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 _____	**08/12/2025**

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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on August 12, 2025 from 10:00 AM to 10:45 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 2025 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 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) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county	C 007		

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C 007	Continued From page 1 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 the house has three resident bedrooms. Bedroom 1 is approximately 150 square feet and is currently being used as a staff office, despite	C 007		

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C 007	Continued From page 2 having the capacity for one resident. Bedroom 2 is approximately 141 square feet, and Bedroom 3 is about 100 square feet, both of which can accommodate one resident each. The house is licensed for five residents, but there is only enough space for three, and since Bedroom 1 is designated for staff use, the facility can currently support only two residents. This is not compliant with the rule. Take the necessary to either adjust the license to accommodate three residents and convert the staff room back into a resident room, or to change the licensure to allow for only two residents if the facility prefers not to have a designated staff bedroom and install a call system if staff area stays in the facility.	C 007		
C 028	10A NCAC 13G .0302 (h) Ceiling height Design And Construction 10A NCAC 13G .0302 Design And Construction (h) The ceiling height throughout the family care home shall be at least seven and one-half feet from the floor. This Rule is not met as evidenced by: 1.) It was observed that the front entrance to the facility of approximately 60 square feet is under seven and one-half feet from the floor. This is not compliant with the rule. Take the necessary steps to submit a project to DHSR on how the facility will alter the layout to meet the intent of the licensure rule.	C 028		

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C 028	Continued From page 3 2.) At the time of the survey, it was observed that the bedroom #1 had a attached bathroom with a ceiling height of approximately 6 feet and 8 inches. This is not compliant with the rule. Take the necessary steps to submit a project to DHSR on how the facility will alter the layout to meet the intent of the licensure rule.	C 028		
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 had an attached bathroom and the shower did not have a grab bar. This is not compliant with the e rule. Take the necessary steps to install a grab bar.	C 054		
C 059	10A NCAC 13G .0310 (b) Cleaning supplies Storage Areas 10A NCAC 13G .0310 Storage Areas	C 059		

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C 059	Continued From page 4 (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that bedroom #3 had cleaning chemicals in the room. This is not compliant with the rule. Take the necessary steps to remove and properly store per the rule above.	C 059		
C 065	10A NCAC 13G .0312 (c) Ramp Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And Exits (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the facility has a resident that must have physical assistance with evacuation, the facility shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the rear ramp was too steep. The ramp platform had a 25 inch rise and the length of the ramp was	C 065		

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C 065	Continued From page 5 only 12 feet 6 inches in length. This is not compliant with the rule. Take the necessary steps to extend the ramp so it meets the slope requirements. Due to this being a secondary ramp, it can be removed or blocked at each end so it cannot be used. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency.	C 065		
C 072	10A NCAC 13G .0314 (b) Scatter rugs Floors 10A NCAC 13G .0314 Floors (b) Scatter or throw rugs shall not be used. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that bedroom #2 had multiple scatter rugs. This is not compliant with the rule. Take the necessary steps to remove the scatter rugs from the facility.	C 072		
C 073	10A NCAC 13G .0314 (c) Good repair Floors 10A NCAC 13G .0314 Floors (c) All floors shall be kept in good repair This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility had loose floors outside the hallway bathroom, this could potentially lead to a trip/fall hazard. This is not compliant with the rule. Take the necessary steps to find the root cause and repair the flooring.	C 073		

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C 074	Continued From page 6	C 074		
C 074	10A NCAC 13G .0315 (a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) A family care home shall: (1) have walls, ceilings, and floors or floor coverings that are clean, safe, and functional; Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that bedroom #2 and bedroom #3 have high touch points that need to be cleaned, including floors, walls, nightstands, beds, windowsills, and cove basing. This is not compliant with the rule. Take the necessary steps to clean the facility to meet the rule above.	C 074		
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 7 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that there was lint and debris behind the dryer. This is not compliant with the rule. Take the necessary steps to clean out behind the dryer. 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 there was a crack over the bathroom door. This is not compliant with the rule. Take the necessary steps to repair the door frame as needed. 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 access to the electrical panel was blocked. This is not compliant with the rule. Take the necessary steps to remove the items in front of the panel and keep access to the panel clear. 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 exterior siding was dirty and mildewed. This is not compliant with the rule. Take the necessary steps to power wash the house. This deficiency was previously cited during our 2023 biennial survey and action hasn't been taken to address the deficiency. 5.) At the time of the survey, it was observed that the dryer exhaust vent was clogged and dirty. This is not compliant with the rule. Take the necessary steps to clean the dryer vent.	C 102		

