STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064019	A. BUILDING: **01** B. WING _____	**10/19/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNIGHT'S FAMILY CARE HOME # 2	**312 CLEO STREET ROCKY MOUNT, NC 27801**

(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 Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on October 19, 2017 from 8:30 AM to 10:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 18, 2010 as a Family Care Home for five (5) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes the applicable portions of the 2009 North Carolina Building Code - Section 421.2 - Residential Care Homes NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (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. (j) This Rule shall apply to new and existing	C 174		

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C 174	Continued From page 1 family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that a crawl space vent on the left side of the facility was improperly attached to the building. This is not compliant with the rule. 2. At the time of the survey it was observed that the roof was covered with a blue tarp due to damage caused by a falling tree limb. This is not compliant with the rule. 3. At the time of the survey it was observed that the front window was broken. This is not compliant with the rule. 4. At the time of the survey it was observed that an electrical receptacle cover in the master bathroom is broken. This is not compliant with the rule. 5. At the time of the survey it was observed that the hall bath ventilation fan was not working. This is not compliant with the rule. 6. At the time of the survey it was observed that the smoke detectors were beeping due to low batteries. This is not compliant with the rule. 7. At the time of the survey it was observed that the front ramp has soft spots and is in need of repair. This is not compliant with the rule. 8. At the time of the survey it was observed that a floodlight had broken off in the exterior floodlights on the rear of the facility. This is not compliant with the rule.	C 174		