocky Mount. Please keep this for your records.

Comments: THE CYLINDERS OF DOUBLE KEYED DEADBOLTS REMAIN ON SOME DOORS, BUT THE INTERNAL BOLT HAS BEEN REMOVED. OCCUPANT WAS ADVISED THAT NON-KEYED DEADBOLTS COULD BE UTILIZED PER STATE INSPECTION FORM.

Thank you for your cooperation.

**Hale, William Weston/Assistant Fire
Inspector**

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{C 117}	Continued From page 2 make sure a copy is maintained at the facility. 03/08/2018: LP- It was observed that a current copy of the Fire Inspection Report was not on site. Provide a copy of the most recent Fire Inspection Report to DHSR Construction Section with your signed Plan of Corrections and make sure a copy is maintained at the home.	{C 117}	Fire Inspection Report was not posted with Access Fire with Emergency Disaster Plan and staff overlooked the Report.	
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: NEW DEFICIENCY 03/08/2018 LP 1. The rule requires all exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; At the time of the survey it was observed that the right screen door had a lock installed on it. This impedes a resident's ability to open the door in a single hand motion. Based on our findings make arrangements to have the lock for this door removed. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance.	C 147	Fire Report was done in 2017. A copy has been submitted 04/03/18 Lock on screen which is hook lock has been removed as of April 03, 2018. Photos will be submitted by April 30th 2018	

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C 153	Continued From page 3	C 153		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor 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 homes. This Rule is not met as evidenced by: NEW DEFICIENCY 03/08/2018 LP 1.) The rule requires that floor coverings kept clean and in good repair: At the time of the survey it was observed that the floor mat located in the den of the home would not adhere to the tile flooring. This presents a trip hazard to residents and staff of the home. Based on our findings make arrangements to repair/replace the floor mat located in this area. Once completed provide photos of the work to the DHSR Construction Section as verification of compliance.	C 153	<i>Floor mat has been removed as April 03, 2018.</i> <i>Photo will be sent in by April 30th 2018.</i>	