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C 102	Continued From page 8 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 textured ceiling in multiple rooms including living room, dining room, bedrooms, and bathroom are peeling and flaking off. This is not compliant with the rule. Take the necessary steps to repair the textured ceiling throughout the facility. 7.) At the time of the survey, it was observed that the hallway bathroom had an outlet with organic matter on it. This is not compliant with the rule. Take the necessary steps to clean the organic matter. 8.) At the time of the survey, it was observed that the med cabinet in the hall bathroom was in a state of disrepair. This is not compliant with the rule. Take the necessary steps to repair or replace. 9.) At the time of the survey, it was observed that bedroom #3 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. 10.) At the time of the survey, it was observed that bedroom #3 had a smoke detector that is missing, with exposed electrical connections. This is not compliant with the rule. Take the necessary steps to replace the smoke detector and ensure that it is interconnected with the rest of the smoke detectors within the facility. 11.) At the time of the survey, it was observed that bedroom #3 had a plug-in fan that was	C 102		

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C 102	Continued From page 9 missing a front cover plate. This is not compliant with the rule. Take the necessary steps to reinstall the cover plate or remove the fan from the facility. 12.) At the time of the survey, it was observed that bedroom #3 had an extension cord. This is not compliant with the rule. Take the necessary steps to remove the extension cord from the facility. 13.) At the time of the survey, it was observed that bedroom #3 door will not latch as intended. This is not compliant with the rule. Take the necessary steps to repair the door to latch as intended. 14.) At the time of the survey, it was observed that the facility is undergoing roof repairs, it was observed that the facility had multiple pieces of sheetrock missing or under repair. Take the necessary steps to send verification photos once work has been completed. 15.) At the time of the survey, it was observed that the front door is sagging and is difficult to open and close. This is not compliant with the rule. Take the necessary steps to repair the door to work as intended. 16.) At the time of the survey, it was observed that windows in the bedrooms are difficult to open. This is not compliant with the rule. Take the necessary steps to repair the windows to open with ease. 17.) At the time of the survey, it was observed that in bedroom #2 there are multiple spots of paint on the floor. This is not complaint with the rule. Take the necessary steps to remove dried paint from the floor.	C 102		

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C 102	Continued From page 10 18.) At the time of the survey, it was observed that bedroom #2 ceiling fan is no longer properly mounted. This is not compliant with the rule. Take the necessary steps to mount the fan as intended. 19.) At the time of the survey, it was observed that bedroom #1 attached bathroom 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. 20.) At the time of the survey, it was observed that the attic had an open junction box. This is not compliant with the rule. Take the necessary steps to close the junction box. 21.) At the time of the survey, it was observed that the rear left side of the facility had a windowsill that showed signs of rot. This is not compliant with the rule. Take the necessary steps to repair the rot on the window.	C 102		
C 105	10A NCAC 13G .0317 (d) Water temp Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) Hot water shall be supplied to the kitchen, bathrooms, and laundry. The hot water temperature shall be maintained at a minimum of 100 degrees F and shall not exceed 116 degrees F at all fixtures used by or accessible to residents. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities.	C 105		

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C 105	Continued From page 11 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the water temperature for the bathroom sink, located near the kitchen didn't fall into the allowable range as referenced in the rule above, the reading taken was 118 degrees Fahrenheit. This is not compliant with the rule. Take the necessary steps/actions to ensure that the water temperature is maintained between 100 to 116 degrees Fahrenheit. Once corrections have been made provide written verification to our office.	C 105		
C 115	10A NCAC 13G .0316 (a) Fire extinguishers Fire Safety 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A B C" type located in an area that can be accessed by staff and not stored in rooms with lockable doors or the kitchen; (2) one five pound or larger "A B C" or CO/2 type located in the kitchen; and (3) any other location as determined by the local fire code enforcement official. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.	C 115		

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C 115	Continued From page 12 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the fire extinguishers were not being checked by the staff monthly to evaluate the status of the extinguishers, as well as extinguishers are out of date and are currently from 2023. This is not compliant with the rule. Take the necessary steps to have all fire extinguishers in the facility checked yearly and replace tagged. Have the staff inspect the extinguishers once a month and date the tags accordingly to prevent the extinguisher from becoming damaged or losing its charge and being unusable in a time of need.	C 115		
C 116	10A NCAC 13G .0316 (b) Smoke detectors Fire Safety 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (b) The facility shall be provided with smoke detectors in locations as required by the North Carolina State Building Code: Residential Code. Additionally, facilities governed by the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section shall be provided with smoke detectors in locations as required by that Section. All smoke detectors in the facility shall be hard-wired, interconnected, and provided with battery backup. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.	C 116		

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C 116	Continued From page 13 This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that smoke detectors in the facility are not interconnected. All smoke detectors shall be interconnected so that the actuation of one alarm will actuate all alarms. This is not compliant with the rule. Take the necessary steps to install hardwired, interconnected devices in each bedroom, and outside of each sleeping area.	C 116		
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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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 120	Continued From page 14 This Rule is not met as evidenced by: 1.) At the time of the survey, it was stated in the fire drills that they are prompting during fire drills. 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.	C 120		