

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL040009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2016
NAME OF PROVIDER OR SUPPLIER SOZO FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2757 MEWBORN CHURCH ROAD SNOW HILL, NC 28580		
(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 Rick Benton DHSR Construction Section conducted a Biennial Survey on April 22, 2016 from 1:00pm to 2:15pm at the above referenced facility. DHSR records indicate the home was first licensed on 01/24/2012 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond 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, and the 2009 Edition of the North Carolina State Building Code - Section 425.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	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 family care homes. This Rule is not met as evidenced by: 1) During the survey of all of the interior rooms in the home, the following deficiencies were observed: a) The window blinds were damaged in the master bedroom windows, the window in bedroom 2, the window in bedroom 3 and in the	C 174		

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

TITLE

(X6) DATE

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C 174	Continued From page 1 dining room. b) All of the windows did operate, but they were difficult to raise to the full required height. c) There was no globe attached to the light fixture in bedroom 4. d) The dresser in bedroom 2 was damaged. Contact a qualified technician to make the necessary repairs. Arrange to have the damage dresser repaired or replaced. Provide to our office all supporting documents that will verify the completed work. 2) During the survey of the outside of the home, the following deficiency was observed: a) The exterior siding appears dirty and has some mildew buildup in several locations. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work. During the survey of the bathroom 2, the following deficiency was observed: a) The grout on bathtub wall tile appeared to be stained. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work.	C 174		