STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL064006	A. BUILDING: **01** B. WING _____	**08/12/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNIGHT'S FAMILY CARE HOME	**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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on August 12, 2025 from 8:55 AM to 9:50 AM at the above referenced facility. DHSR records indicate the home was first licensed on June 27, 1996 as a Family Care Home for six (6) ambulatory residents (able to respond and evacuate without 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 1992 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2025 Rules for Family Care Homes 10A NCAC 13G, and the 1996 North Carolina State Building Code - Section 419.2 - 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. The cited deficiencies are as follows:	C 000		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license.	C 007		

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C 007	Continued From page 1 (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Health Service Regulation for review of any possible changes that may be required to the building. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that	C 007		

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C 007	Continued From page 2 there were three resident bedrooms in the house. Bedroom 1 had more than 160 square feet allowing 2 residents. Bedrooms 2 and 3 both had approximately 144 square feet allowing only 1 resident per room. The house is currently licensed for 6 but only has the space for 4 residents. This is not compliant with the rule. Take the necessary steps to adjust the license to 4 so the capacity matches the available space in the house. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.	C 007		
C 030	10A NCAC 13G .0302 (j) Door widths Design And Construction 10A NCAC 13G .0302 Design And Construction (j) The following shall have door widths a minimum of two feet and six inches: (1) the kitchen; (2) dining rooms; (3) living rooms; (4) bedrooms; and (5) bathrooms. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the door to the toilet room in the rear bathroom was 24 inches wide. This is not compliant with the rule. Take the necessary steps to widen the door to the required minimum of 30 inches. This deficiency was previously cited during our 2023 biennial survey and action hasn't been	C 030		

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C 030	Continued From page 3 taken to address the deficiency.	C 030		
C 054	10A NCAC 13G .0309 (e) Handgrips Bathroom 10A NCAC 13G .0309 Bathroom (e) Toilets, bathtubs, showers, spas, and similar bathing fixtures shall have hand grips meeting the following requirements: (1) be mechanically fastened or anchored to the walls; (2) be located to help residents in entering and exiting bathtubs, showers, spas, or similar bathing fixtures; and (3) be on the wall adjacent to toilets. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that bedroom #1 toilet was missing handgrips This is not compliant with the rule. Take the necessary steps to install handgrips in the bathroom.	C 054		
C 066	10A NCAC 13G .0312 (d) Single motion Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And Exits (d) All outside entrance/exit door locks shall be operable by a single hand motion from the inside at all times without keys, tools, or special knowledge. Existing deadbolts and turn buttons on the inside of outside entrances/exit doors, including screen and storm doors, shall be	C 066		

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C 066	Continued From page 4 removed or disabled. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the rear left living room had a storm door that was not single motion. This is not compliant with the rule. Take the necessary steps to disengage the locking mechanism or replace with a door handle that is single motion. 2.) At the time of the survey, it was observed that the rear right storm door had a nail that could hold the door shut. This is not compliant with the rule. Take the necessary steps to remove the nail, and if the facility wants the door to latch install a single motion door handle. 3.) At the time of the survey, it was observed that multiple doors around the facility have security bars that will hold a door shut. This is not compliant with the rule. Take the necessary steps remove them from the facility.	C 066		
C 102	10A NCAC 13G .0317 (a) Maintenance Building Service Equipment 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.	C 102		

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C 102	Continued From page 5 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the doors for bedrooms 2 and 3 would not latch properly. This is not compliant with the rule. Take the necessary steps to adjust the latches so the doors latch securely. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 2.) . At the time of the survey, it was observed that the path to the egress window in the staff bedroom was blocked by clothes and storage items. This is not compliant with the rule. Take the necessary steps to keep a clear path to the egress window. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey, it was observed that the buzzer on the call system for room 1 was not sounding when activated. This is not compliant with the rule. Take the necessary steps to repair the call system. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 4.) At the time of the survey, it was observed that the fire extinguishers were not monitored on a monthly basis. This is not compliant with the rule. Take the necessary steps to check the extinguishers monthly and date and initial the tags. This deficiency was previously cited during our 2023 biennial survey and action hasn't been	C 102		

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C 102	Continued From page 6 taken to address the deficiency. 5.) At the time of the survey, it was observed that there was chipping and peeling paint on the rear deck and rails. This is not compliant with the rule. Take the necessary steps to scrape and reapply paint as needed. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 6.) At the time of the survey, it was observed that the exterior siding on the right side toward the rear was deteriorated. This is not compliant with the rule. Take the necessary steps to replace the siding. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 7.) At the time of the survey, it was observed that the transition at the right-side ramp was not smooth and was causing a trip hazard. This is not compliant with the rule. Take the necessary steps to adjust the transition from the concrete so it is smooth. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 8.) At the time of the survey, it was observed that multiple windows throughout the facility are difficult to open, and or missing locking mechanisms on the window. This is not compliant with the rule. Take the necessary steps to repair windows to work as intended. 9.) At the time of the survey, it was observed that the light fixture in the kitchen was missing a globe. This is not compliant with the rule. Take	C 102		

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C 102	Continued From page 7 the necessary steps to replace the globe with a light fixture. 10.) At the time of the survey, it was observed that the hall bathroom had chipping paint in multiple locations. This is not compliant with the rule. Take the necessary steps to remove chipping paint, and prep, and paint the walls. 11.) At the time of the survey, it was observed that the hallway bathroom had a loose toilet at the base causing a potential for leaks to happen and also for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries. 12.) At the time of the survey, it was observed that bedroom 1 had an attached bathroom with multiple light fixtures missing globes. This is not compliant with the rule. Take the necessary steps to install globes on the light fixture. 13.) At the time of the survey, it was observed that bedroom #1 attached bathroom had a sink that had caulking that was missing or peeling off. This is not compliant with the rule. Take the necessary steps to caulk the sink. 14.) At the time of the survey, it was observed that bedroom #2 had an extension cord behind the dresser. This is not compliant with the rule. Take the necessary steps to remove the extension cord from the facility. 15.) At the time of the survey, it was observed that bedroom #2 had a light fixture missing a globe. This is not compliant with the rule. Take the necessary steps to replace the globe with a light fixture.	C 102		

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C 102	Continued From page 8 16.) At the time of the survey, it was observed that on the rear left of the facility the gutter is missing an end cap. This is not compliant with the rule. Take the necessary step to replace the end cap. 17.) At the time of the survey, it was observed that the front of the facility had a piece of soffit that is no longer properly attached next to the chimney. This is not compliant with the rule. Take the necessary steps to reattach the piece of soffit.	C 102		
C 120	10A NCAC 13G .0316 (f) Fire drills Fire Safety 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.	C 120		

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C 120	Continued From page 9 This Rule is not met as evidenced by: 1.) At the time of the survey, it was communicated by staff and notated on the fire drills that they are communicating to residents that fire drills are taking place. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this task on their own for the home to maintain its ambulatory status. 2.) At the time of the survey, it was observed that the facility had two residents present in the house and neither responded and evacuated at the time the smoke detectors were activated. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the residents to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The residents must perform this task on their own for the home to maintain its ambulatory status. -When Staff prompted residents during the fire drill they did not seem phased, and did not activate till the staff told them multiple times. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.	C 120		